

America's Rural Health Crisis: Facts and Data Sources

Socioeconomic factors affecting rural communities:

- Median household income is substantially lower in rural areas than in urban areas. Since 2007, rural median income has averaged 25% below the urban median.
- Lower incomes equate to higher poverty rates, especially in the South where nearly 22% of rural residents live in families with below-poverty incomes.
- 15.2% of all rural counties are persistently poor, compared with just 4.3% of all urban counties.

Source: [Rural America at a Glance](#), United States Department of Agriculture Economic Research Service, Economic Information Bulletin 182, November 2017

Life expectancy:

- By 2015, life expectancy in rural areas was three years lower than in metropolitan areas (77 vs. 80 years).

Source: [Social Determinants of Health in the United States: Addressing Major Health Inequality Trends for the Nation, 1935-2016](#), International Journal of Maternal and Child Health and AIDS, January 2018

Incidence of disease and mortality:

- Rural residents report a higher age-adjusted mortality rate per 100,000 population for all causes (830.5 for rural vs. 703.5 for urban).
- Compared to urban areas, rural communities have higher mortality rates per 100,000 population for suicide (16.8 vs. 12.4), unintentional injury (54.4 vs. 38.3), and drug poisoning (15.6 vs. 14.7).
- In 2015, rural residents had a 12.4-point higher mortality rate from diabetes than those living in metro areas.

Source: [Rural Health Research RECAP](#), Rural Health Research Gateway, November 2018

- In 2017, compared to urban areas, residents of rural areas had higher rates of the five leading causes of death in the U.S.: heart disease, cancer, unintentional injury, chronic lower respiratory disease (CLRD), and stroke. Rural Americans also had higher rates of potentially excess deaths (preventable deaths) for all these categories.
- 44.9% of heart disease deaths may have been preventable in the most-rural areas, compared with 18.5% of deaths in the suburbs of major cities. Among deaths from chronic lower respiratory disease, 57.1% may have been preventable in rural counties,

compared with 13.1% in the largest urban areas.

Source: [Potentially Excess Deaths from the Five Leading Causes of Death in Metropolitan and Nonmetropolitan Counties — United States, 2010–2017](#), Centers for Disease Control, November 8, 2019

- Rural residents with chronic conditions experience a 40% higher preventable hospitalization rate and a 23% higher mortality rate than their urban counterparts.

Source: [Rural Health Issue](#), Health Affairs, December 2019

- The maternal mortality rate in metropolitan areas was 18.2 per 100,000 live births, but in the most rural areas it was 29.4.

Source: [Scientific American analysis of U.S. Centers for Disease Control and Prevention](#), February 15, 2017

Access to primary care and health screenings:

- Compared to urban areas, rural patients are less likely to receive mammograms, pap smears, and colorectal cancer screenings; well-child visits; or medical advice about exercise, healthy eating and smoking cessation.
- Rural residents are more likely to experience potentially avoidable hospitalizations for conditions like hypertension and pneumonia that are treatable with primary care.

Source: [National Healthcare Quality and Disparities Report Chartbook on Rural Healthcare](#), Agency for Healthcare Research and Quality, Department of Health and Human Services, October 2017

Dental health:

- By 2014, seniors in rural areas were more likely to have lost all their natural teeth compared to urban areas (33.3% vs. 22.7%). Rural areas have a low supply of dentists compared to urban areas (30 dentists per 100,000 population in rural areas vs. 83 in large metro areas).

Source: [The 2014 Update of the Rural-Urban Chartbook](#), Rural Health Reform Policy, Research Center, October 2014

- Compared to urban areas, residents of rural communities were more likely to visit an emergency department for dental conditions.

Source: [National Healthcare Quality and Disparities Report Chartbook on Rural Healthcare](#), Agency for Healthcare Research and Quality, Dept of Health and Human Services, October 2017

Health costs and paying for care:

- Compared to urban areas, rural families spend a higher percentage of household income on insurance premiums and out-of-pocket medical expenses.

Source: [National Healthcare Quality and Disparities Report chartbook on rural health care](#), Agency for Healthcare Research and Quality, Department of Health and Human Services, October 2017

- In 2019, 40% of rural Americans struggled to pay routine medical bills, food, and housing. About half (49%) said they could not afford to pay an unexpected \$1,000 expense of any type.
- One-quarter of respondents (26%) said they had not been able to get health care when they needed it at some point in recent years, despite the fact that nearly 9 in 10 (87%) have health insurance of some sort.
- Of those not able to get health care when they needed it, 45% could not afford it, 23% said the health care location was too far or difficult to get to, and 22% could not get an appointment during the hours needed. 19% said they couldn't find a physician who takes their insurance.

Source: [Poll: Many Rural Americans Struggle With Financial Insecurity. Access To Health Care](#), National Public Radio, the Robert Wood Johnson Foundation and the Harvard T.H. Chan School of Public Health, May 21, 2019

Problems with private insurance:

- In 2017, residents of rural counties lacked insurance at higher rates than those living in urban areas. About 12.3% of people in completely rural counties lacked health insurance, compared with 11.3% for mostly rural counties, and 10.1% for mostly urban counties.

Source: [Rates of Uninsured Fall in Rural Counties. Remain Higher Than Urban Counties](#), U.S. Census Bureau, April 9, 2019

- Researchers found that private insurance plans create “artificial provider deserts” in rural areas. These are areas where providers are practicing and seeing patients, but insurance carriers do not include any of them in their networks, forcing some rural residents to travel 120 miles or more to reach in-network care.

Source: [A Consumer-Centric Approach To Network Adequacy: Access To Four Specialties In California's Marketplace](#), Health Affairs, November 2019

- In 2017, rural premiums were, on average, 10% higher than those in urban areas.
- Premiums for ACA “silver” plans can be 40% higher or more in rural areas compared to urban areas.

Source: [Are Marketplace Premiums Higher in Rural Than in Urban Areas?](#), Urban Institute, November 15, 2018

- After passage of the ACA, rural states were more likely to have counties with a single insurance provider. In 2016, counties with a single marketplace insurer were concentrated in a handful of rural states: Wyoming (100% of counties had one insurer), West Virginia (82%), Utah (69%), South Carolina (63%), and Nevada (59%).
- Rural areas have historically had lower insurer participation, so even one exit can have a significant effect on consumer choice. About 629,000 marketplace enrollees who lived in primarily rural counties had a single insurer in 2017, representing 41% of all marketplace enrollees living in mostly rural counties (up from 7% in 2016).

Source: [Preliminary Data on Insurer Exits and Entrants in 2017 Affordable Care Act Marketplaces](#), Kaiser Family Foundation, August 2016

Rural Hospital Closures:

- 166 rural hospitals have closed since 2005; 69% of those since 2012. (For real-time updates on rural hospital closures, visit the [Sheps Center](#) for Health Services research at the Univ. of North Carolina).
- 19 rural hospitals closed in 2019, the greatest single-year closure total in at least 15 years.
- Currently, 673 additional facilities are vulnerable and could close, representing more than one-third of rural hospitals in the U.S.
- Bad debt for rural hospitals has gone up about 50% since the passage of the Affordable Care Act in 2010.

Source: [National Rural Health Association](#) website, accessed February 2020

- Between 2013 and 2017, 83% of rural hospital closures occurred in states that did NOT expand Medicaid under the ACA.

Source: [Rural Hospital Closures: Number and Characteristics of Affected Hospitals and Contributing Factors](#), U.S. Government Accountability Office, August 29, 2018

- Of the rural hospitals *at risk* of closing, 75% are in non-Medicaid expansion states. Those hospitals have an average operating margin of negative 8.6%.

Source: [The Rural Health Safety Net Under Pressure: Rural Hospital Vulnerability](#), The Chartis Center for Rural Health, February 2020

- A case study of three rural hospital closings found that corporate business decisions, rather than assessments of local needs or planning, drove the hospital closures. Typically, there was little or no local process of consultation or public input.

Source: [A Look at Rural Hospital Closures and Implications for Access to Care: Three Case Studies](#), Kaiser Family Foundation, July 2016

- Researchers found that rural hospital closures increase patient mortality by 5.9%, whereas urban closures have no measurable impact on patient outcomes.

Source: [Impact of Rural and Urban Hospital Closures on Inpatient Mortality](#), NBER Working Paper No. 26182, August 2019

- In rural areas, only 24% of residents have trauma centers within 10 miles; 47% of rural residents had to travel between 10-30 miles to access trauma care, and nearly 30% had to travel more than 30 miles to access trauma care services. In urban areas, 71% of residents are within 10 miles of the nearest trauma center, and only 9% are farther than 30 miles.

Source: [Changes in Geographical Access to Trauma Centers for Vulnerable Populations in the United States](#), Health Affairs, October 2012

- Only about 6% of the nation's OBGYNs work in rural areas. As a result, fewer than half of rural women live within a 30-minute drive of the nearest hospital offering obstetric services. Only about 88% of women in rural towns live within a 60-minute drive, and in the most isolated areas that number is 79%.

Source: [Maternal Health Care Is Disappearing in Rural America](#), Scientific American, February 15, 2017

- Due to rapid hospital closures, by 2014, more than half of all rural U.S. counties were left without hospital obstetric services.

Source: [Access To Obstetric Services In Rural Counties Still Declining. With 9 Percent Losing Services, 2004-14](#), Health Affairs, September 2017

Shrinking availability of primary and specialty care providers:

- Those in rural areas have less direct or local access to primary care physicians than their urban counterparts (55 primary care physicians per 100,000 rural residents vs. 79 primary care physicians per 100,000 urban residents).
- The rural-urban disparity in access to specialists is even greater. People in rural areas have access to 30 specialists per 100,000 residents vs. 263 specialists per 100,000 urban residents.

Source: [Rural Health Insurance Market Challenges Policy Brief](#), National Advisory Committee on Rural Health and Human Services, Department of Health and Human Services, August 2018

- In a study of Medicare enrollees, researchers found that access to care — particularly access to specialists — was more significant than demographic, clinical, and social risk factors, including income and education. Having one or more specialist visits during the previous year was associated with a 15.9% lower preventable hospitalization rate and a 16.6% lower mortality rate for people with chronic conditions. They concluded that

access to specialists accounted for 55% and 40% of the rural-urban difference in preventable hospitalizations and mortality, respectively.

- Among Medicare beneficiaries, rural residence was associated with a 40% higher preventable hospitalization rate and a 23% higher mortality rate.

Source: [Lack Of Access To Specialists Associated With Mortality And Preventable Hospitalizations Of Rural Medicare Beneficiaries](#), Health Affairs, December 2019

- Access to providers has a measurable impact on life expectancy. Every 10 additional primary care physicians per 100,000 population was associated with a 51.5-day increase in life expectancy. An increase in 10 specialist physicians per 100,000 population corresponded to a 19.2-day increase in life expectancy.

Source: [Association of Primary Care Physician Supply with Population Mortality in the United States 2005-2015](#), JAMA Internal Medicine, April 2019