

Fall/Winter 2023

# RHQ

Rural Health Quarterly

**SPECIAL  
ISSUE**



## 2022 U.S. Rural Health Report Card

# RHQ

Rural Health Quarterly

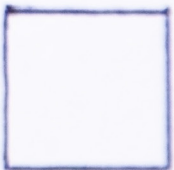
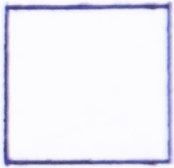
**Rural Health Quarterly** (ISSN 2475-5044) is published by the F. Marie Hall Institute for Rural and Community Health, 5307 West Loop 289, Lubbock, TX 79414, and Texas Tech University Health Sciences Center.

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Rural Health Quarterly is published four times a year and distributed without charge.





# CONTENTS



## FROM THE PUBLISHER

3 - 4

## COVER STORY

### 2022 U.S. RURAL HEALTH REPORT CARD

Grading the state of rural health in America

6 - 58

### RURAL REPORTS

59 - 62

### RHQ CONFERENCE CALENDAR

63 - 64

RURAL HEALTH QUARTERLY  
Volume 5, Number 3  
Winter 2023

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**Rural Health Quarterly** is a free publication of the F. Marie Hall Institute for Rural and Community Health at Texas Tech University Health Sciences Center.



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## The Rural Health Report Card: What difference does it make?



Dr. BILLY U. PHILIPS, Jr.

**PUBLISHER**

Billy U. Philips, Jr., Ph.D, MPH, is the Executive Vice President and Director of the F. Marie Hall Institute for Rural and Community Health at Texas Tech University Health Sciences Center.

The F. Marie Hall Institute for Rural and Community Health has published the Rural Health Quarterly for over a decade. During this time, it has become an important source of rural health research and information, trusted and widely cited by experts and journalists alike. One such writer, Christopher Collins, in the January 17, 2018 issue of the Texas Observer, published a very thorough and thought-provoking article entitled “Report: If Rural Texans Want Decent Health Care, They Should Mosey to New Hampshire.” It made several points: rural Texans have higher death rates from nearly every chronic disease, especially heart disease and stroke; they have limited access to care, and their uninsured rates are “sky-high.” Our report card methodology from the year before showed that Texas had earned a grade of D-.

Five years later, as I sit writing this column, I am reflecting on the fact that not much has changed but the addition of workforce issues—shortages in nearly every health profession, burnout from COVID fatigue, and a failing infrastructure—to the mix of challenges. Some problems have actually gotten worse, particularly the insurance crisis. According to an article published in the Austin American-Statesman on October 17, “Texas congressional Democrats have asked for an intervention from the federal Centers for Medicare and Medicaid Services” over Medicaid disenrollment in the state.

Texas leads the U.S. “in the number of people who have lost Medicaid coverage, with more than 917,000 individuals and families impacted since May.” Furthermore, recent studies on maternity and pharmacy deserts, performed by researchers in the Schools of Pharmacy and Nursing and the F. Marie Hall Institute for Rural and Community Health, show that rural Texans remain underserved and health disparities are common west of I-35.

I remember when we added the Report Card to the RHQ’s annual publishing calendar. We had such high hopes that when responsible people saw the grades for every state and realized Texas was near the bottom of the list, there would be a clarion call to “make improvements.” We saw it as a moral imperative. The fact is that while many have talked about the crisis for years, despite some modest attempts, things remain largely unchanged. It would be so easy to place blame, and there are plenty of factors that deserve to be called out, including the COVID pandemic, during which many things got even worse (and a few improved, thanks to large infusions of cash from the CARES Act and the Consolidated Appropriations Act). Yet blame doesn’t solve problems; it merely creates scapegoats, usually among those least able to defend themselves. Blame will never mend the broken threads of the rural health tapestry.

The vision of the Texas Tech University Health Sciences Center is to “transform health care through innovation and collaboration.” With many partners in rural hospitals and clinics, it is our united effort to mend the fabric of rural health, deploying digital innovations in the domain of telehealth. The promise here is great with AI, remote patient monitoring, subspecialty consultation through telehealth, and many more proven solutions. We must continue to educate policymakers to help them better appreciate the choices that will be necessary to meet the challenges of failed funding models and legacy care systems—things like value-based care models, social determinants of health, and better education for all health professionals. Those of us who work to improve rural health understand that it will take a sustained effort and adequate time to remove some significant roadblocks at the community level, too, especially to rebuild trust in the scientific process. We cannot lose hope or lose sight of our vision. The RCH must continue to demonstrate that best practices are best informed by scientific research. It’s a cardinal reason why the RCH exists and a cardinal feature of what our work ought to reflect.

While I could put a long list here, I will mention three of the most recent projects that serve as examples of innovation and collaboration. First, the NextGen911 Project, a collaborative effort with the State Commission on Emergency Communications, is based on an earlier proof-of-concept by the RCH. After a

two-year hiatus, this project, slated to go statewide, will link EMS trucks with trained crews to hospitals that treat trauma. It allows for visual triage, treatment initiation while en route, and routes to the nearest best facility. This project is a real lifesaver in remote areas like much of west Texas. Second, the Rural Emergency Hospital conversion project, a collaborative effort with the State Office of Rural Health in the Texas Department of Agriculture, provides technical assistance to hospitals in financial peril, allowing them to stay open and provide urgent care to their communities. Of the 15 hospitals that have made the conversion, four are in Texas and have been assisted by RCH. Third, the Community Conversations Grant, in collaboration with the Texas Department of State Health Services, is working to address health disparities among rural populations disproportionately impacted by COVID-19 through community engagement. This aims to prepare for future threats and build sustainable relationships and social capital with our community partners.

I mention these three projects to illustrate that RCH works with state agencies, finding solutions close to the problem at hand and unique to a community's needs and assets. In each instance, RCH had to identify people who usually go unidentified, yet have the most need. Each of these projects involved educating our policymakers, as well as people in the communities most affected, about factors that might make a difference in the report card grade Texas earns next year. Finally, we must be the voice that consistently says the status quo is not good enough anymore. Change must happen, and it must begin right here, at TTUHSC and within the RCH.

One day, when I look back from retirement, I hope there is a legacy that might be something like this. Real equity is the bedrock of social good. It ensures that every individual, regardless of their background or their ZIP code, has access to the same opportunities for health and wellbeing. It is a moral imperative to those of us who strive to be champions for rural health. My friend and our patron, F. Marie Hall, believed so strongly in that kind of legacy that she lent her good heart, keen intellect, and substantial fortune to it. ●







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# THE STATE OF RURAL HEALTH IN AMERICA

# 2022

## RURAL HEALTH REPORT CARD

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

Each state's individual page features an overall letter grade, along with scores for all rural health measures that factored into this grade. Also included is a rundown of "What's Good" and "What Needs Work" in every state.

This report exists to provide policymakers, health care providers, and the general public with a snapshot of rural health in each state, relative to other areas of the country. These report cards emphasize challenges faced by rural communities everywhere, but they also highlight the hard work evident in the improvement of so many individual scores.

Palpable, too, in these scores is the importance of

broadband access, as well as the effects of obstetric services and mental health care. While many states made marked improvements in rural health, others slipped in the rankings or saw little change.

We are indebted to our colleagues, who contributed their expertise and assisted greatly in the creation of the 2022 U.S. Rural Health Report Card. Many thanks to Billy U. Philips, Ph.D.; Gipsy Bocanegra, Ph.D.; Grace Fosu, MA, MS; Diana Vargas-Gutierrez, Ph.D.; Jessica Alexander, Amber C. Parker, and Miguel Carrasco. This research was supported by Texas Tech University Health Sciences Center and the F. Marie Hall Institute for Rural and Community Health.

*Claire Christoff*  
*RHQ Editor-in-Chief*

## METHODOLOGY

Over the years, counties have been RHQ’s sole unit of measurement in defining rurality. This allows us to use well-established and reliable data sources in our analysis. Unfortunately, by using this standard of measurement, our study would have to exclude Washington DC and three other states, that is, Delaware, New Jersey and Rhode Island. Each of these three states contain small pockets of rurality, and just like D.C., they are also largely urbanized as none contains a single county with a non-metropolitan population.

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, thus, we combined data from all rural counties in a state for our analysis. 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 (2020) for all causes of death in all rural counties in a state. Mortality

accounts for 1/3 of each state’s final composite score. We used 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 (2014-2020), the percentage of rural residents who reported having poor general health (2020), the number of poor physical health days reported by rural residents in the past 30 days (2020) and the number of poor mental health days reported by rural residents in the past 30 days (2020). 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 2020 per 100,000 population, the number of non-federal psychiatrists practicing in rural counties in 2020 per 100,000 population, the number of dentists practicing in rural counties in 2020 per 100,000 population, the percentage of uninsured rural residents under 65 years of age in 2019,<sup>1</sup> and the percentage of rural residents with access to "high quality" broadband in 2019.<sup>2</sup> 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

<sup>1</sup> 2019 data for percentage of uninsured rural residents under 65 years was maintained due to unavailability of data for 2020.

<sup>2</sup> 2019 data for percentage of rural residents with access to "high quality" broadband was maintained due to unavailability of data for 2020.

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

\*DE, NJ, and RI excluded.



report card 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.

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

## GRADING SYSTEM

We assigned a letter grade to each state 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 grade except F to indicate the top three and bottom three performers in each quintile. We used Z-scores to standardize each measure for each state relative to the average of all states where:

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

A positive Z-score indicates a value higher than the average of all states; a negative Z-score indicates a value for that state lower than the average of all states. Z-scores for provider supplies (primary care physicians, dentists, and psychiatrists) and broadband are reversed; i.e., a positive value is reversed to a negative one and negative one to a positive value. For the 47 states included, each grade was based on their overall quintile ranking.

## REPORT CARDS

The key findings for each state are summarized in each of the individual state report cards that follow this section. Each state’s final grade and overall rank appear prominently at the top of each page alongside a listing of each state’s grades in each of 10 differently weighted rural health measures. Below the final grade for each state, numbers and arrows indicate each state’s 2022 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.<sup>3</sup>

Finally, every report card offers a summary of “What’s Good,” “What Needs Work,” and the “Urban-Rural Divide” in state mortality rates.

The percentage difference of the urban-rural divide is expressed as the result of the absolute value of the difference between the age-adjusted mortality rates of urban counties and the age-adjusted mortality rate of the rural counties, all divided by the average of the sum of the age-adjusted mortality rates for both rural and urban counties of the same state (see below for formula).<sup>4</sup>

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 2022 rankings at a glance.

## DATA SOURCES & TOOLS

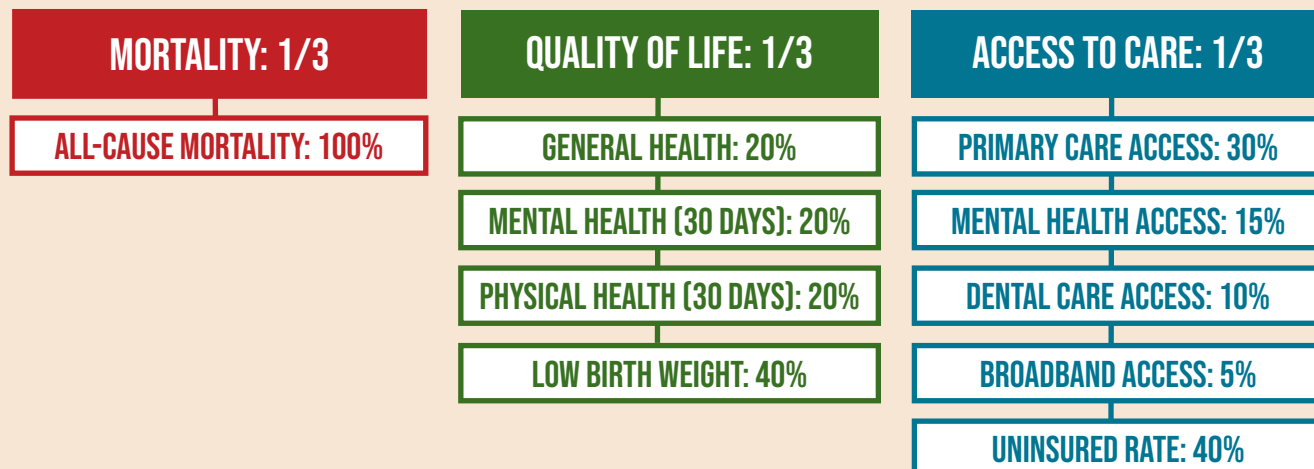
1. United States Department of Agriculture, 2013 Rural-Urban Continuum Codes.
2. United States Census Bureau, 2010 Census Regions and Divisions of the United States.
3. Centers for Disease Control and Prevention, National Center for Health Statistics 2020.
4. Robert Wood Johnson Foundation, County Health Rankings and Roadmap Report 2023.
5. Health Resources and Services Administration of U.S. Department of Health and Human Services, Area Health Resources File (AHRF) 2021-2022 Release.
6. United States Census Bureau. American Community Survey, American Factfinder, 2021 5-year Estimates Data Profiles.
7. Federal Communications Commission, 2019 Broadband Deployment Report.
8. State Guides, Rural Health Information Hub
9. SAS Statistical Package 9.4
10. Microsoft Excel 2019 16.0 ●

### 3 Census Bureau, ACS Demographics - Ethnicity Categorization

The ACS population data has an ethnicity category of Hispanic/Latino and Non-Hispanic/Latino. Non-Hispanic/Latino includes White alone, Black or African American alone, American Indian and Alaska native alone, Asian alone, Native Hawaiian and Other Pacific Islander alone, some other race alone, and two or more races. The sum of the rural Hispanic/Latino population and the rural Non-Hispanic/Latino population is the total population for the rural area of a state in this report.

4 The formula for percentage difference for urban-rural divide is  $\%D = ((n1 - n2) / ((n1 + n2) / 2)) \times 100$  (where  $n1$  = rural age-adjusted mortality rate,  $n2$  = urban age-adjusted mortality rate)

**FIGURE 1 : RURAL HEALTH RANKING SYSTEM - CATEGORIES AND WEIGHTS**



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

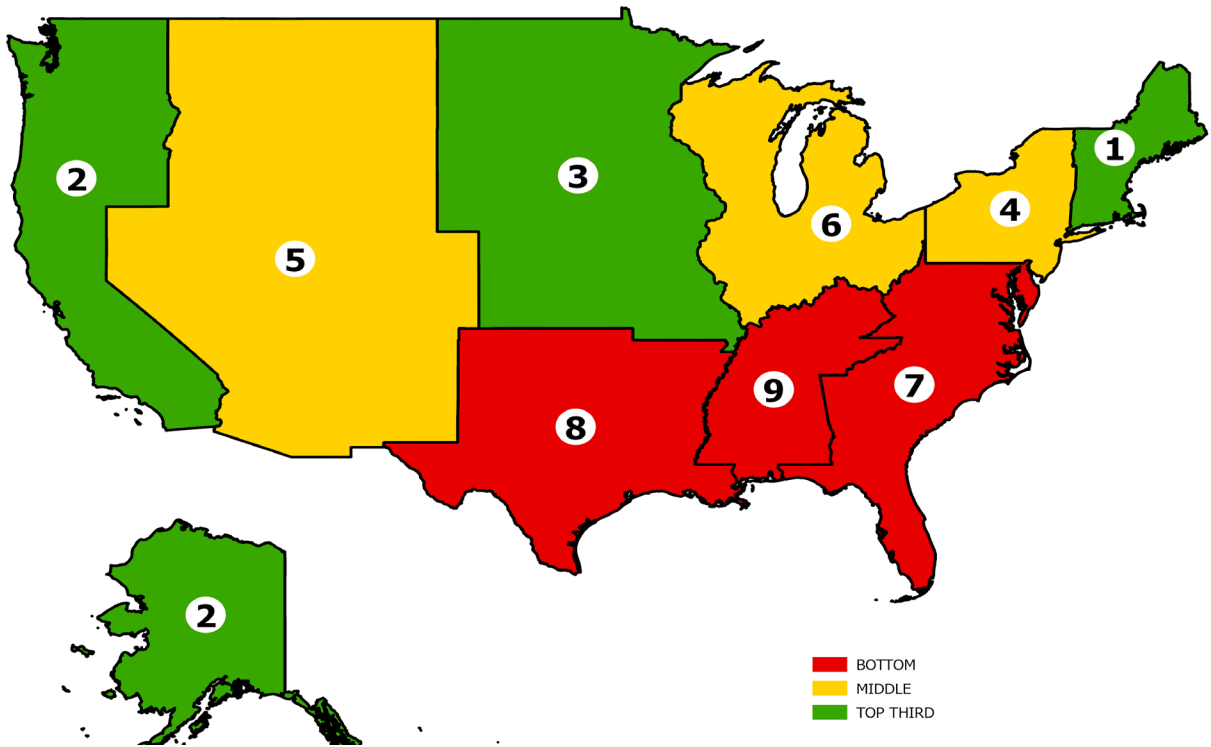
STATE RANK	ALL-CAUSE MORTALITY	GENERAL HEALTH	MENTAL HEALTH DAYS	PHYSICAL HEALTH DAYS	LOW BIRTH WEIGHT	PRIMARY ACCESS	MENTAL ACCESS	DENTAL ACCESS	BROADBAND ACCESS	UNINSURED RATE
1. NEW HAMPSHIRE	5	4	28	14	11	1	1	2	6	14
2. HAWAII	1	16	15	8	30	5	5	1	7	3
3. MASSACHUSETTS	4	2	18	3	1	11	6	4	27	1
4. VERMONT	7	3	23	7	17	3	2	10	11	4
5. CONNECTICUT	8	1	19	2	8	22	3	15	1	6
6. MINNESOTA	6	9	9	10	3	9	15	17	3	8
7. ALASKA	12	19	4	21	2	2	12	5	46	39
8. MAINE	13	14	21	12	21	4	8	19	9	27
9. NEBRASKA	18	6	3	1	12	12	40	11	19	22
10. WISCONSIN	17	7	12	18	6	13	22	16	35	11
11. COLORADO	3	10	13	13	39	6	11	8	21	30
12. IOWA	21	13	8	9	5	21	28	21	8	5
13. MONTANA	16	8	11	20	22	8	7	3	31	25
14. NEW YORK	14	15	22	17	18	30	9	29	4	2
15. WASHINGTON	2	24	31	31	4	25	32	22	24	19
16. NORTH DAKOTA	23	12	2	5	7	23	26	20	2	15
17. CALIFORNIA	11	27	33	30	9	15	10	12	10	18
18. OREGON	19	26	26	24	14	7	24	14	22	20
19. UTAH	9	17	20	19	26	19	23	6	29	32
20. IDAHO	10	20	7	25	13	20	43	13	17	37
21. SOUTH DAKOTA	26	11	1	4	10	16	13	23	5	35
22. MARYLAND	20	18	25	11	32	14	4	7	12	10

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. WYOMING	15	5	6	6	33	10	14	9	14	41
24. MICHIGAN	22	23	38	23	16	24	17	18	25	12
25. ILLINOIS	29	22	5	15	24	37	46	30	15	7
26. PENNSYLVANIA	24	25	34	28	20	28	18	27	28	9
27. KANSAS	27	21	10	16	15	18	41	24	20	28
28. OHIO	31	28	36	29	19	38	29	36	13	16
29. INDIANA	32	30	30	33	23	43	35	34	16	26
30. NEVADA	25	29	44	34	31	45	47	33	37	31
31. NEW MEXICO	36	32	14	27	35	26	20	38	41	29
32. NORTH CAROLINA	30	31	17	22	42	32	19	35	23	40
33. VIRGINIA	34	33	24	32	40	41	21	40	32	23
34. MISSOURI	33	34	32	36	29	33	36	39	34	38
35. WEST VIRGINIA	37	43	47	46	41	17	16	28	38	17
36. ARKANSAS	39	42	39	45	28	27	42	37	44	24
37. FLORIDA	28	41	37	42	37	47	31	47	42	45
38. TENNESSEE	41	35	42	35	34	44	34	42	26	34
39. KENTUCKY	44	46	46	47	36	31	27	25	18	13
40. TEXAS	35	39	29	37	27	46	37	41	30	47
41. OKLAHOMA	40	37	43	41	25	42	38	26	36	46
42. GEORGIA	38	38	35	38	43	35	25	43	33	44
43. SOUTH CAROLINA	42	36	27	40	46	29	33	44	39	36
44. ARIZONA	43	40	41	43	38	34	44	31	47	43
45. ALABAMA	45	45	40	39	44	39	45	46	40	33
46. LOUISIANA	46	47	45	44	45	40	39	45	45	21
47. MISSISSIPPI	47	44	16	26	47	36	30	32	43	42

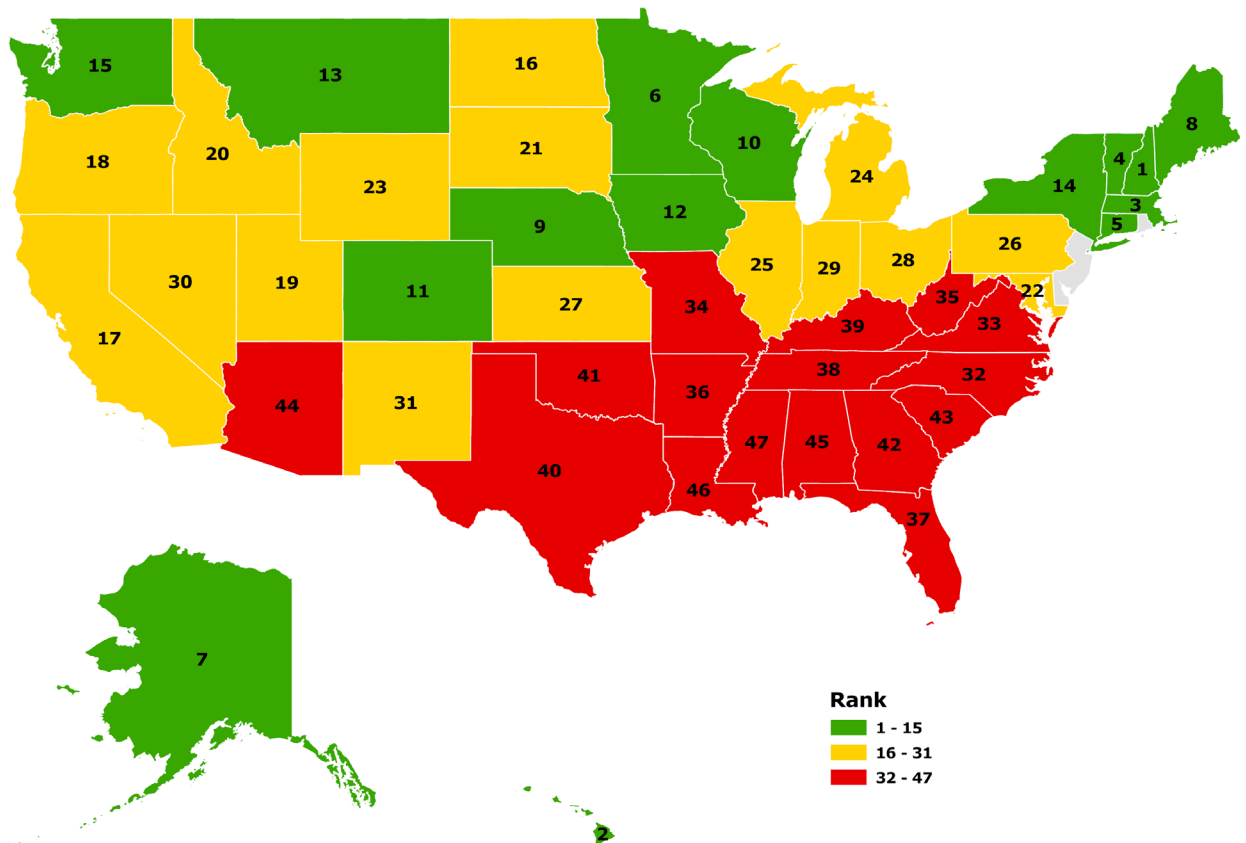
**TABLE 3: U.S. RURAL HEALTH RANKINGS BY U.S. CENSUS REGIONAL DIVISION - ALL CATEGORIES**

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

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



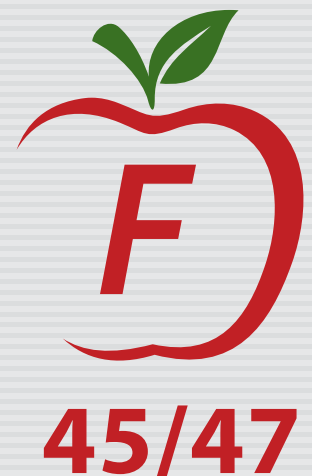
**FIGURE 3: FINAL STATE RANKINGS**





# ALABAMA

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



**A**LABAMA has a population of five million people, with 1.1 million living in the state's 38 rural counties.

94.9% of rural Alabamians identify as Non-Hispanic and 5.1% identify as Hispanic. For the Non-Hispanic rural population, 68.1% identify as White, 23.4% identify as Black/African American, 0.5% identify as American Indian/Alaska Native, 0.5% identify as Asian, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.2% identify as two or more races.

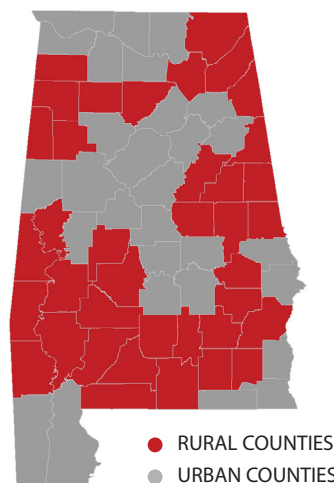
The poverty rate in rural Alabama is 17.1%, 3.3 percentage points higher than the urban rate of 13.8%.

## WHAT'S GOOD

Grades for each of the ten health measures have remained the same since 2021 for the Yellowhammer State.

## WHAT NEEDS WORK

Mortality dropped a spot, ranking 45<sup>th</sup> overall.



## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Alabama is higher than the urban rate. The percentage difference is 3.2%. ●

**ALABAMA** ranks 45<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Alabama is one of ten states to receive a grade of "F" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

### Mortality:

Down one spot nationally to 45<sup>th</sup> (44<sup>th</sup> in 2021).



### Quality of Life:

No change in national ranking of 44<sup>th</sup> for 2022.

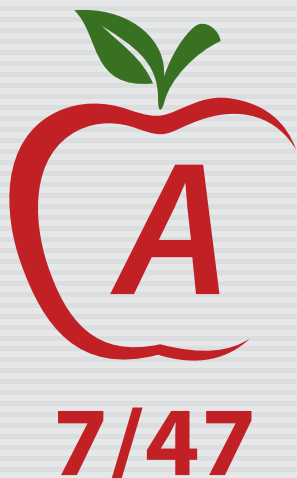
**44**

### Access to Care:

No change in national ranking of 41<sup>st</sup> for 2022.

**41**





# ALASKA

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

**ALASKA** ranks 7<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Alaska is one of four states to receive a grade of “A” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**12** **Mortality:** No change in national ranking of 12<sup>th</sup> for 2022.

**5** **Quality of Life:** Up six spots nationally to 5<sup>th</sup> (11<sup>th</sup> in 2021).

**15** **Access to Care:** No change in national ranking of 15<sup>th</sup> for 2022.

**A** LASKA has a population of 735,951 people, with 239,450 residents living in the state’s 27 rural counties.

95% of rural Alaskans identify as Non-Hispanic and five percent identify as Hispanic. For the Non-Hispanic rural population, 50.5% identify as White, 0.9% identify as Black/African American, 29.8% identify as American Indian/Alaska Native, 5.7% identify as Asian, 0.5% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 7.3% identify as two or more races.

The poverty rate in rural Alaska is 12.4%, 4.5 percentage points higher than the urban rate of 7.9%.

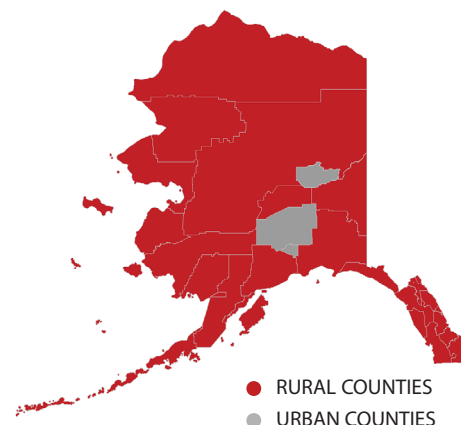
### WHAT’S GOOD

Alaska’s Quality of Life measure jumped six spots to rank 5<sup>th</sup> for 2022, and its General Health grade improved from a C- to a B-.

The Last Frontier received an A grade overall and a rank of 7<sup>th</sup>, with Mental Health and Dental Care both earning higher grades than last year.

### WHAT NEEDS WORK

Alaska’s Broadband Access and Uninsured Rate received grades of F.



### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Alaska is higher than the urban rate. The percentage difference is 0.8%. ●





# ARIZONA

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



**A**RIZONA has a population of 7.1 million people, with 338,288 living in the state's seven rural counties.

73.7% of rural Arizonans identify as Non-Hispanic and 26.3% identify as Hispanic. For the Non-Hispanic rural population, 38% identify as White, 0.9% identify as Black/African American, 0.5% identify as Asian, 32.4% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.8% identify as two or more races.

The poverty rate in rural Arizona is 21.4%, 9.3 percentage points higher than the urban rate of 12.1%.

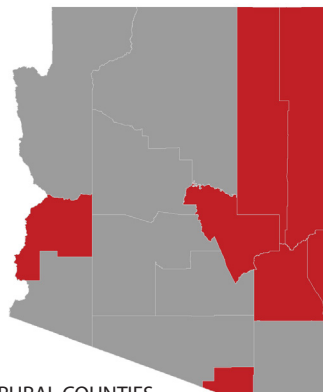
## WHAT'S GOOD

The Grand Canyon State's Access to Care rank jumped one spot this year, ranking 43rd.

Dental Care Access to Care earned a D+ this year, an improvement from 2021's D.

## WHAT NEEDS WORK

Arizona's overall grade fell from a D- to an F, dropping the state's ranking from 35th to 44th.



Mortality and Quality of Life rankings fell, as did grades for All-Cause Mortality, Mental Health, and Low Birth Weight.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Arizona is higher than the urban rate. The percentage difference is 9.1%. ●

**ARIZONA** ranks 44<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Arizona is one of ten states to receive a grade of "F" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

### Mortality:

Down 14 spots nationally to 43<sup>rd</sup> (29<sup>th</sup> in 2021).



### Quality of Life:

Down three spots nationally to 40<sup>th</sup> (37<sup>th</sup> in 2021).



### Access to Care:

Up one spot nationally to 43<sup>rd</sup> (44<sup>th</sup> in 2021).





# ARKANSAS

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

**ARKANSAS** ranks 36<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Arkansas is one of three to receive an overall grade of “D-” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

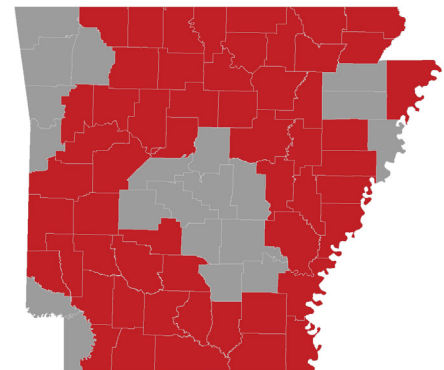
**39** **Mortality:** No change in national ranking of 39<sup>th</sup> for 2022.

**38** **Quality of Life:** Up two spots nationally to 38<sup>th</sup> (40<sup>th</sup> in 2021).

**31** **Access to Care:** Up one spot nationally to 31<sup>st</sup> (32<sup>nd</sup> in 2021).

**A** **ARKANSAS** has a population of three million people, with 1.1 million living in the state’s 55 rural counties.

94.3% of rural Arkansans identify as Non-Hispanic and 5.7% identify as Hispanic. For the Non-Hispanic rural population, 76.5% identify as White, 13.6% identify as Black/African American, 0.5% identify as Asian, 0.4% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 3% identify as two or more races.



● RURAL COUNTIES  
● URBAN COUNTIES

The poverty rate in rural Arkansas is 17%, 3.5 percentage points higher than the urban rate of 13.5%.

### WHAT’S GOOD

Arkansas rose in the rankings by one spot, with Low Birth Weight improving from last year’s F to a C-.

Quality of Life rose from 40th to 38th, and Access to Care improved from 32nd to 31st.

### WHAT NEEDS WORK

The Natural State earned F grades for six out of ten rural health measures.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Arkansas is higher than the urban rate. The percentage difference is 3.2%. ●





# CALIFORNIA

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



**C**ALIFORNIA has a population of 39.5 million people, with 857,544 live in the state's 21 rural counties.

81.2% of rural Californians identify as Non-Hispanic and 18.8% identify as Hispanic. For the Non-Hispanic rural population, 70.7% identify as White, 1.4% identify as Black/African American, 1.9% identify as Asian, 2.3% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 4.3% identify as two or more races.

The poverty rate in rural California is 12.9%, 1.7 percentage points higher than the urban rate of 11.2%.

## WHAT'S GOOD

All-Cause Mortality improved from a B- to a B+ for 2022.

Mortality rose five spots to rank 11th overall.

## WHAT NEEDS WORK

The Golden State slid from 15th to 17th overall, trading 2021's B for a B-.



Grades for General Health, Mental Health, Physical Health, Dental Care Access, and Quality of Life decreased, with all other measures maintaining their 2021 scores.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural California is higher than the urban rate. The percentage difference is 3%. ●

**CALIFORNIA** ranks 17<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

California is one of three states to receive a grade of "B-" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**Mortality:**  
Up five spots nationally to 11<sup>th</sup> (16<sup>th</sup> in 2021).

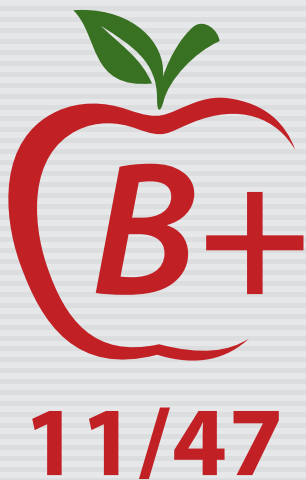
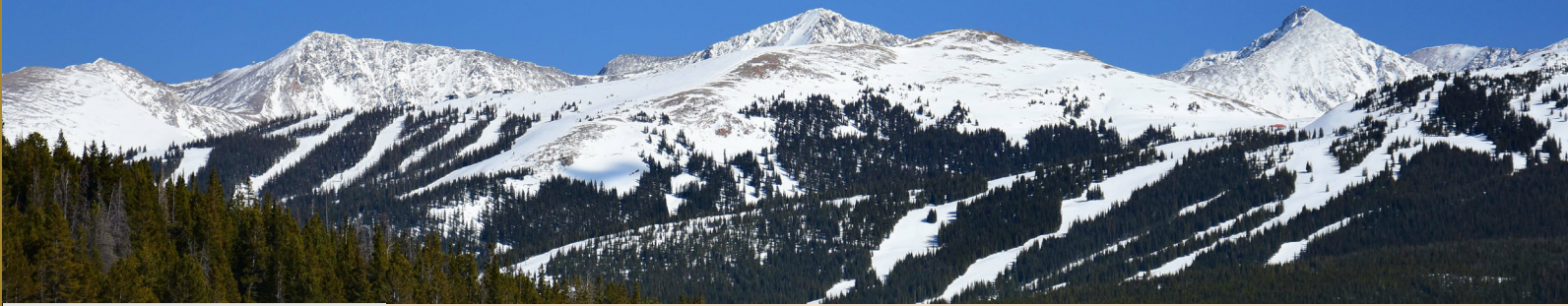


**Quality of Life:**  
Down seven spots nationally to 23<sup>rd</sup> (16<sup>th</sup> in 2021).



**Access to Care:**  
Down two spots nationally to 13<sup>th</sup> (11<sup>th</sup> in 2021).





# COLORADO

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

**COLORADO** ranks 11<sup>th</sup> 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 2022.

## 2021 STATE RURAL HEALTH RANKINGS

**3** **Mortality:** No change in national ranking of 3<sup>rd</sup> for 2022.

**25** **Quality of Life:** Down five spots nationally to 25<sup>th</sup> (20<sup>th</sup> in 2021).

**16** **Access to Care:** No change in national ranking of 16<sup>th</sup> for 2022.

**COLORADO** has a population of 5.7 million people, with 711,223 living in the state’s 47 rural counties.

78% of rural Coloradans identify as Non-Hispanic and 22% identify as Hispanic. For the Non-Hispanic rural population, 71.6% identify as White, 1.1% identify as Black/African American, 0.8% identify as Asian, 1.3% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 2.8% identify as two or more races.

The poverty rate in rural Colorado is 10.4%, 1.8 percentage points lower than the urban rate of 8.6%.

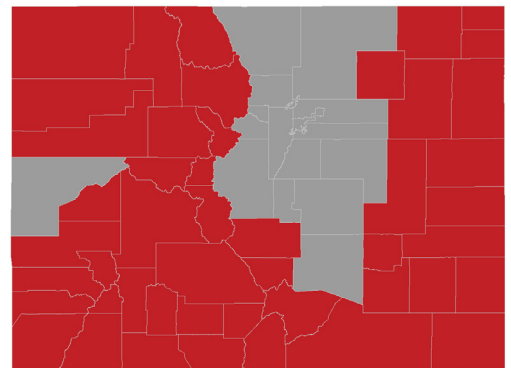
### WHAT’S GOOD

All-Cause Mortality kept its A+, and General Health improved from a B+ to an A-.

Mortality and Access to Care maintained their 2021 rankings.

### WHAT NEEDS WORK

Low Birth Weight continues to be a concern for rural Colorado, earning an F for the second year in a row.



● RURAL COUNTIES  
● URBAN COUNTIES

Most of the state’s rural health measures remained unchanged from last year, but Quality of Life and Mental Health both decreased in ranking.

The Centennial State lost its position in the top ten overall, slipping to a ranking of 11<sup>th</sup> and a grade of B+.

### URBAN-RURAL DIVIDE

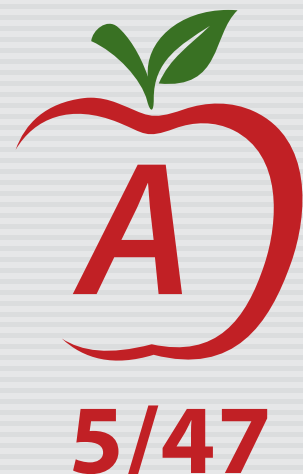
The age-adjusted mortality rate in rural Colorado is lower than the urban rate. The percentage difference is 1%. ●





# CONNECTICUT

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



**C**ONNECTICUT has a population of 3.6 million people, with 185,175 residents living in the state's one rural county.

92.9% of rural Connecticut residents identify as Non-Hispanic and 7.1% identify as Hispanic. For the Non-Hispanic rural population, 86.5% identify as White, 1.6% identify as Black/African American, 1.9% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 2.5% identify as two or more races.

The poverty rate in rural Connecticut is 7.3%, 2.2 percentage points lower than the urban rate of 9.5%.

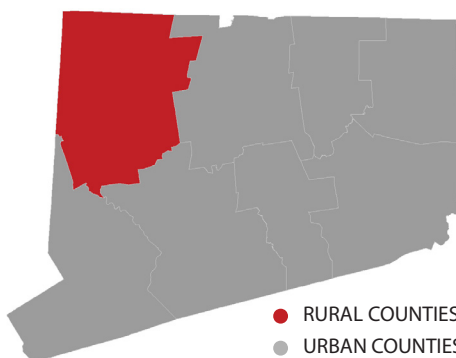
### WHAT'S GOOD

The Constitution State kept its rank of fifth overall for 2022, earning another A.

Seven of the ten rural health measures earned A grades.

### WHAT NEEDS WORK

Connecticut's Quality of Life and Mortality measures dropped to sixth and eighth overall, respectively, in rankings this year.



Grades for All-Cause Mortality, Mental Health, Primary Care Access, and Dental Access slipped.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Connecticut is higher than the urban rate. The percentage difference is 0.3%. ●

**CONNECTICUT** ranks 5<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Connecticut is one of four states to receive a grade of "A" for rural health access and outcomes in 2022.

### 2022 STATE RURAL HEALTH RANKINGS

#### Mortality:

Down 3 spots nationally to 8<sup>th</sup> (5<sup>th</sup> in 2021).



#### Quality of Life:

Down four spots nationally to 6<sup>th</sup> (2<sup>nd</sup> in 2021).



#### Access to Care:

No change in national ranking of 5<sup>th</sup> for 2022.

5



# FLORIDA

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

**FLORIDA** ranks 37<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Florida is one of three states to receive a grade of “D-” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**28** **Mortality:** Up two spots nationally to 28<sup>th</sup> (30<sup>th</sup> in 2021).

**39** **Quality of Life:** No change in national ranking of 39<sup>th</sup> for 2022.

**46** **Access to Care:** No change in national ranking of 46<sup>th</sup> for 2022.

**F** **FLORIDA** has a population of 21.3 million people, with 711,135 living in the state’s 23 rural counties.

84.3% of rural Floridians identify as Non-Hispanic and 15.7% identify as Hispanic. For the Non-Hispanic rural population, 66.1% identify as White, 14.2% identify as Black/African American, 0.7% identify as Asian, 0.4% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 2.5% identify as two or more races.

The poverty rate in rural Florida is 17.4%, 5.4 percentage points higher than the urban rate of 12%.

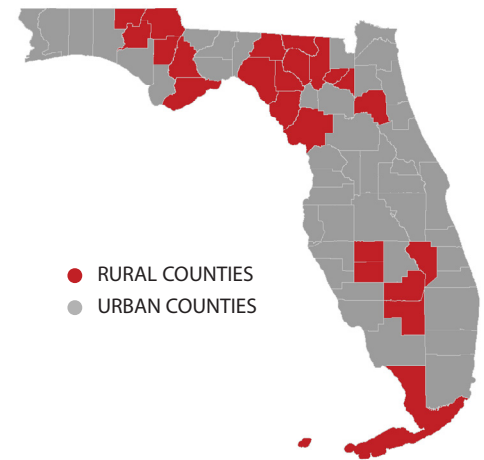
### WHAT’S GOOD

Florida now ranks 37th overall for rural health, jumping up a spot from 2021.

Mortality, Mental Health, and Mental Health Access all saw improvements.

### WHAT NEEDS WORK

Six of ten rural health measures maintained F grades, and Low Birth Weight kept its D- from last year.



● RURAL COUNTIES  
● URBAN COUNTIES

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Florida is higher than the urban rate. The percentage difference is 6.5%. ●





# GEORGIA

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



**G** EORGIA has a population of 10.6 million people, with 1.8 million living in the state's 85 rural counties.

92.8% of rural Georgians identify as Non-Hispanic and 7.2% identify as Hispanic. For the Non-Hispanic rural population, 64.6% identify as White, 25% identify as Black/African American, 0.9% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 1.9% identify as two or more races.

The poverty rate in rural Georgia is 17.8%, 5 percentage points higher than the urban rate of 12.8%.

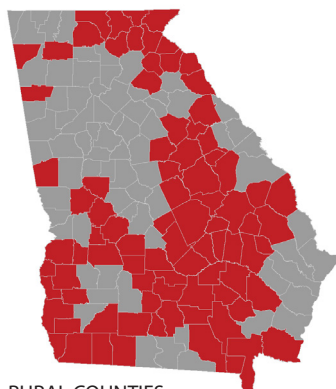
## WHAT'S GOOD

The Peach State maintained its ranking of 42nd, and its Quality of Life ranking rose by one spot.

Mental Health increased from an F to a D-, as did Mental Health Access.

## WHAT NEEDS WORK

Six of ten rural health measures earned a grade of F.



- RURAL COUNTIES
- URBAN COUNTIES

Mortality and Access to Care each dipped by one place in the rankings.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Georgia is higher than the urban rate. The percentage difference is 5.5%. ●

**GEORGIA** ranks 42<sup>nd</sup> in the nation for rural health out of 47 states with rural counties.

Georgia is one of ten states to receive a grade of "F" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**Mortality:**  
Down one spot nationally to 38<sup>th</sup> (37<sup>th</sup> in 2021).



**Quality of Life:**  
Up one spot nationally to 41<sup>st</sup> (42<sup>nd</sup> in 2021).



**Access to Care:**  
Down one spot nationally to 44<sup>th</sup> (43<sup>rd</sup> in 2021).





# HAWAII

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

**HAWAII** ranks 2<sup>nd</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS

1

### Mortality:

No change in national ranking of 1<sup>st</sup> for 2022.



### Quality of Life:

Up one spot nationally to 20<sup>th</sup> (21<sup>st</sup> in 2021).

3

### Access to Care:

No change in national ranking of 3<sup>rd</sup> for 2022.

**HAWAII** has a population of 1.5 million people, with 273,715 living in the state’s two rural counties.

87% of rural Hawaii residents identify as Non-Hispanic and 13% identify as Hispanic. For the Non-Hispanic rural population, 29.7% identify as White, 0.7% identify as Black/African American, 23.7% identify as Asian, 0.1% identify as American Indian/Alaska Native, 10.5% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 22.1% identify as two or more races.

The poverty rate in rural Hawaii is 11.4%, 3.5 percentage points higher than the urban rate of 7.9%.

### WHAT’S GOOD

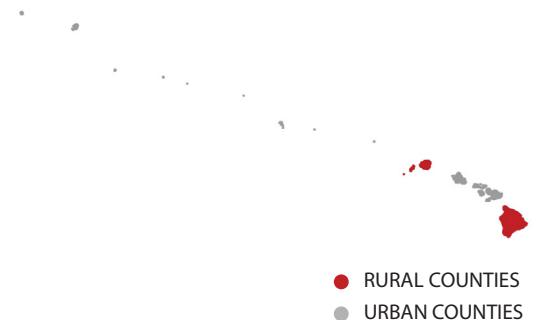
Hawaii keeps first place for Mortality for the fourth year in a row, and Access to Care also kept its ranking for 2022.

The Aloha State raised its national rank from 4th to 2nd, earning an A+ overall.

### WHAT NEEDS WORK

Mental Health slipped from an A- to a B.

Low Birth Weight is still graded at a D+.



### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Hawaii is higher than the urban rate.

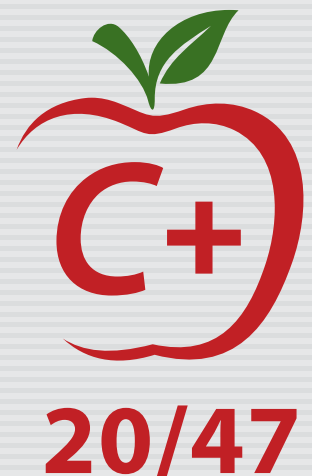
The percentage difference is 0.8%. ●





# IDAHO

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



**IDAHO** has a population of 1.8 million people, with 595,642 living in the state's 32 rural counties.

85% of rural Idahoans identify as Non-Hispanic and 15% identify as Hispanic. For the Non-Hispanic rural population, 79.2% identify as White, 0.5% identify as Black/African American, 0.9% identify as Asian, 1.2% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.8% identify as two or more races.

The poverty rate in rural Idaho is 11.8%, 2.8 percentage points higher than the urban rate of 9%.

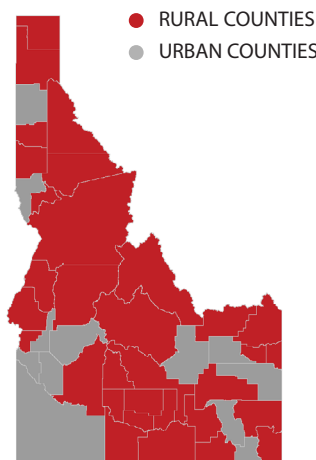
## WHAT'S GOOD

The Gem State's rural health measures either improved or stayed the same this year, with no measure seeing a decrease in score.

The state maintained a C+ overall and rose in the rankings from 22nd to 20th.

## WHAT NEEDS WORK

Idaho's Uninsured Rate stayed at a D-, and Mental Health Access kept its F grade.



## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Idaho is higher than the urban rate. The percentage difference is 0.2%.

**IDAHO** ranks 20<sup>th</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS

### Mortality:

Up one spot nationally to 10<sup>th</sup> (11<sup>th</sup> in 2021).



### Quality of Life:

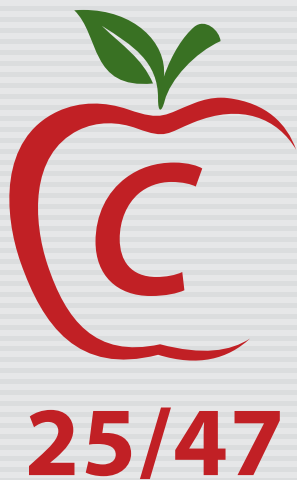
Up four spots nationally to 13<sup>th</sup> (17<sup>th</sup> in 2021).



### Access to Care:

No change in national ranking of 30<sup>th</sup> for 2022.

**30**



# ILLINOIS

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

**ILLINOIS** ranks 25<sup>th</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**Mortality:**  
Down two spots nationally to 29<sup>th</sup> (27<sup>th</sup> in 2021).

**Quality of Life:**  
Up six spots nationally to 14<sup>th</sup> (22<sup>nd</sup> in 2021).

**Access to Care:**  
No change in national ranking of 23<sup>rd</sup> for 2022.

**ILLINOIS** has a population of 12.8 million people, with 1.4 million living in the state’s 62 rural counties.

95.5% of rural Illinoisans identify as Non-Hispanic and 4.5% identify as Hispanic. For the Non-Hispanic rural population, 89.1% identify as White, 3.6% identify as Black/African American, 0.6% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2% identify as two or more races.

The poverty rate in rural Illinois is 11.4%, 0.8 percentage points higher than the urban rate of 10.6%.

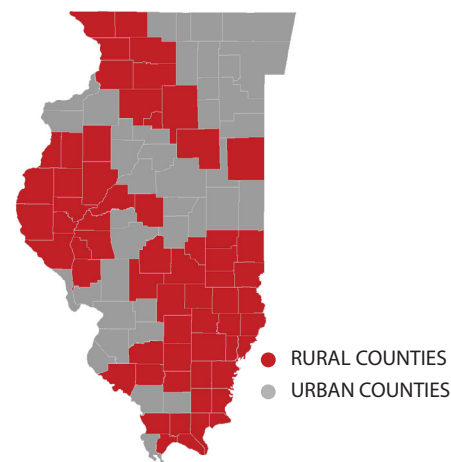
### WHAT’S GOOD

The Prairie State’s rural Uninsured Rate maintained its A grade, and Mental Health improved from a C to an A.

Quality of Life, ranked 22nd in 2021, climbed several spots to attain a ranking of 14th.

### WHAT NEEDS WORK

Illinois’ rural Mental Health Access earned an F for the fourth year in a row.



All-Cause Mortality and Dental Care Access also saw diminished scores.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Illinois is higher than the urban rate. The percentage difference is 3.2%.





# INDIANA

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



**INDIANA** has a population of 6.8 million people, with 1.5 million living in the state's 48 rural counties.

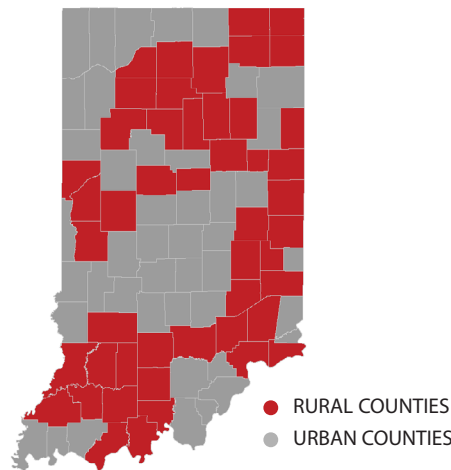
95.2% of rural Hoosiers identify as Non-Hispanic and 4.8% identify as Hispanic. For the Non-Hispanic rural population, 90.8% identify as White, 1.4% identify as Black/African American, 0.7% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2% identify as two or more races.

The poverty rate in rural Indiana is 10.7%, 0.7 percentage points lower than the urban rate of 11.4%.

## WHAT'S GOOD

Indiana earns another B for Broadband Access, with 90% of rural residents having access to high-quality broadband.

With slight improvements in All-Cause Mortality and Mental Health, the Hoosier State kept its grade of D+ and jumped up one spot in the rankings.



## WHAT NEEDS WORK

For the fifth year in a row, Indiana earned an F in rural Primary Care Access.

Physical Health dropped from a C- to a D.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Indiana is higher than the urban rate. The percentage difference is 1%. ●

**INDIANA** ranks 29<sup>th</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS

### Mortality:

Up three spots nationally to 32<sup>nd</sup> (35<sup>th</sup> in 2021).



### Quality of Life:

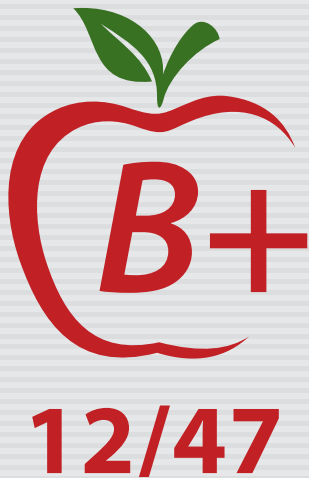
No change in national ranking of 29<sup>th</sup> for 2022.

**29**

### Access to Care:

No change in national ranking of 34<sup>th</sup> for 2022.

**34**



# IOWA

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

**IOWA** ranks 12<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

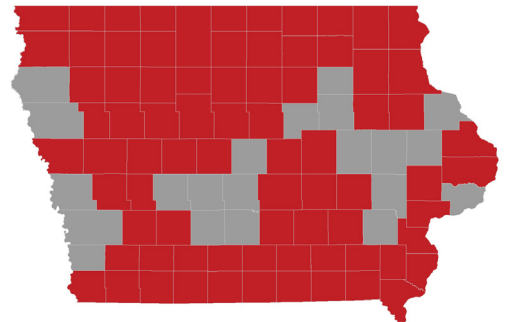
Iowa is one of three states to receive a grade of “B+” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS



**IOWA** has a population of 3.2 million people, with 1.3 million living in the state’s 78 rural counties.

93.8% of rural Iowans identify as Non-Hispanic and 6.2% identify as Hispanic. For the Non-Hispanic rural population, 88.7% identify as White, 1.5% identify as Black/African American, 1.1% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2% identify as two or more races.



● RURAL COUNTIES  
● URBAN COUNTIES

The poverty rate in rural Iowa is 9.94%, 0.03 percentage points higher than the urban rate of 9.91%.

### WHAT’S GOOD

Seven of ten rural health measures maintained their 2021 scores, with Low Birth Weight and Uninsured Rate keeping A grades.

### WHAT NEEDS WORK

The Hawkeye State dipped three spots to rank 12th overall.

Rural Quality of Life slipped to 8th overall from 2021’s ranking of 5th.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Iowa is higher than the urban rate. The percentage difference is 1.6%. ●





# KANSAS

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



**KANSAS** has a population of 2.9 million people, with 924,055 living in the state's 86 rural counties.

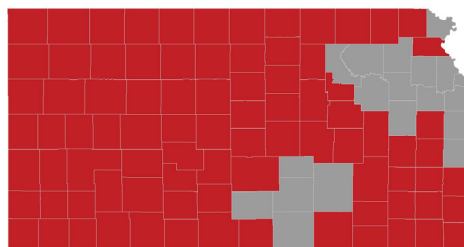
86.2% of rural Kansans identify as Non-Hispanic and 13.8% identify as Hispanic. For the Non-Hispanic rural population, 78.7% identify as White, 2.3% identify as Black/African American, 1.1 percent identify as Asian, 0.6% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 3.2% identify as two or more races.

The poverty rate in rural Kansas is 11.5%, 1.7 percentage points higher than the urban rate of 9.8%.

## WHAT'S GOOD

All but one of Kansas' rural health measures kept their 2021 grades.

Mortality, Quality of Life, and Access to Care each improved by one ranking.



● RURAL COUNTIES  
● URBAN COUNTIES

## WHAT NEEDS WORK

The Sunflower State's overall ranking dropped from 26th to 27th, with Physical Health seeing a diminished score.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Kansas is higher than the urban rate. The percentage difference is 2.4%. ●

**KANSAS** ranks 27<sup>th</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS

### Mortality:

Up one spot nationally to 27th (28th in 2021).



### Quality of Life:

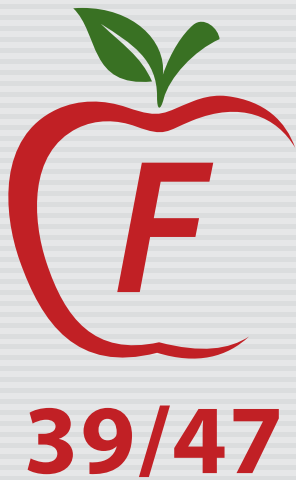
Up one spot nationally to 12<sup>th</sup> (13<sup>th</sup> in 2021).



### Access to Care:

Up one spot nationally to 28<sup>th</sup> (29<sup>th</sup> in 2021).





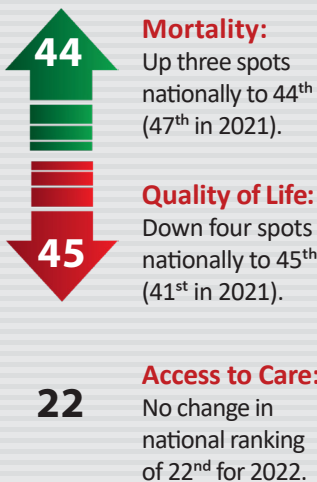
# KENTUCKY

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

**KENTUCKY** ranks 39<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Kentucky is one of ten states to receive a grade of “F” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS



**K**ENTUCKY has a population of 4.5 million people, with 1.8 million living in the commonwealth’s 85 rural counties.

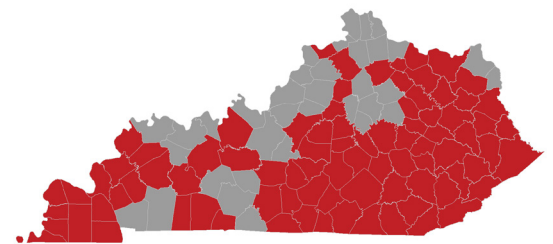
97.8% of rural Kentuckians identify as Non-Hispanic and 2.2% identify as Hispanic. For the Non-Hispanic rural population, 91.7% identify as White, 3.3% identify as Black/African American, 0.5% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and two percent identify as two or more races.

The poverty rate in rural Kentucky is 18.5%, 6.8 percentage points higher than the urban rate of 11.7%.

### WHAT’S GOOD

Mortality in the Bluegrass State ranked 44th this year, three steps up from last year’s ranking.

Most rural health measures maintained their 2021 grades. The state now ranks 39th overall.



- RURAL COUNTIES
- URBAN COUNTIES

### WHAT NEEDS WORK

Four out of the ten rural health measures for Kentucky maintained grades of F for 2022.

Mental Health Access dipped from a C to a C-, and Quality of Life dropped four places to rank 45th.

### URBAN-RURAL DIVIDE

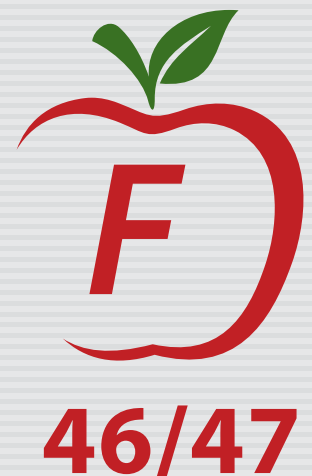
The age-adjusted mortality rate in rural Kentucky is higher than the urban rate. The percentage difference is 4.3%. ●





# LOUISIANA

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



**L**OUISIANA has a population of 4.7 million people, with 736,917 living in Louisiana's 29 rural parishes.

96.6% of rural Louisianans identify as Non-Hispanic and 3.4% identify as Hispanic. For the Non-Hispanic rural population, 61.5% identify as White, 30.7% identify as Black/African American, 0.6% identify as Asian, 0.7% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 2.6% identify as two or more races.

The poverty rate in rural Louisiana is 20.3%, 3.6 percentage points higher than the urban rate of 16.7%.

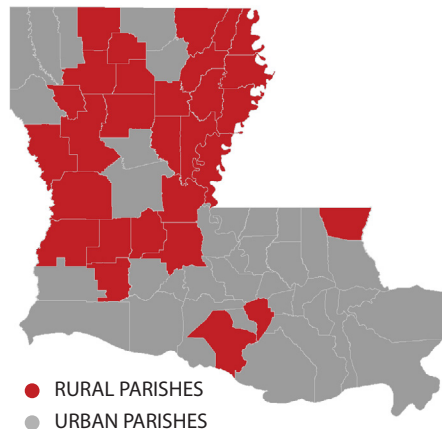
## WHAT'S GOOD

The Pelican State kept its overall ranking of 46th, with grades going unchanged for each of its rural health measures.

Access to Care maintained its ranking of 35th.

## WHAT NEEDS WORK

Nine of ten rural health measures earned F grades, and rankings for Mortality and Quality of Life each decreased by one spot.




## URBAN-RURAL DIVIDE


The age-adjusted mortality rate in rural Louisiana is higher than the urban rate. The percentage difference is 4%. ●

**LOUISIANA** ranks 46<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

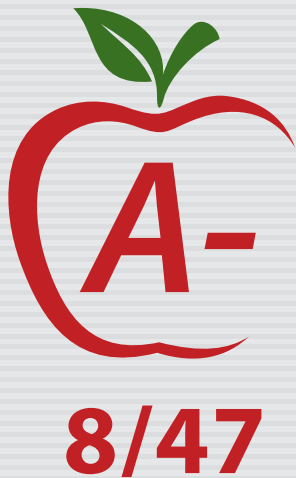
Louisiana is one of ten states to receive a grade of "F" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**Mortality:**  
Down one spot nationally to 46<sup>th</sup> (45<sup>th</sup> in 2021). 

**Quality of Life:**  
Down one spot nationally to 47<sup>th</sup> (46<sup>th</sup> in 2021). 

**Access to Care:**  
No change in national ranking of 35<sup>th</sup> for 2022. **35**



# MAINE

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

**MAINE** ranks 8<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Maine is one of three states to receive a grade of “A-” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**13** **Mortality:** Up nine spots nationally to 13<sup>th</sup> (22<sup>nd</sup> in 2021).

**17** **Quality of Life:** Up six spots nationally to 17<sup>th</sup> (23<sup>rd</sup> in 2021).

**6** **Access to Care:** Up one spot nationally to 6<sup>th</sup> (7<sup>th</sup> in 2021).

**M**AINE has a population of 1.4 million people, with 546,665 living in the state’s 11 rural counties.

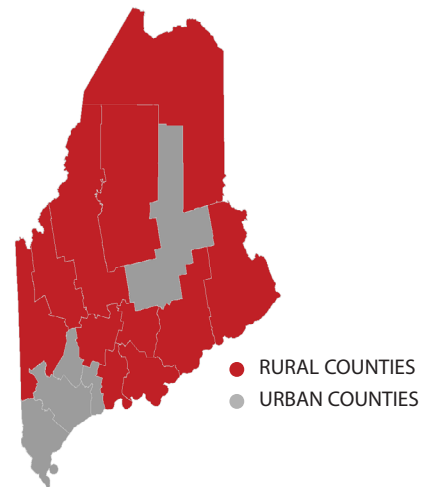
98.4% of rural Mainers identify as Non-Hispanic and 1.6% identify as Hispanic. For the Non-Hispanic rural population, 93.9% identify as White, 0.5% identify as Black/African American, 0.6% identify as Asian, 0.8% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.4% identify as two or more races.

The poverty rate in rural Maine is 11.9%, 2.6 percentage points higher than the urban rate of 9.3%.

### WHAT’S GOOD

The Pine Tree State’s scores increased for three of ten rural health measures for 2022, skipping from 18th to 8th in the rankings and going from a B- to an A- overall.

Mortality, Quality of Life, and Access to Care all saw improvements.



### WHAT NEEDS WORK

Primary Care Access dropped from an A+ to an A.

Mental Health Access decreased as well, earning an A- instead of last year’s A.

### URBAN-RURAL DIVIDE

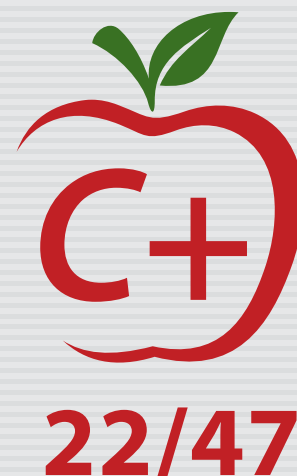
The age-adjusted mortality rate in rural Maine is higher than the urban rate. The percentage difference is 1.3%. ●





# MARYLAND

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



**M**ARYLAND has a population of 6.1 million people, with 151,520 living in the state's five rural counties.

94.5% of rural Marylanders identify as Non-Hispanic and 5.5% identify as Hispanic. For the Non-Hispanic rural population, 76.9% identify as White, 13.1% identify as Black/African American, 0.9% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 3.2% identify as two or more races.

The poverty rate in rural Maryland is 12%, 3.3 percentage points higher than the urban rate of 8.7%.

## WHAT'S GOOD

The Old Line State maintained many of its 2021 grades. Physical Health improved from a B to a B+, and Mortality jumped up one spot in the rankings.

## WHAT NEEDS WORK

Maryland dropped in overall ranking, trading its B- for a C+, and grades for General Health and Mental Health Access decreased slightly.



Access to Care and Quality of Life each went down a spot, with the former ranking 7th and the latter ranking 26th nationally.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Maryland is higher than the urban rate. The percentage difference is 1.7%. ●

**MARYLAND** ranks 22<sup>nd</sup> in the nation for rural health out of 47 states with rural counties.

Maryland is one of three states to receive a grade of "C+" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**Mortality:**  
Up one spot nationally to 20<sup>th</sup> (21<sup>st</sup> in 2021).

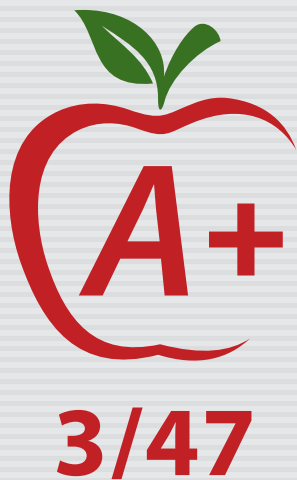


**Quality of Life:**  
Down one spot nationally to 26<sup>th</sup> (25<sup>th</sup> in 2021).



**Access to Care:**  
Down one spot nationally to 7<sup>th</sup> (6<sup>th</sup> in 2021).





# MASSACHUSETTS

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

## MASSACHUSETTS

ranks 3<sup>rd</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS



### Mortality:

Down two spots nationally to 4<sup>th</sup> (2<sup>nd</sup> in 2021).



### Quality of Life:

Up one spot nationally to 2<sup>nd</sup> (3<sup>rd</sup> in 2021).

4

### Access to Care:

No change in national ranking of 4<sup>th</sup> for 2022.

**M**ASSACHUSETTS has a population of seven million people, with 105,157 living in the commonwealth’s three rural counties.

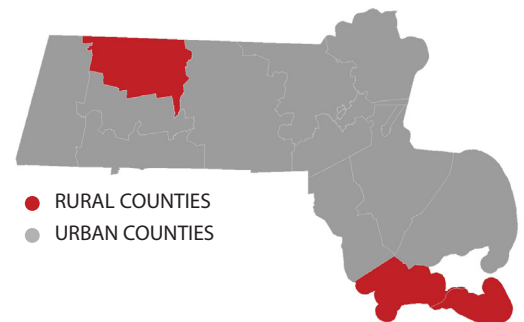
94.4% of rural Massachusetts residents identify as Non-Hispanic and 5.6% identify as Hispanic. For the Non-Hispanic rural population, 85.6% identify as White, 2.7% identify as Black/African American, 1.5% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.7% identify as some other race, and 3.8% identify as two or more races.

The poverty rate in rural Massachusetts is 9.4%, 0.3 percentage points higher than the urban rate of 9.1%.

## WHAT’S GOOD

The Bay State kept its A+ grade for 2022. Seven of ten rural health measures earned A grades, with scores improving for Mental Health Access and Physical Health.

Quality of Life also rose, landing in second place overall.



## WHAT NEEDS WORK

Massachusetts slipped from 1st to 3rd place overall, with a diminished Mortality rank and slightly decreased scores for All-Cause Mortality, Mental Health, and Dental Care Access.

## URBAN-RURAL DIVIDE

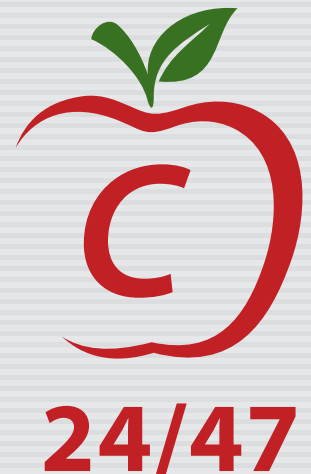
The age-adjusted mortality rate in rural Massachusetts is lower than the urban rate. The percentage difference is 0.9%. ●





# MICHIGAN

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



**M**ICHIGAN has a population of 10.1 million people, with 1.8 million living in the state's 57 rural counties.

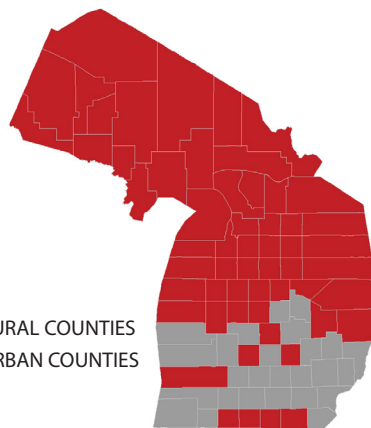
96.1% of rural Michiganders identify as Non-Hispanic and 3.9% identify as Hispanic. For the Non-Hispanic rural population, 89.7% identify as White, 1.5% identify as Black/African American, 0.6% identify as Asian, 1.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.9% identify as two or more races.

The poverty rate in rural Michigan is 11.7%, 0.8 percentage points lower than the urban rate of 12.5%.

## WHAT'S GOOD

The Great Lakes State maintained its overall grade and ranking from 2021.

Scores for All-Cause Mortality and Physical Health improved, as did rankings for Mortality and Quality of Life.



## WHAT NEEDS WORK

Mental Health dropped from a D- to an F.

General Health and Mental Health Access saw similar decreases.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Michigan is lower than the urban rate. The percentage difference is 0.8%. ●

**MICHIGAN** ranks 24<sup>th</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS

### Mortality:

Up one spot nationally to 22<sup>nd</sup> (23<sup>rd</sup> in 2021).



### Quality of Life:

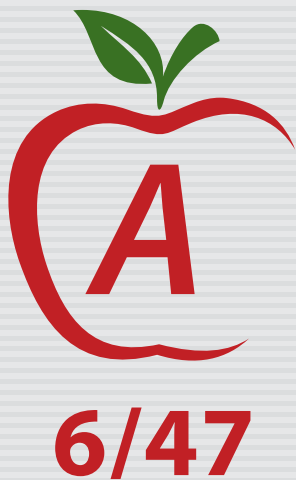
Up two spots nationally to 24<sup>th</sup> (26<sup>th</sup> in 2021).



### Access to Care:

No change in national ranking of 18<sup>th</sup> for 2022.

**18**



# MINNESOTA

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

**MINNESOTA** ranks 6<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Minnesota is one of four states to receive a grade of “A” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS



**Mortality:**  
Down two spots nationally to 6<sup>th</sup> (4<sup>th</sup> in 2021).



**Quality of Life:**  
Down three spots nationally to 7<sup>th</sup> (4<sup>th</sup> in 2021).

**8**

**Access to Care:**  
No change in national ranking of 8<sup>th</sup> for 2022.

**M**INNESOTA has a population of 5.7 million people, with 1.3 million living in the state’s 60 rural counties.

94.6% of rural Minnesotans identify as Non-Hispanic and 5.4% identify as Hispanic. For the Non-Hispanic rural population, 87% identify as White, 1.5% identify as Black/African American, 1.2% identify as Asian, 2% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.7% identify as two or more races.

The poverty rate in rural Minnesota is 8.9%, 1 percentage point higher than the urban rate of 7.9%.

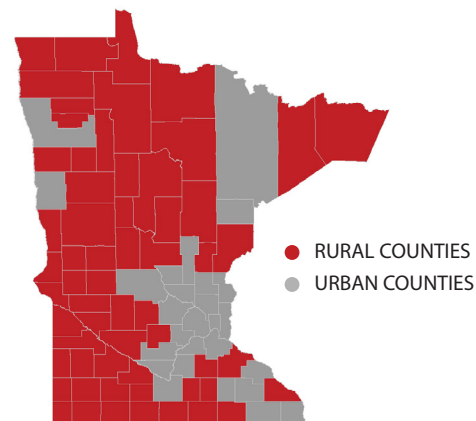
### WHAT’S GOOD

The majority of the Gopher State’s rural health measures remained the same for 2022, and the state kept its ranking of 6<sup>th</sup> overall.

Dental Care Access improved from a C+ to a B-.

### WHAT NEEDS WORK

Mortality and Quality of Life both dropped in the rankings, slipping two and three places, respectively.



Mental Health decreased from an A to an A-, as did Physical Health.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Minnesota is higher than the urban rate. The percentage difference is 1.2%. ●





# MISSISSIPPI

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



**M**ISSISSIPPI has a population of three million people, with 1.6 million living in the state's 65 rural counties.

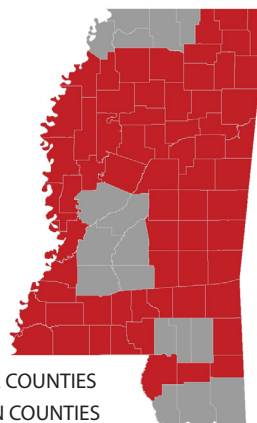
97.4% of rural Mississippians identify as Non-Hispanic and 2.6% identify as Hispanic. For the Non-Hispanic rural population, 55.7% identify as White, 38.7% identify as Black/African American, 0.6% identify as Asian, 0.6% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 1.5% identify as two or more races.

The poverty rate in rural Mississippi is 19.8%, 3.6 percentage points higher than the urban rate of 16.2%.

## WHAT'S GOOD

Mississippi's grade for Physical Health improved from a D to a C-, with Mental Health Access also seeing a slight improvement.

Mental Health improved dramatically from an F to a B, and Quality of Life jumped up five spots in the rankings.



## WHAT NEEDS WORK

The Magnolia State maintained its ranking and overall grade of F, coming in last out of the 47 states with rural counties.

Five of the ten rural health measures earned F grades, and Mortality dipped one spot in the rankings.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Mississippi is higher than the urban rate. The percentage difference is 4.3%. ●

**MISSISSIPPI** ranks 47<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Mississippi is one of ten states to receive a grade of "F" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

### Mortality:

Down one spot nationally to 47<sup>th</sup> (46<sup>th</sup> in 2021).



### Quality of Life:

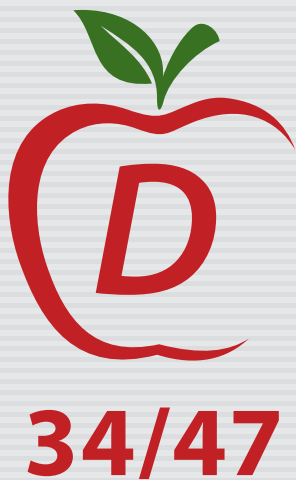
Up five spots nationally to 42<sup>nd</sup> (47<sup>th</sup> in 2021).



### Access to Care:

No change in national ranking of 42<sup>nd</sup> for 2022.

**42**



# MISSOURI

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

**MISSOURI** ranks 34<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Missouri is one of three states to receive a grade of “D” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS



**Mortality:**  
Up one spot nationally to 33<sup>rd</sup> (34<sup>th</sup> in 2021).



**Quality of Life:**  
Up two spots nationally to 31<sup>st</sup> (33<sup>rd</sup> in 2021).

**40**

**Access to Care:**  
No change in national ranking of 40<sup>th</sup> for 2022.

**M**ISSOURI has a population of 6.1 million people, with 1.5 million living in the state’s 81 rural counties.

96.5% of rural Missourians identify as Non-Hispanic and 3.5% identify as Hispanic. For the Non-Hispanic rural population, 89% identify as White, 3.2% identify as Black/African American, 0.7% identify as Asian, 0.3% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 3.1% identify as two or more races.

The poverty rate in rural Missouri is 15.3%, 4.7 percentage points higher than the urban rate of 10.6%.

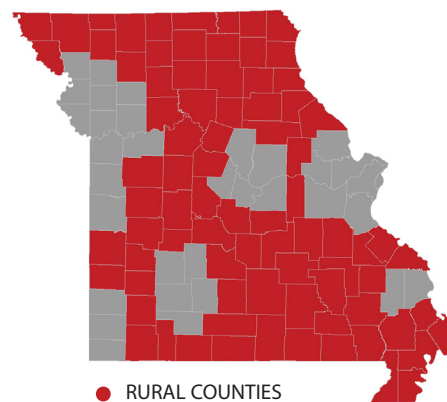
### WHAT’S GOOD

The Show-Me State maintained its 2021 grades for eight of ten rural health measures, with Mental Health improving from a D- to a D and Mental Health Access improving from an F to a D-.

Mortality jumped up one spot in the rankings, and Quality of Life increased by two spots.

### WHAT NEEDS WORK

Dental Care Access earned an F for the fifth year in a row.



- RURAL COUNTIES
- URBAN COUNTIES

Missouri dipped from 32<sup>nd</sup> to 34<sup>th</sup> in the overall rankings.

### URBAN-RURAL DIVIDE

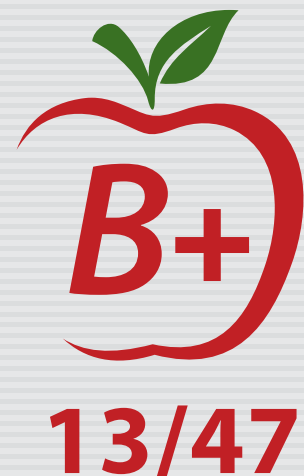
The age-adjusted mortality rate in rural Missouri is higher than the urban rate. The percentage difference is 2.6%. ●





# MONTANA

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



**M**ONTANA has a population of 1.1 million people, with 701,520 living in the state's 51 rural counties.

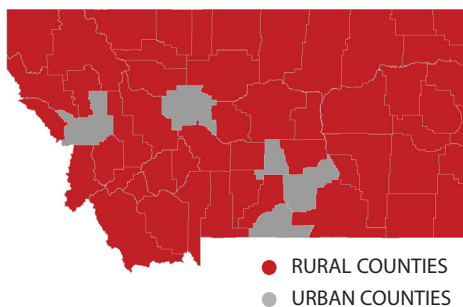
96.4% of rural Montana residents identify as Non-Hispanic and 3.6% identify as Hispanic. For the Non-Hispanic rural population, 84.6% identify as White, 0.4% identify as Black/African American, 0.7% identify as Asian, 7.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 3.2% identify as two or more races.

The poverty rate in rural Montana is 12.5%, 1.1 percentage points higher than the urban rate of 11.4%.

### WHAT'S GOOD

The Treasure State maintained A grades for four of ten rural health measures.

Grades for Mental Health and Dental Care Access saw slight increases, and rankings for Quality of Life and Access to Care remained the same.



### WHAT NEEDS WORK

Mortality dropped in the rankings from 14th to 16th.

General Health, Physical Health, and Primary Care Access also saw slight decreases.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Montana is lower than the urban rate. The percentage difference is 0.9%. ●

**MONTANA** ranks 13<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Montana is one of three states to receive a grade of "B+" for rural health access and outcomes in 2022.

### 2022 STATE RURAL HEALTH RANKINGS

**Mortality:**  
Down two spots nationally to 16<sup>th</sup> (14<sup>th</sup> in 2021).



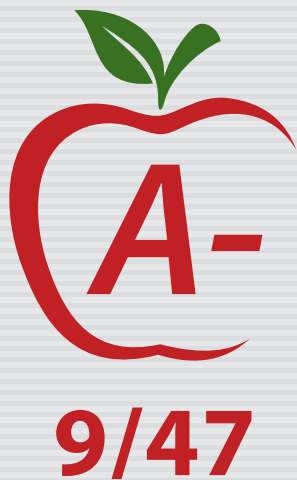
**Quality of Life:**  
No change in national ranking of 15<sup>th</sup> for 2022.

**15**

**Access to Care:**  
No change in national ranking of 9<sup>th</sup> for 2022.

**9**





# NEBRASKA

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

**NEBRASKA** ranks 9<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Nebraska is one of three states to receive a grade of “A-” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS



**Mortality:**  
Down 3 spots nationally to 18<sup>th</sup> (15<sup>th</sup> in 2021).



**Quality of Life:**  
Up three spots nationally to 4<sup>th</sup> (7<sup>th</sup> in 2021).

**19**

**Access to Care:**  
No change in national ranking of 19<sup>th</sup> for 2022.

**N**EBRASKA has a population of two million people, with 664,030 living in the state’s 80 rural counties.

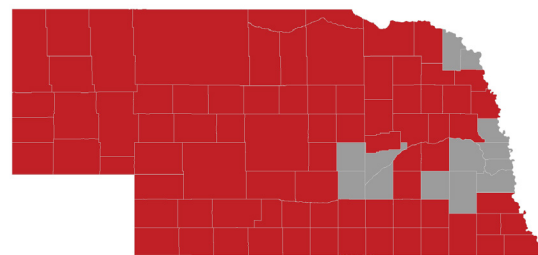
88.7% of rural Nebraskans identify as Non-Hispanic and 11.3% identify as Hispanic. For the Non-Hispanic rural population, 83.8% identify as White, 1% identify as Black/African American, 0.7% identify as Asian, 1.3% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.8% identify as two or more races.

The poverty rate in rural Nebraska is 9.6%, 1.1 percentage points higher than the urban rate of 8.5%.

### WHAT’S GOOD

Nebraska maintained its grade of A-, rising from 10th place to 9th in the overall rankings.

Quality of Life improved in its ranking, and General Health increased from a B+ to an A.



● RURAL COUNTIES  
● URBAN COUNTIES

### WHAT NEEDS WORK

The Cornhusker State’s All-Cause Mortality grade dipped from a B to a B-.

Its Mortality ranking dropped by three places, and its grade for Mental Health Access remained an F.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Nebraska is higher than the urban rate. The percentage difference is 1%. ●



# NEVADA

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



**N**EVADA has a population of 3.1 million people, with 286,329 living in the state's 13 rural counties.

81.5% of rural Nevadans identify as Non-Hispanic and 18.5% identify as Hispanic. For the Non-Hispanic rural population, 71.2% identify as White, 1.5% identify as Black/African American, 1.5% identify as Asian, 2.8% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 3.9% identify as two or more races.

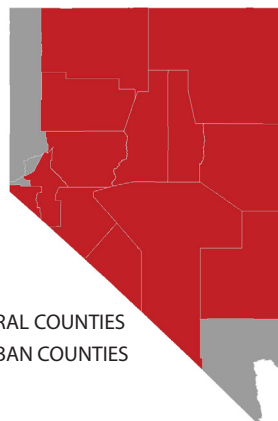
The poverty rate in rural Nevada is 10.7%, 1.8 percentage points lower than the urban rate of 12.5%.

## WHAT'S GOOD

Five of ten rural health measures maintained their 2021 grades, with All-Cause Mortality and Dental Care Access seeing slight improvements.

## WHAT NEEDS WORK

The Silver State dropped two spots in the overall rankings, trading its C- for a D+.



Nevada's Primary Care Access and Mental Health Access earned F grades for the third year in a row, and Quality of Life decreased in ranking by six places.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Nevada is higher than the urban rate. The percentage difference is 1.5%. ●

**NEVADA** ranks 30<sup>th</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**Mortality:**  
Up one spot nationally to 25<sup>th</sup> (26<sup>th</sup> in 2021).



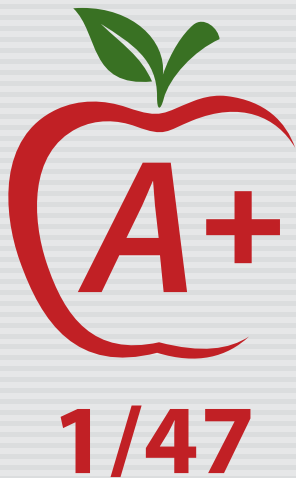
**Quality of Life:**  
Down six spots nationally to 34<sup>th</sup> (28<sup>th</sup> in 2021).



**Access to Care:**  
No change in national ranking of 39<sup>th</sup> for 2022.

**39**





# NEW HAMPSHIRE

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

**NEW HAMPSHIRE** ranks 1<sup>st</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS



**Mortality:**  
Up five spots nationally to 5<sup>th</sup> (10<sup>th</sup> in 2021).



**Quality of Life:**  
Down two spots nationally to 11<sup>th</sup> (9<sup>th</sup> in 2021).

**1**

**Access to Care:**  
No change in national ranking of 1<sup>st</sup> for 2022.

**N**EW HAMPSHIRE has a population of 1.4 million people, with 508,302 living in the state’s seven rural counties.

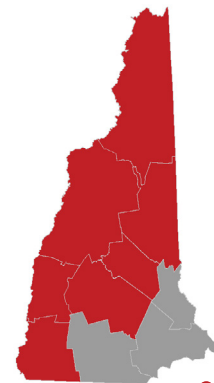
97.8% of rural New Hampshire residents identify as Non-Hispanic and 2.2% identify as Hispanic. For the Non-Hispanic rural population, 92.5% identify as White, 1.1% identify as Black/African American, 1.6% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.2% identify as two or more races.

The poverty rate in rural New Hampshire is 7.7%, 1.5 percentage points higher than the urban rate of 6.2%.

### WHAT’S GOOD

The Granite State kept its overall A+, moving up from second place to rank first overall.

Six of ten rural health measures received A grades, while Mortality jumped from 10th to 5th place in the rankings and Access to Care maintained its spot in first place.



● RURAL COUNTIES  
● URBAN COUNTIES

### WHAT NEEDS WORK

Physical Health dropped to a B from last year’s A-, and rural Quality of Life decreased as well.

The rest of New Hampshire’s rural health measures either improved or kept their letter grades for 2022.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural New Hampshire is lower than the urban rate. The percentage difference is 0.4%. ●





# NEW MEXICO

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



**N**EW MEXICO has a population of 2.1 million people, with 701,277 living in the state's 26 rural counties.

51.9% of rural New Mexicans identify as Non-Hispanic and 48.1% identify as Hispanic. For the Non-Hispanic rural population, 35.4% identify as White, 1.7% identify as Black/African American, 1% identify as Asian, 11.7% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 1.9% identify as two or more races.

The poverty rate in rural New Mexico is 18.2%, 2.6 percentage points higher than the urban rate of 15.6%.

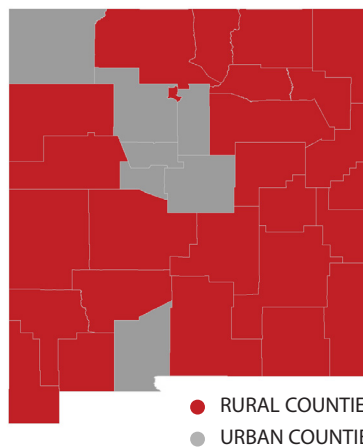
## WHAT'S GOOD

The Land of Enchantment kept its overall D+, as well as its ranking of 31st.

General Health and Physical Health saw slight improvements, while Mental Health improved dramatically, jumping from a D+ to a B.

## WHAT NEEDS WORK

Mortality dropped five places in the rankings, coming in at 36th.



Broadband Access earned an F for the fifth year in a row, and All-Cause Mortality, Primary Care Access, and Mental Health Access saw decreased grades.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural New Mexico is higher than the urban rate. The percentage difference is 4.4%. ●

**NEW MEXICO** ranks 31<sup>st</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS

### Mortality:

Down five spots nationally to 36<sup>th</sup> (31<sup>st</sup> in 2021).



### Quality of Life:

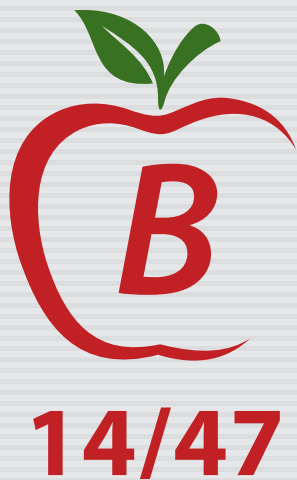
Up four spots nationally to 30<sup>th</sup> (34<sup>th</sup> in 2021).



### Access to Care:

Down one spot nationally to 32<sup>nd</sup> (31<sup>st</sup> in 2021).





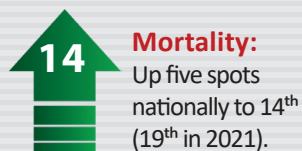
# NEW YORK

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

**NEW YORK** ranks 14<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

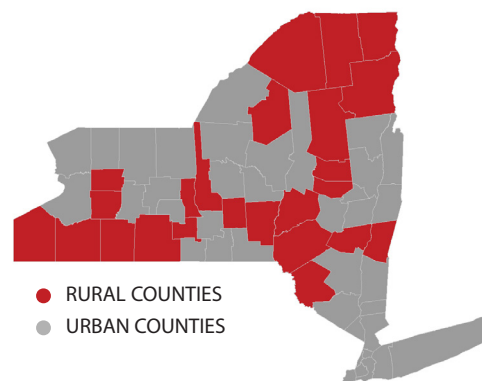
New York is one of three states to receive a grade of “B” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS



**N**EW YORK has a population of 20.1 million people, with 1.4 million living in the state’s 24 rural counties.

95.3% of rural New Yorkers identify as Non-Hispanic and 4.7% identify as Hispanic. For the Non-Hispanic rural population, 88.1% identify as White, 2.9% identify as Black/African American, 1% identify as Asian, 0.6% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 2.4% identify as two or more races.



The poverty rate in rural New York is 12.1%, 0.3 percentage points lower than the urban rate of 12.4%.

### WHAT’S GOOD

New York’s grades for All-Cause Mortality, General Health, Mental Health, and Primary Care Access saw improvements, raising the state’s overall ranking from 20<sup>th</sup> to 14<sup>th</sup> and its overall grade from a C+ to a B.

Mortality and Access to Care rose in the rankings by five and three spots, respectively.

### WHAT NEEDS WORK

Dental Care access maintained its D+.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural New York is higher than the urban rate. The percentage difference is 0.6%. ●





# NORTH CAROLINA

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



**N**ORTH CAROLINA has a population of 10.4 million people, with 2.1 million living in the state's 54 rural counties.

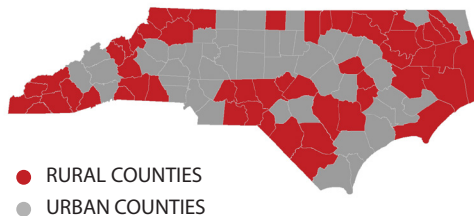
91.9% of rural North Carolinians identify as Non-Hispanic and 8.1% identify as Hispanic. For the Non-Hispanic rural population, 64.2% identify as White, 20.7% identify as Black/African American, 0.8% identify as Asian, 3.5% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.4% identify as two or more races.

The poverty rate in rural North Carolina is 16.6%, 5.1 percentage points higher than the urban rate of 11.5%.

## WHAT'S GOOD

Grades for five of ten rural health measures improved this year, while rankings for Mortality and Quality of Life also saw improvements.

The Tar Heel State jumped up a spot in the overall rankings, coming in at 32nd.



## WHAT NEEDS WORK

Grades for Primary Care Access and Dental Care Access decreased slightly.

Low Birth Weight and Uninsured Rate remain issues in the state, with both earning F grades for 2022.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural North Carolina is higher than the urban rate. The percentage difference is 3.9%. ●

**NORTH CAROLINA** ranks 32<sup>nd</sup> in the nation for rural health out of 47 states with rural counties.

North Carolina is one of three states to receive a grade of "D" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**Mortality:**  
Up two spots nationally to 30<sup>th</sup> (32<sup>nd</sup> in 2021).



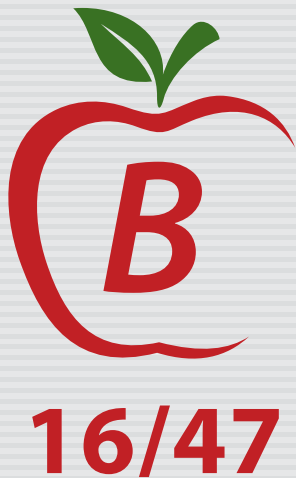
**Quality of Life:**  
Up four spots nationally to 32<sup>nd</sup> (36<sup>th</sup> in 2021).



**Access to Care:**  
No change in national ranking of 36<sup>th</sup> for 2022.

**36**





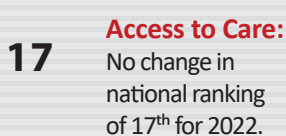
# NORTH DAKOTA

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

**NORTH DAKOTA** ranks 16<sup>th</sup> 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 “B” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS



**N**ORTH DAKOTA has a population of 773,344 people, with 380,597 living in the state’s 47 rural counties.

95% of rural North Dakotans identify as Non-Hispanic and 5% identify as Hispanic. For the Non-Hispanic rural population, 82.4% identify as White, 1.9% identify as Black/African American, 0.8% identify as Asian, 6.5% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 3% identify as two or more races.

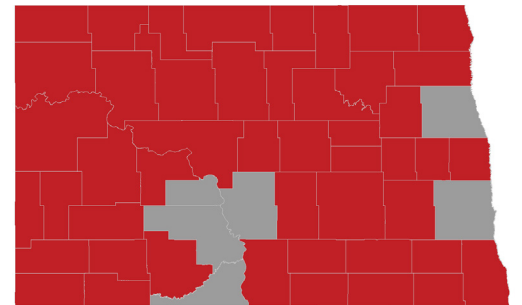
The poverty rate in rural North Dakota is 10.1%, 0.4 percentage points higher than the urban rate of 9.7%.

### WHAT’S GOOD

The Peace Garden State maintained its 2021 grades for six of ten rural health measures, and its Access to Care ranking also stayed the same.

### WHAT NEEDS WORK

Grades for All-Cause Mortality, General Health, Mental Health Access, and Dental Care Access all decreased, and North Dakota’s Mortality ranking dropped ten places, coming in at 23rd.



● RURAL COUNTIES  
● URBAN COUNTIES

Overall, the state’s grade dipped from an A to a B, taking its ranking from 7th to 16th.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural North Dakota is higher than the urban rate. The percentage difference is 2.4%. ●



# OHIO

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



**O**HIO has a population of 11.8 million people, with 2.4 million living in the state's 50 rural counties.

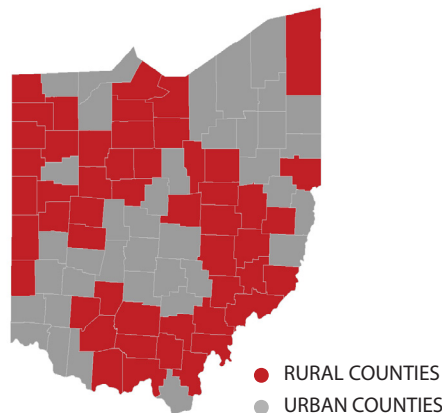
97.1% of rural Ohioans identify as Non-Hispanic and 2.9% identify as Hispanic. For the Non-Hispanic rural population, 91.9% identify as White, 2% identify as Black/African American, 0.6% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.3% identify as two or more races.

The poverty rate in rural Ohio is 12%, 0.3 percentage points lower than the urban rate of 12.3%.

## WHAT'S GOOD

The Buckeye State moved up one spot in the overall rankings, trading its D+ for a C-.

Grades for All-Cause Mortality, Mental Health, and Physical Health saw improvements, as did rankings for Mortality and Quality of Life.



## WHAT NEEDS WORK

Primary Care Access kept its F grade.

Access to Care dropped one spot, from 26th to 27th, in the rankings.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Ohio is higher than the urban rate. The percentage difference is 1.3%. ●

**OHIO** ranks 28<sup>th</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS

### Mortality:

Up five spots nationally to 31<sup>st</sup> (36<sup>th</sup> in 2021).



### Quality of Life:

Up two spots nationally to 28<sup>th</sup> (30<sup>th</sup> in 2021).

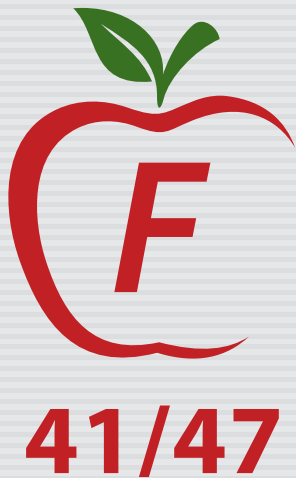


### Access to Care:

Down one spot nationally to 27<sup>th</sup> (26<sup>th</sup> in 2021).







# OKLAHOMA

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

**OKLAHOMA** ranks 41<sup>st</sup> in the nation for rural health out of 47 states with rural counties.

Oklahoma is one of ten states to receive a grade of “F” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS



**Mortality:**  
Up one spot nationally to 40<sup>th</sup> (41<sup>st</sup> in 2021).



**Quality of Life:**  
Down four spots nationally to 36<sup>th</sup> (32<sup>nd</sup> in 2021).

**45**

**Access to Care:**  
No change in national ranking of 45<sup>th</sup> for 2022.

**OKLAHOMA** has a population of 3.9 million people, with 1.3 million living in the state’s 59 rural counties.

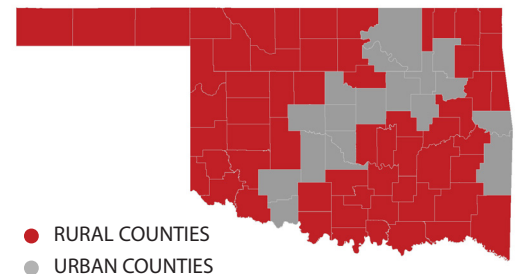
91% of rural Oklahomans identify as Non-Hispanic and 9% identify as Hispanic. For the Non-Hispanic rural population, 66.7% identify as White, 3.1% identify as Black/African American, 1% identify as Asian, 11.3% identify as American Indian/Alaska Native, 0.3% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 8.4% identify as two or more races.

The poverty rate in rural Oklahoma is 16.1%, 3.4 percentage points higher than the urban rate of 12.7%.

### WHAT’S GOOD

Six of ten rural health measures maintained their 2021 grades.

Mortality rose by one spot in the rankings, coming in at 40<sup>th</sup>.



### WHAT NEEDS WORK

The Sooner State maintained its 2021 grade of F but dipped from 39<sup>th</sup> to 41<sup>st</sup> overall.

Its Quality of Life ranking decreased by four places, while Mental Health, Physical Health, and Mental Health Care Access dropped to F grades.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Oklahoma is higher than the urban rate. The percentage difference is 3%. ●





# OREGON

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



**O**REGON has a population of 4.2 million people, with 685,120 living in the state's 23 rural counties.

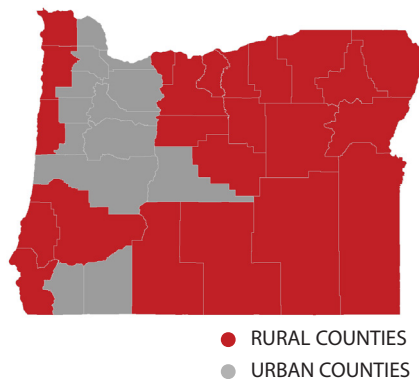
86.1% of rural Oregonians identify as Non-Hispanic and 13.9% identify as Hispanic. For the Non-Hispanic rural population, 77.8% identify as White, 0.6% identify as Black/African American, 0.9% identify as Asian, 2% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 4.4% identify as two or more races.

The poverty rate in rural Oregon is 13.4%, 3.1 percentage points higher than the urban rate of 10.3%.

## WHAT'S GOOD

The Beaver State saw improvements in All-Cause Mortality, General Health, Physical Health, and Primary Care Access, bumping its C up to a B- and rising five spots in the overall standings.

Both Mortality and Quality of Life also moved up in rank.



## WHAT NEEDS WORK

Mental Health Access dipped from a C+ to a C, while Mental Health maintained its C-.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Oregon is higher than the urban rate. The percentage difference is 3.9%. ●

**OREGON** ranks 18<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Oregon is one of three states to receive a grade of "B-" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**Mortality:**  
Up five spots nationally to 19<sup>th</sup> (24<sup>th</sup> in 2021).

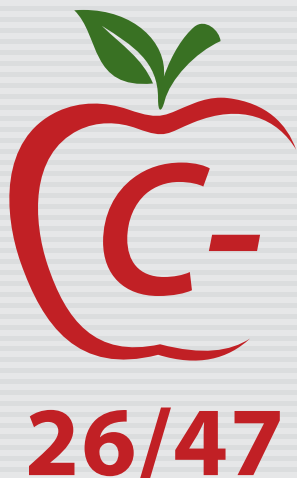


**Quality of Life:**  
Up two spots nationally to 22<sup>nd</sup> (24<sup>th</sup> in 2021).



**Access to Care:**  
No change in national ranking of 12<sup>th</sup> for 2022.

**12**



# PENNSYLVANIA

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

**PENNSYLVANIA** ranks 26<sup>th</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS



**Mortality:**  
Up one spot nationally to 24<sup>th</sup> (25<sup>th</sup> in 2021).

**27**

**Quality of Life:**  
No change in national ranking of 27<sup>th</sup> for 2022.



**Access to Care:**  
Down one spot nationally to 21<sup>st</sup> (20<sup>th</sup> in 2021).

**P**ENNSYLVANIA has a population of 13 million people, with 1.4 million living in the commonwealth’s 30 rural counties.

97.5% of rural Pennsylvanians identify as Non-Hispanic and 2.5% identify as Hispanic. For the Non-Hispanic rural population, 92.8% identify as White, 2.1% identify as Black/African American, 0.5% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 1.9% identify as two or more races.

The poverty rate in rural Pennsylvania is 11.6%, 1.2 percentage points higher than the urban rate of 10.4%.

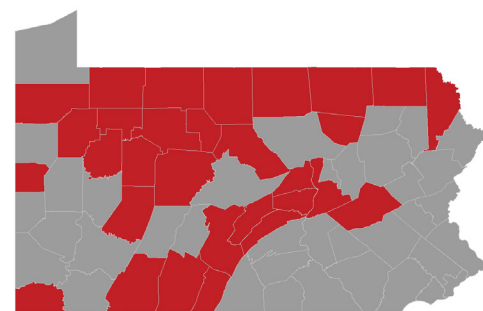
### WHAT’S GOOD

The Keystone State maintained 2021 grades for eight of its ten rural health measures, with General Health and Primary Care Access seeing slight improvements.

Mortality jumped from 25th place to 24th, and Quality of Life kept its ranking.

### WHAT NEEDS WORK

Six Pennsylvania traded its C for a C-, dropping one place in the overall standings.



- RURAL COUNTIES
- URBAN COUNTIES

Access to Care also slipped by one spot.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Pennsylvania is higher than the urban rate. The percentage difference is 1.1%. ●





# SOUTH CAROLINA

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



**S**OUTH CAROLINA has a population of 5.1 million people, with 731,853 living in the state's 20 rural counties.

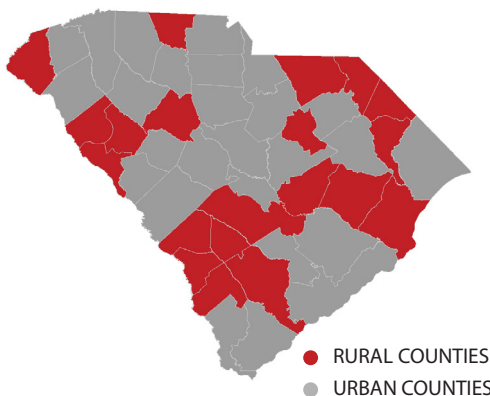
96% of rural South Carolinians identify as Non-Hispanic and 4% identify as Hispanic. For the Non-Hispanic rural population, 54.3% identify as White, 38.6% identify as Black/African American, 0.5% identify as Asian, 0.4% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 1.9% identify as two or more races.

The poverty rate in rural South Carolina is 17.5%, 4.7 percentage points higher than the urban rate of 12.8%.

## WHAT'S GOOD

South Carolina's Mental Health traded its D+ for a C- and moved up by one spot in the Access to Care rankings.

The Palmetto State's overall ranking also increased by one place.



## WHAT NEEDS WORK

The South Carolina saw drops in grades for Primary Care Access and Mental Health Access, as well as in its Mortality ranking.

The state maintained its overall F grade from 2021.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural South Carolina is higher than the urban rate. The percentage difference is 5.3%. ●

**SOUTH CAROLINA** ranks 43<sup>rd</sup> in the nation for rural health out of 47 states with rural counties.

South Carolina is one of ten states to receive a grade of "F" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

### Mortality:

Down two spots nationally to 42<sup>nd</sup> (40<sup>th</sup> in 2021).



### Quality of Life:

No change in national ranking of 43<sup>rd</sup> for 2021.

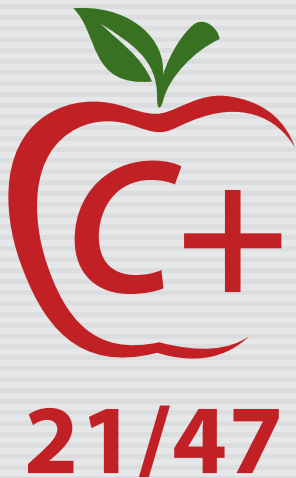
**43**

### Access to Care:

Up one spot nationally to 37<sup>th</sup> (38<sup>th</sup> in 2021).







# SOUTH DAKOTA

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

**SOUTH DAKOTA** ranks 21<sup>st</sup> in the nation for rural health out of 47 states with rural counties.

South Dakota is one of three states to receive a grade of “C+” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS



**Mortality:**  
Down eight spots nationally to 26<sup>th</sup> (18<sup>th</sup> in 2021).



**Quality of Life:**  
Up five spots nationally to 1<sup>st</sup> (6<sup>th</sup> in 2021).



**Access to Care:**  
Down one spot nationally to 29<sup>th</sup> (28<sup>th</sup> in 2021).

**SOUTH DAKOTA** has a population of 881,785 people, with 446,319 living in the state’s 58 rural counties.

96.2% of rural South Dakotans identify as Non-Hispanic and 3.8% identify as Hispanic. For the Non-Hispanic rural population, 78.6% identify as White, 0.8% identify as Black/African American, 1.3% identify as Asian, 12.8% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.5% identify as two or more races.

The poverty rate in rural South Dakota is 13.9%, 5.4 percentage points higher than the urban rate of 8.5%.

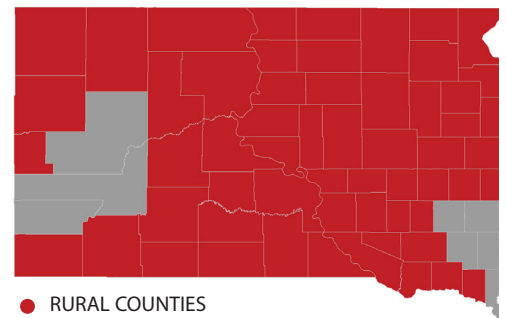
### WHAT’S GOOD

Rural Mental Health kept its A+ for the sixth year in a row, and both Primary Care Access and Mental Health Access saw improvements.

Quality of Life jumped ahead five spots in the rankings, coming in first place.

### WHAT NEEDS WORK

The Mount Rushmore State dropped eight spots in the Mortality rankings to place 26th.



- RURAL COUNTIES
- URBAN COUNTIES

All-Cause Mortality decreased by a whole letter grade, and Dental Care Access saw slight dips.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural South Dakota is higher than the urban rate. The percentage difference is 2.4%. ●



# TENNESSEE

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



**T**ENNESSEE has a population of 6.9 million people, with 1.5 million living in the state's 53 rural counties.

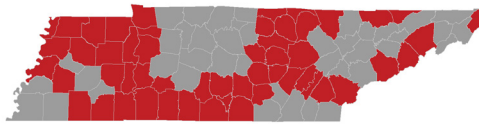
95.9% of rural Tennesseans identify as Non-Hispanic and 4.1% identify as Hispanic. For the Non-Hispanic rural population, 86.5% identify as White, 5.9% identify as Black/African American, 0.6% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.5% identify as two or more races.

The poverty rate in rural Tennessee is 15.2%, 2.5 percentage points higher than the urban rate of 12.7%.

## WHAT'S GOOD

The Volunteer State rose by five spots in the overall standings, coming in at 38th.

General Health and Physical Health both traded F grades for D- grades, and Mortality and Quality of Life moved up in ranking.



- RURAL COUNTIES
- URBAN COUNTIES

## WHAT NEEDS WORK

Four of Tennessee's rural health measures kept their F grades, and Mental Health Access dipped from a D+ to a D.

Access to Care went down by one spot.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Tennessee is higher than the urban rate. The percentage difference is 3.3%. ●

**TENNESSEE** ranks 38<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Tennessee is one of ten states to receive a grade of "F" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

### Mortality:

Up two spots nationally to 41<sup>st</sup> (43<sup>rd</sup> in 2021).



### Quality of Life:

Up one spot nationally to 37<sup>th</sup> (38<sup>th</sup> in 2021).



### Access to Care:

Down one spot nationally to 38<sup>th</sup> (37<sup>th</sup> in 2021).







# TEXAS

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

**TEXAS** ranks 40<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Texas is one of ten states to receive a grade of “F” for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**Mortality:**  
Down two spots nationally to 35<sup>th</sup> (33<sup>rd</sup> in 2021).

**Quality of Life:**  
Down two spots nationally to 33<sup>rd</sup> (31<sup>st</sup> in 2021).

**Access to Care:**  
No change in national ranking of 47<sup>th</sup> for 2022.

**T**EXAS has a population of 28.9 million people, with 3 million living in the state’s 172 rural counties.

65.6% of rural Texans identify as Non-Hispanic and 34.4% identify as Hispanic. For the Non-Hispanic rural population, 55% identify as White, 7.4% identify as Black/African American, 0.7% identify as Asian, 0.3% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.9% identify as two or more races.

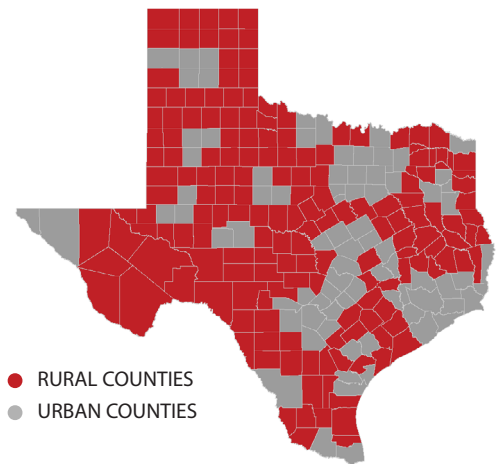
The poverty rate in rural Texas is 15%, 2 percentage points higher than the urban rate of 13%.

### WHAT’S GOOD

Seven of ten rural health measures maintained their 2021 grades, and Access to Care also kept last year’s ranking.

### WHAT NEEDS WORK

The Lone Star State traded its 2021 D- for an overall grade of F, dropping four spots in the rankings to come in at 40<sup>th</sup>.



Grades for All-Cause Mortality, Mental Health, and Physical Health declined, and Mortality and Quality of Life each dropped two places.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Texas is higher than the urban rate. The percentage difference is 4.8%. ●





# UTAH

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



**U**TAH has a population of 3.2 million people, with 331,276 living in the state's 19 rural counties.

90.4% of rural Utahns identify as Non-Hispanic and 9.6% identify as Hispanic. For the Non-Hispanic rural population, 82.9% identify as White, 0.5% identify as Black/African American, 0.9% identify as Asian, 3.8% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2% identify as two or more races.

The poverty rate in rural Utah is 10.1%, 3.2 percentage points higher than the urban rate of 6.9%.

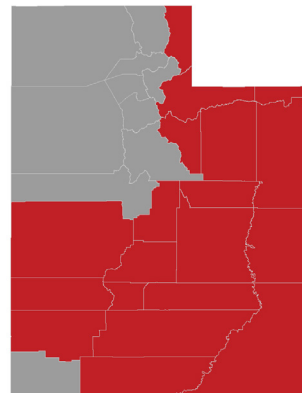
## WHAT'S GOOD

The Beehive State improved its Primary Care Access, Mental Health Access, and Dental Care Access grades, raising its overall grade to a B- and moving up two places in the standings.

Its Access to Care ranking also inched up by a spot.

## WHAT NEEDS WORK

All-Cause Mortality, General Health, and Mental Health saw slight dips.



● RURAL COUNTIES  
● URBAN COUNTIES

Mortality and Quality of Life dropped by two and three places, respectively, in the rankings.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Utah is higher than the urban rate. The percentage difference is 0.7%. ●

**UTAH** ranks 19<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Utah is one of three states to receive a grade of "B-" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

### Mortality:

Down two spots nationally to 9<sup>th</sup> (7<sup>th</sup> in 2021).



### Quality of Life:

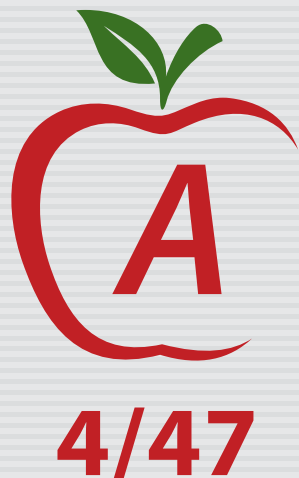
Down three spots nationally to 21<sup>st</sup> (18<sup>th</sup> in 2021).



### Access to Care:

Up one spot nationally to 26<sup>th</sup> (27<sup>th</sup> in 2021).





**VERMONT** ranks 4<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

Vermont is one of four states to receive a grade of "A" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS



**Mortality:**  
Down one spot nationally to 7<sup>th</sup> (6<sup>th</sup> in 2021).

10

**Quality of Life:**  
No change in national ranking of 10<sup>th</sup> for 2022.

2

**Access to Care:**  
No change in national ranking of 2<sup>nd</sup> for 2022.

# VERMONT

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

**V**ERMONT has a population of 641,637 people, with 417,113 living in the state's 11 rural counties.

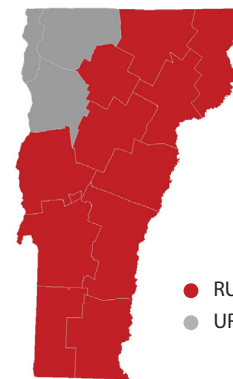
98% of rural Vermonters identify as Non-Hispanic and 2% identify as Hispanic. For the Non-Hispanic rural population, 93.5% identify as White, 0.8% identify as Black/African American, 0.8% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.6% identify as two or more races.

The poverty rate in rural Vermont is 9.5%, 1.3 percentage points higher than the urban rate of 8.2%.

### WHAT'S GOOD

For another year, The Green Mountain State kept its three major rural health rankings in the top ten, all earning A grades for 2022.

Seven of the ten rural health measures maintained A grades this year.



● RURAL COUNTIES  
● URBAN COUNTIES

### WHAT NEEDS WORK

Vermont dipped from an A+ to an A, dropping by one spot in both the overall standings and in its Mortality ranking.

It kept its B- for Low Birth Weight.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Vermont is higher than the urban rate. The percentage difference is 3.4%. ●



# VIRGINIA

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



**VIRGINIA** has a population of 8.6 million people, with one million living in the commonwealth's 53 rural counties.

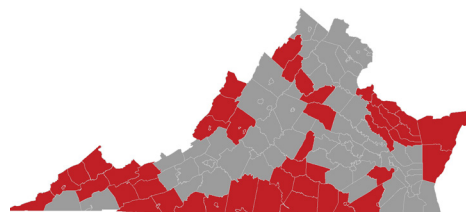
96.3% of rural Virginians identify as Non-Hispanic and 3.7% identify as Hispanic. For the Non-Hispanic rural population, 74.5% identify as White, 18.3% identify as Black/African American, 0.7% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.5% identify as two or more races.

The poverty rate in rural Virginia is 14.3%, 6.1 percentage points higher than the urban rate of 8.2%.

## WHAT'S GOOD

Grades for All-Cause Mortality, Mental Health and Mental Health Access saw improvements, and Virginia's Mortality ranking increased by four places.

The Old Dominion maintained its overall grade of D but stepped up from 34th place to 33rd.



- RURAL COUNTIES
- URBAN COUNTIES

## WHAT NEEDS WORK

General Health traded its D+ for a D. Low Birth Weight, Primary Care Access, and Dental Care Access kept F grades.

## URBAN-RURAL DIVIDE

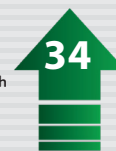
The age-adjusted mortality rate in rural Virginia is higher than the urban rate. The percentage difference is 7.2%. ●

**VIRGINIA** ranks 33<sup>rd</sup> in the nation for rural health out of 47 states with rural counties.

Virginia is one of three states to receive a grade of "D" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**Mortality:**  
Up four spots nationally to 34<sup>th</sup> (38<sup>th</sup> in 2021).



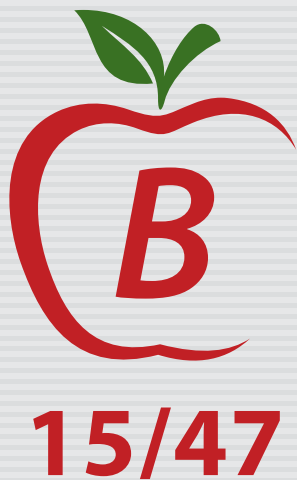
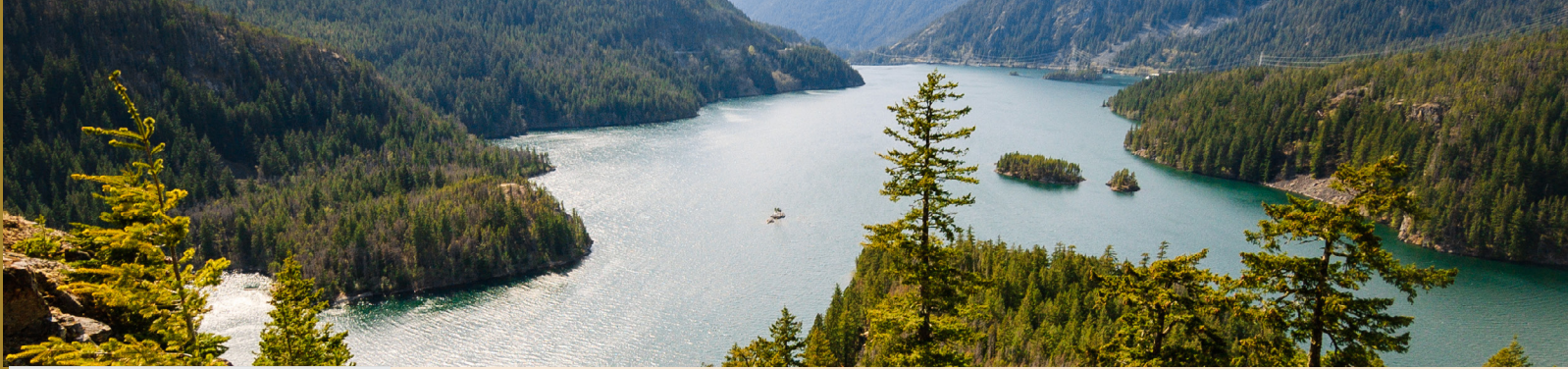
**Quality of Life:**  
No change in national ranking of 35<sup>th</sup> for 2022.

**35**

**Access to Care:**  
No change in national ranking of 33<sup>rd</sup> for 2022.

**33**





# WASHINGTON

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

**WASHINGTON** ranks 15<sup>th</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS



**Mortality:**  
Up six spots nationally to 2<sup>nd</sup> (8<sup>th</sup> in 2021).



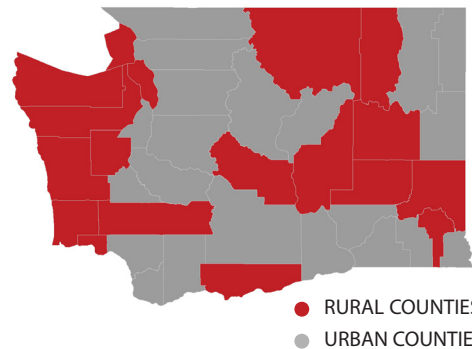
**Quality of Life:**  
Down seven spots nationally to 19<sup>th</sup> (12<sup>th</sup> in 2021).



**Access to Care:**  
Up one spot nationally to 24<sup>th</sup> (25<sup>th</sup> in 2021).

**WASHINGTON** has a population of 7.6 million people, with 756,437 living in the state’s 18 rural counties.

84.7% of rural Washingtonians identify as Non-Hispanic and 15.3% identify as Hispanic. For the Non-Hispanic rural population, 74.4% identify as White, 1.1% identify as Black/African American, 2% identify as Asian, 2% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 4.6% identify as two or more races.



The poverty rate in rural Washington is 12.6%, 3.7 percentage points higher than the urban rate of 8.9%.

### WHAT’S GOOD

The Evergreen State inched up in the overall rankings for 2022, landing at 15th overall and maintaining a B grade.

Four of ten rural health measures saw improvements, and Mortality jumped six places in the rankings, coming in second place.

### WHAT NEEDS WORK

Washington saw decreased grades for three of ten rural health measures, and its Quality of Life ranking dropped by several spots.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Washington is higher than the urban rate. The percentage difference is 0.6%. ●



# WEST VIRGINIA

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



**W**EST VIRGINIA has a population of 1.8 million people, with 677,661 living in the state's 34 rural counties.

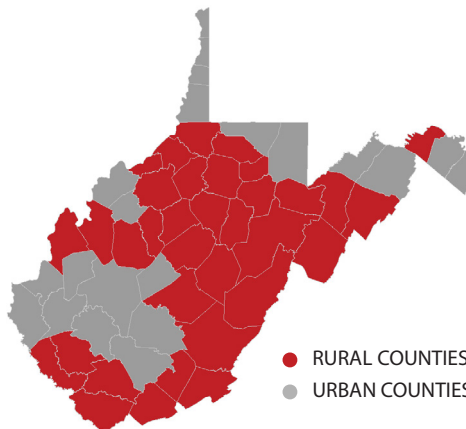
98.8% of rural West Virginians identify as Non-Hispanic and 1.2% identify as Hispanic. For the Non-Hispanic rural population, 93.7% identify as White, 2.1% identify as Black/African American, 0.4% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.4% identify as two or more races.

The poverty rate in rural West Virginia is 16.4%, 1.7 percentage points higher than the urban rate of 14.7%.

## WHAT'S GOOD

The Mountain State improved in three of ten rural health measures and maintained its 2021 grades for the remaining seven.

The state's Mortality ranking rose by five spots, contributing to an improved overall grade of D- and a ranking of 35th.



## WHAT NEEDS WORK

Five of West Virginia's rural health measures earned an F, and Quality of Life dropped by one place in the rankings.

## URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural West Virginia is lower than the urban rate. The percentage difference is 0.5%. ●

**WEST VIRGINIA** ranks 35<sup>th</sup> in the nation for rural health out of 47 states with rural counties.

West Virginia is one of three states to receive a grade of "D-" for rural health access and outcomes in 2022.

## 2022 STATE RURAL HEALTH RANKINGS

**Mortality:**  
Up five spots nationally to 37th (42nd in 2021).



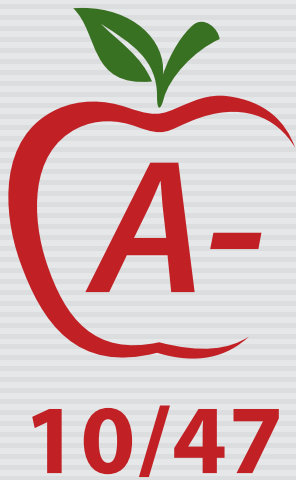
**Quality of Life:**  
Down one spot nationally to 46th (45th in 2021).



**Access to Care:**  
Up one spot nationally to 20<sup>th</sup> (21<sup>st</sup> in 2021).







# WISCONSIN

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

**WISCONSIN** ranks 10<sup>th</sup> 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 2022.

## 2022 STATE RURAL HEALTH RANKINGS

17

**Mortality:**  
No change in national ranking of 17<sup>th</sup> for 2022.



**Quality of Life:**  
Down one spot nationally to 9<sup>th</sup> (8<sup>th</sup> in 2021).

14

**Access to Care:**  
No change in national ranking of 14<sup>th</sup> for 2022.

**WISCONSIN** has a population of 5.9 million people, with 1.5 million living in the state’s 46 rural counties.

95.7% of rural Wisconsinites identify as Non-Hispanic and 4.3% identify as Hispanic. For the Non-Hispanic rural population, 90.1% identify as White, 1% identify as Black/African American, 0.9% identify as Asian, 1.4% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.1% identify as two or more races.

The poverty rate in rural Wisconsin is 9.2%, 0.8 percentage points lower than the urban rate of 10%.

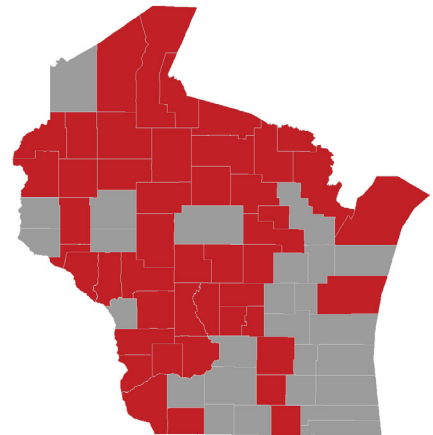
### WHAT’S GOOD

The Badger State rose a rank in overall rural health, earning an A-.

Mental Health Access traded its C for a C+.

### WHAT NEEDS WORK

Wisconsin’s Physical Health grade went from a B+ to a B-, and its Quality of Life ranking slipped by one spot.



- RURAL COUNTIES
- URBAN COUNTIES

### URBAN-RURAL DIVIDE

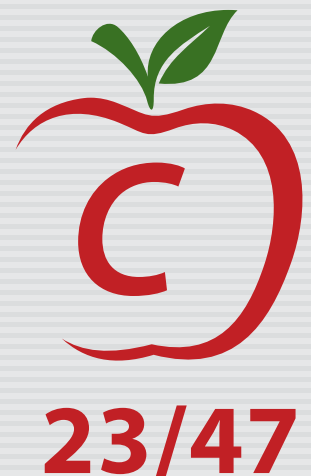
The age-adjusted mortality rate in rural Wisconsin is higher than the urban rate. The percentage difference is 0.3%. ●





# WYOMING

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



**W**YOMING has a population of 576,641 people, with 397,354 living in the state's 21 rural counties.

90.7% of rural Wyoming residents identify as Non-Hispanic and 9.3% identify as Hispanic. For the Non-Hispanic rural population, 83.8% identify as White, 0.5% identify as Black/African American, 0.9% identify as Asian, 2.5% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.7% identify as two or more races.

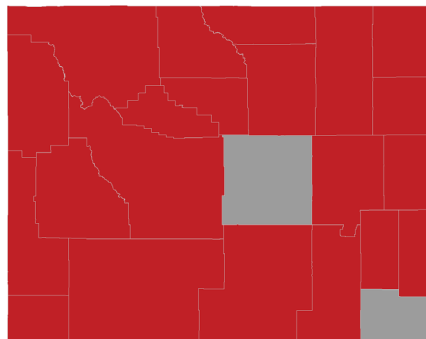
The poverty rate in rural Wyoming is 9.4%, 1.3 percentage points higher than the urban rate of 8.1%.

### WHAT'S GOOD

Five of the Equality State's rural health measures earned A grades, with General Health trading its A- for an A.

### WHAT NEEDS WORK

Grades for three of ten rural health measures decreased, as did scores for Mortality, Quality of Life, and Access to Care.



- RURAL COUNTIES
- URBAN COUNTIES

These changes led to an overall C grade, down from 2021's B-, and a drop of six places in the overall rankings.

### URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Wisconsin is lower than the urban rate. The percentage difference is 1.3%. ●

**WYOMING** ranks 23<sup>rd</sup> in the nation for rural health out of 47 states with rural counties.

Wyoming is one of three states to receive a grade of "C" for rural health access and outcomes in 2022.

### 2022 STATE RURAL HEALTH RANKINGS

**Mortality:**  
Down six spots nationally to 15<sup>th</sup> (9<sup>th</sup> in 2021).



**Quality of Life:**  
Down two spots nationally to 16<sup>th</sup> (14<sup>th</sup> in 2021).



**Access to Care:**  
Down one spot nationally to 25<sup>th</sup> (24<sup>th</sup> in 2021).



# RURAL REPORTS

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

## ALABAMA //

**Whitfield Regional Hospital**, in Demopolis, recently reopened its labor and delivery unit, having closed it in 2014. A third of the state's population resides in counties without convenient access to obstetrics services, commonly known as maternity care deserts.

[floridaphoenix.com](http://floridaphoenix.com) | 7.1.23

## ARIZONA //

**The University of Arizona Health Sciences program** recently announced the newest addition to their Area Health Education Centers (AHEC): the Center for Excellence in Rural Education, located in central Arizona. This is the state's sixth such center.

[news.azpm.org](http://news.azpm.org) | 6.29.23



## CALIFORNIA //

**The Licensed Physicians From Mexico Pilot Program**, approved in 2002, only just launched after years of administrative roadblocks. The program aims to improve care outcomes for California's Mexican and Central American immigrant populations by alleviating shortages of Spanish-speaking practitioners in agricultural cities like Salinas and Tulare. "We're going to understand each other," said a Spanish-speaking patient, enrolled in the program, who had avoided seeking medical care for many years due to the language barrier.

[chcf.org](http://chcf.org) | 6.27.23

## ALASKA //

**The Alaska State Medical Board** is revising regulations for physician assistants. Proposed changes include a requirement of 2,400 directly supervised hours in an urban area—an increase from the current 160-hour requirement—before a physician assistant can practice in a remote area.

[alaskapublic.org](http://alaskapublic.org) | 9.27.23

## ARKANSAS //

**The Arkansas Rural Health Partnership** launched the Flourish & Thrive program, designed to aid senior health across the Delta. The initiative, which has received \$3.2 million from the Office of Rural Health Policy, plans to work alongside local clinics and social service agencies.

[arkansasonline.com](http://arkansasonline.com) | 10.18.23



## AUSTRALIA

According to a 2022 report by the Royal Flying Doctor Service, Australian men living in remote locations are likely to die 13.9 years earlier—and women 19 years earlier—than their counterparts in urban areas.

[wolterskluwer.com](http://wolterskluwer.com) | 8.28.23

## CANADA

Rural Canadians may have the most to gain as artificial intelligence becomes more and more commonplace in healthcare settings.

Currently, in remote and underserved areas, "resources are even more limited...that's where AI can really come into place," said Dr. Alex Wong, Canada Research Chair for Artificial Intelligence.

AI is expected to help with tasks like medical record management, staff and patient scheduling, and analysis of X-rays, CT scans, and MRI results.

[cbc.ca](http://cbc.ca) | 10.15.23

## FRANCE

After a trial run in Normandy in October 2020, France is planning to deploy 100 new medical buses to rural areas across the country by the end of next year. Each bus, which costs between €100,000 and €400,000, depending on the model, features "everything onboard needed to offer the same service" as a typical clinic. Larger buses are expected to offer specialty services, from gynecology to dental care. This initiative, according to Junior Health Minister Agnès Firmin-Le Bodo, will provide healthcare access to over two million rural residents.

[connexionfrance.com](http://connexionfrance.com) | 8.3.23

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

**Email:** Email your rural health news to *RHQ* at [RHQ@ttuhsc.edu](mailto:RHQ@ttuhsc.edu)

**U.S. Mail:** *Rural Health Quarterly*, F. Marie Hall Institute for Rural & Community Health, 5307 W. Loop 289, Ste. 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](http://ruralhealthquarterly.com) or follow us on Facebook at [facebook.com/Rural-HealthQuarterly](https://facebook.com/Rural-HealthQuarterly).

## COLORADO //

In an effort to recruit and train school psychologists in Colorado's rural areas, the University of Denver has launched its School Psychology Inclusive Rural and Innovative Training (SPIRIT) initiative. It aims to place 32 psychologists over the next five years. [du.edu](http://du.edu) | 6.26.23

## CONNECTICUT //

Stafford Springs' Johnson Memorial Hospital is the latest in the state to propose closure of its labor and delivery department. Medicaid pays for nearly 4 in 10 births in the state of Connecticut, making labor and delivery less profitable than other services. One proposed solution to this shortage is the construction of free-standing "birth centers," staffed by midwives. [ctpublic.org](http://ctpublic.org) | 7.13.23



## FLORIDA //

As part of President Biden's Investing in America agenda, the USDA will expand health care access to include nearly 200,000 underserved residents.

\$2.7 million in Emergency Rural Health Care Grants will be distributed among six rural health care and social service organizations to update facilities, increase nutrition access, and purchase equipment. [wqcs.org](http://wqcs.org) | 7.28.23

## GEORGIA //

The Georgia Department of Health's new Power of Family Planning Initiative gives registered nurses the ability to insert contraceptive implants—a procedure previously only performed by physicians and nurse practitioners—and is the first of its kind in the nation. [georgiarecorder.com](http://georgiarecorder.com) | 8.13.23

## IDAHO //

Nearly 60,000 children in the state have lost access to Medicaid health insurance, with about half unenrolled after failing to reply to the state's requests for information and another 10,000 stripped of coverage due to ineligibility. Idaho is one of many states in the process of purging Medicaid enrollments according to new, post-pandemic criteria. [idahocapitalsun.com](http://idahocapitalsun.com) | 8.15.23

## GERMANY

Lillian Care, a healthcare technology company based in Berlin, has secured €2.4 million in funding to address the shortage of primary care services in rural areas, with plans to raise an additional €2.4 million for the cause. "The Lillian Care model represents a disruptive innovation that aims to involve nurses in the management of chronic and elderly patients, initially focusing on rural areas," said Marc Subirats, General Partner at Nina Capital, a firm interested in the intersection of healthcare and technology. [siliconcanals.com](http://siliconcanals.com) | 10.23.23



## GUATEMALA

Rural health committees, trained by the Red Cross, play a big role in educating underserved communities. "We have spread the knowledge given to us...to inform [neighbors] about simple things like handwashing...and nutrition," said Gladis Gómez, president of one group. [civil-protection-humanitarian-aid.ec.europa.eu](http://civil-protection-humanitarian-aid.ec.europa.eu) | 11.04.22



## SOUTH AFRICA

A recent Lancet Global Health study recognized the "unmet health needs" of rural South Africans living with non-communicable diseases like hypertension and diabetes. More than 18,000 participants contributed to the study, conducted between 2018 and 2020. [uab.edu](http://uab.edu) | 10.4.23



### INDIANA //

Rural hospital CEOs met at the Indiana Rural Health Association's Fall Forum to discuss the state's maternity desert problem. Possible solutions included adjusting Medicaid reimbursements and offering loan repayment assistance to rural providers.

[wfyi.org](http://wfyi.org) | 9.13.23

### IOWA //

The USDA plans to invest more than \$6 million to expand access to rural health care, stabilize rural hospitals, and fight food insecurity in Iowa.

A total of \$129 million in grants will be devoted to similar initiatives nationwide.

[bdemo.com](http://bdemo.com) | 8.15.23

### KANSAS //

Kansas is one of 20 states classed as dementia-neurology deserts. According to Michelle Niedens of the Alzheimer's Disease Research Center, the state will need to grow its number of geriatricians by 500 percent in the next 25 years to ensure adequate care for seniors.

[cjonline.com](http://cjonline.com) | 8.15.23

### KENTUCKY //

According to a recent report published by the Center for Healthcare Quality and Payment Reform, 16 of the state's 72 rural hospitals are at risk of closing, with 10 in immediate danger and 14 reporting net financial losses between 2020 and 2022.

[middlesborownews.com](http://middlesborownews.com) | 8.3.23



### LOUISIANA //

63 of the state's 64 parishes, according to a recent study, include at least one census block in an ambulance desert, defined as an area 25 minutes or further from an ambulance service area.

Ambulance deserts, most pervasive in the South and West, can result from long travel times, hazardous terrain, rural hospital closures, and personnel shortages.

[lailluminator.com](http://lailluminator.com) | 8.8.23

### MAINE //

University of New England College of Osteopathic Medicine students, as part of a push to grow the rural health care workforce, recently helped address challenges in rural communities, thanks to a research internship with the Maine Rural Graduate Medical Education Collaborative.

[pressherald.com](http://pressherald.com) | 8.21.23

### MASSACHUSETTS //

Governor Maura Healey recently ordered a comprehensive review of statewide maternal health conditions. This review, to be led by the Executive Office of Health and Human Services, will focus on access to prenatal care in rural and underserved areas.

[mass.gov](http://mass.gov) | 9.22.23

### MICHIGAN //

The Michigan Center for Rural Health, has allocated \$350,000 in grant money to fund emergency paramedic training across the state. "EMS services need support from local governments in order to be sustainable," said Pat Boberg, CEO of Mercy EMS in Calumet.

[secondwavemedia.com](http://secondwavemedia.com) | 8.31.23

### MISSOURI //

House Bill 402 was recently signed into law, ensuring availability of federal funds for struggling rural hospitals. In addition to allowing these facilities to continue offering emergency services, the bill provides for 24-hour labs and pharmacies and affords advanced practice registered nurses greater independence.

[ksdk.com](http://ksdk.com) | 8.30.23



### MONTANA //

Montana State University's Advanced Nursing Education Workforce (ANEW) scholarship program was recently renewed, allowing the school to provide financial support to students who plan to work as nurse practitioners in the state's rural communities. 54 of Montana's 56 counties are affected by provider shortages.

[montana.edu](http://montana.edu) | 8.7.23



## NEBRASKA //

During an interim study hearing, doctors, hospital administrators, and maternal health experts spoke to members of the Legislature's Health and Human Service Committee about the many dangers of maternity deserts. Incentives for providers and reimbursement rates for facilities were discussed, and patient stories were shared.

[nebraskaexaminer.com](http://nebraskaexaminer.com) | 10.25.23

## NEW HAMPSHIRE //

The New Hampshire Oral Health Coalition announced a statewide push to expand school-based dental care for children. While no current government program supports such services, the organization hopes to identify barriers to funding and staffing and work to secure these resources.

[nhpr.org](http://nhpr.org) | 9.5.23

## NEW MEXICO //

A new bill seeks to compensate oil field workers and their families for medical expenses caused by industrial disease and not covered by insurance. The bill, which would require oil and gas companies to contribute to a trust, is modeled on a 1969 bill providing aid to coal miners suffering from black lung.

[abq.news](http://abq.news) | 8.17.23

## NORTH DAKOTA //

23 independent critical access hospitals announced their decision to unite as the Rough Rider High-Value Network. This alliance aims to collaborate on clinical and operational initiatives and improve access to quality care in rural communities across the state.

[businesswire.com](http://businesswire.com) | 10.12.23

## OREGON //

Rep. Andrea Salinas (D) recently cofounded the Bipartisan Rural Health Caucus. "A bunch of us decided it was time to pay closer attention to our rural communities, especially in terms of health," said Salinas. The caucus currently claims 34 members and held its first meeting in September.

[oregoncapitalchronicle.com](http://oregoncapitalchronicle.com) | 10.3.23



## SOUTH CAROLINA //

Palmetto Care Connections, a nonprofit telehealth network, is partnering with the South Carolina Department on Aging to make medical care more accessible for rural seniors. 18 "telehealth carts," staffed by technicians and equipped with stethoscopes, blood pressure monitors, and more, will be deployed to senior centers in underserved areas.

[abcolumbia.com](http://abcolumbia.com) | 9.18.23

## TENNESSEE //

Jamestown, with a population under 2,000, saw the closure of its only hospital in 2019. A new freestanding emergency unit, however, has just opened, featuring six beds, testing facilities, and an outpatient clinic and eliminating the need for residents to drive more than half an hour for emergency care.

[dailyyonder.com](http://dailyyonder.com) | 8.7.23

## VERMONT //

A digital Suicide Prevention Platform was unveiled by the state's Department of Health.

Vermont, with suicide rates higher than the national average, has experienced an even greater decline in mental health post-pandemic.

[wcax.com](http://wcax.com) | 8.17.23

## VIRGINIA //

The Appalachian Highlands Community Dental Center received \$75,000 in grant money from the Delta Dental of Virginia Foundation to increase access to oral health care in the southwestern part of the state. It is one of twelve low-income clinics to have received grant money from the foundation.

[wcyb.com](http://wcyb.com) | 8.17.23

## WEST VIRGINIA //

The federal government is contributing \$8.2 million to the Take Me Home Transition Program, which aims to help senior citizens in long-term care facilities return home, and several programs focused on the treatment of Neonatal Abstinence Syndrome.

[register-herald.com](http://register-herald.com) | 8.15.23

# RHQ CONFERENCE CALENDAR

## **2024 Arizona Rural & Public Health Policy Forum**

Feb. 6  
Phoenix, AZ  
Virginia G. Piper Auditorium

## **2024 NACo Legislative Conference**

Feb. 10-13  
Washington, D.C.  
Washington Hilton

## **37th Annual Rural Health Care Leadership Conference**

Feb. 11-14  
Orlando, FL  
Signia by Hilton Bonnet Creek

## **2024 National Association of Community Health Centers Policy and Issues Forum**

Feb. 12-15  
Washington, D.C.  
Marriott Marquis

## **2024 Rural Health Policy Institute**

Feb. 13-15  
Washington, D.C.  
Washington Hilton

## **2024 National PACE Association Spring Policy Forum**

March 11-12  
Washington, D.C.  
Mayflower Hotel

## **HIMSS23 Global Conference**

March 11-15  
Orlando, FL  
Orange County Convention Center

## **NARHC 2024 Spring Institute**

March 18-20  
San Antonio, TX  
Hyatt Regency San Antonio  
Riverwalk

## **Rural Training Track Collaborative 2024 Annual Meeting**

April 10-12  
Asheville, NC  
DoubleTree Asheville

## **2024 JEMS Innovation Summit**

April 16-17  
Indianapolis, IN  
JW Marriott

## **2024 Conference for Agricultural Worker Health**

April 23-25  
Atlanta, GA  
Hyatt Regency Atlanta

## **2024 Appalachian Health Leadership Forum**

April 26-27  
Roanoke, WV  
Stonewall Resort & Conference Center

## **2024 New York State Annual Public Health Partnership Conference**

May 1-3  
Saratoga Springs, NY  
Hilton & Saratoga Springs City Center

## **ATA Nexus 2024**

May 5-7  
Phoenix, AZ  
Phoenix Convention Center

## **NRHA Health Equity Conference**

May 6-7  
New Orleans, LA

## **Rural Medical Education Conference**

May 7  
New Orleans, LA  
Sheraton New Orleans

## **2024 Accelerating Health Equity Conference**

May 7-9  
Kansas City, MO  
Sheraton Kansas City

## **NRHA Annual Rural Health Conference**

May 7-10  
New Orleans, LA

## **NRHA Rural Hospital Innovation Summit**

May 7-10  
New Orleans, LA

## **2024 Annual NASEMSO Meeting**

May 12-16  
Pittsburgh, PA  
Omni William Penn Hotel

## **2024 Annual gpTRAC Regional Telehealth Conference**

May 21-22  
Bloomington, MN

## **2024 National Network of Public Health Institutes Annual Conference**

May 21-23  
New Orleans, LA

## **Dakota Conference on Rural and Public Health**

June 4-6  
Grand Forks, ND  
Alerus Center

## **2024 National PACE Association Summer Conference**

June 7-9  
Grand Rapids, MI  
JW Marriott

## **Indiana Rural Health Conference**

June 11-12  
French Lick, IN  
French Lick Springs Hotel

## **2024 Forum on Rural Population Health & Health Equity**

June 12-13  
Virtual

## **2023 Annual Council for Affordable and Rural Housing Meeting & Legislative Conference**

June 24-26  
Arlington, VA  
Ritz-Carlton, Pentagon City

## **49th Annual USAging Conference & Tradeshow**

July 8-11  
Tampa, FL  
JW Marriott / Marriott Water Street

## **2024 Annual NACo Conference**

July 12-15  
Tampa, FL

## **2024 AHA Leadership Summit**

July 21-23  
San Diego, CA

## **2024 NTCA Summer Symposium**

July 21-24  
Savannah, GA  
Hyatt Regency Savannah





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