

Fall/Winter 2021

RHQ

Rural Health Quarterly

**SPECIAL
ISSUE**



2020 U.S. Rural Health Report Card



RHQ

Rural Health Quarterly

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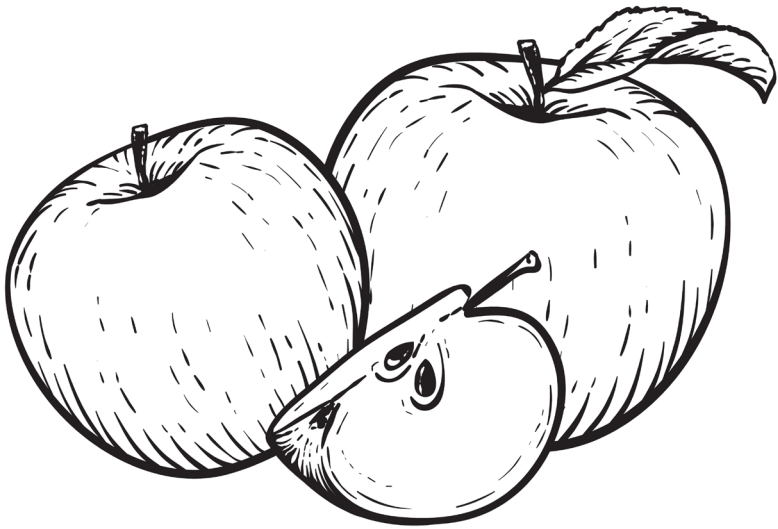
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RURAL HEALTH QUARTERLY
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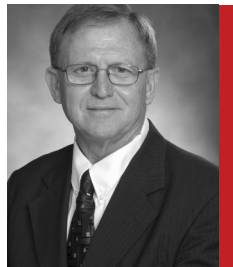
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TEXAS TECH UNIVERSITY
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How Would You Grade Our Response to the COVID-19 Pandemic?

I remember one particular year growing up when I brought home a report card that was far below my usual standards and even further below those of my parents. I remember that year as one of the most tumultuous, even considering we were a military family accustomed to hard knocks. We moved



BILLY U. PHILIPS, JR.

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

twice so that I started the school year and finished that year with the same class but we moved to a new duty station and back. Our branch of the service had a habit of doing that sort of thing. On top of that, our beloved dog died. Then away my father went for a deployment, which we learned years later was related to a very close call with a world war with Russia. I had my first love and lost her affections when we moved. My aunt developed breast cancer, but she outlived it. I could go on but the sum of it was one tragedy after another, one loss after another, one life-changing event after another. That's pretty much what COVID-19 has been, with a global media that too often features tragedy and trumpets loss and makes life-changing events a staple of our diet. If I were going to grade the past 20 months, especially the year we were sequestered at home, I think it would be much like my old report card, falling short in many subjects.

For these reasons, I was very curious to learn what had happened among the states for the 2020 Rural Health Report Card edition of the *Rural Health Quarterly*.

There are several trends that deserve comment as they represent trends worth noting. Perhaps the most interesting are two that are linked, broadband access and the uninsured rate. The states that enjoyed better grades tended to have more broadband access and fewer uninsured and underinsured residents. What that means is that the populations of those states had greater access to care.

Think about the tsunami of telehealth that flowed over us during COVID, where we learned we could do many things to improve rural health using telemedicine and virtual platforms. That trend was most pronounced in those rural areas where people had health insurance.

Next there is a relatively new phenomenon of “maternity deserts”, large segments of rural America where there are no obstetrical services, shortages of specialist in obstetrics and gynecology, shortages of labor and delivery nurses and hospitals that will bear the liability of such care. Interesting enough there tends to be lower birth weight babies born in such places.

I am reminded of one of the qualifying examination questions for my doctorate. The question had to do with why infant mortality was a good measure of the overall public health of a geographic region. This reminds me of three of the most important factors – prenatal care – healthier mothers and babies,

better birth outcomes, and all that produced healthier kids into the future. As many working in rural health know, we are facing serious hotspots and crisis zones where this is a predominant problem, especially during COVID.

Two other trends are also worth noting, mental health days and dental care. It is intuitive that mental health days, a composite measure of days where skills of daily living cannot be carried out due to mental and behavioral health issues, often have substance abuse associated with them. The rates of mental health diagnoses and the creative ways virtual platforms were used to counter the extreme stress and isolation of COVID are but a few reasons why those states with good responses scored better.

Why dental care is associated with staying healthy isn't as obvious until one considers that good dentition is associated with speaking, expressing emotions such as in smiling, and oral health is essential for proper nutrition taste, chewing and textural sensation. When dental care is poorer oral health follows, and that leads to chronic disease, disability, and costly, sometimes painful therapies. Many people deferred oral health care during COVID and the results are showing in their health rankings.

There are many other important findings in the 2020 Report Card Issue. One of our new features are various trend lines for each state that give a line graph based on the past four years of data. These are telling and bring a new dimension to understanding how to begin changing the old patterns and where to make improvements.

The important thing about the Report Card Issue of the *RHQ* is that it may not be a perfect method in some area or another but it is an established and proven methodology.

Like me all those years ago, there were lots of reasons that I performed below what I was capable of doing and far below my parent's standards but it wasn't permanent and I did accept the challenge of doing something about it. I hope that is what those who can do the same will do so when they look at their state and its rural health grades.

Finally, kudos to our new Editor-in-Chief for the *Rural Health Quarterly*, Candice Clark, and her team for putting together a wonderful report.

If you are so inclined, let us know how we can help you understand these findings and also, how we might guide you to some useful tools to begin the special task of doing better next time. One grade we can all make is A for effort, and the health of rural people is a noble calling for us all. ●



RURAL REPORTS

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

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

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

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

ALABAMA //

The University of Alabama at Birmingham has been awarded a \$5 million co-op agreement to improve rural health care in the state. The money comes from the Centers for Medicare and Medicaid Services.

montgomeryadvertiser.com | 9.23.21

ARIZONA //

Arizona Center for Rural Health Receives \$8 Million Grant to address health disparities in rural parts of the state. The money is meant to alleviate COVID-19 disparities by improving health care networks and delivering more vaccines to rural areas.

healthsciences.arizona.edu | 9.30.21



CALIFORNIA //

California has enacted the ACEs Equity Act (SB 428), expanding screening for adverse childhood experiences.

The bill, co-sponsored by the California Medical Assoc. and Children Now, will apply to all health care plans, including managed care.

cmadocs.org | 10.19.21

ALASKA //

Bethel, Alaska has the only licensed practical nursing program in the state, a new venture between Alaska Pacific University and Yuut Elitnaurviat. An expansion of APU's nursing programs, the inaugural class will start their studies Jan. 10, 2022.

alaskapublic.org | 10.29.21

ARKANSAS //

The University of Arkansas for Medical Sciences has received \$4.75 million in additional federal grants to improve rural health care through the training and retaining of primary care physicians.

news.uams.edu | 09.23.21

COLORADO //

The Colorado Farm Bureau recently launched the Colorado Agricultural Addiction and Mental Health Program. Supporting farmers and ranchers, the program offers vouchers that offset the cost of visiting behavioral health professionals.

fb.org | 09.21.21

FLORIDA //

Two rural cities in Florida will receive millions in grants and loans to improve and their wastewater treatment systems. The money is from the USDA, part of a nationwide project to improve drinking water in 37 states.

Starke, FL will receive \$3.6 million. Freeport, FL will receive \$19.4 million.

floridadaily.com | 10.18.21



GEORGIA //

East Georgia Regional Medical Center received a donation of medical scrubs from the Georgia Medical Scrubs Project, part of the "Field to Closet Initiative".

15 rural hospitals in the state have received scrubs through the program, an effort to supply facilities with medical scrubs made from cotton grown in Georgia and manufactured in the U.S.

statesboroherald.com | 10.12.21

HAWAII //

University of Hawai'i community colleges are training certified nursing aides on the Neighbor Islands, the first since 2016. The new program is in response to the lack of health care staff on Lanai and Maui during COVID-19.

hawaiinewsnow.com | 09.29.21

IDAHO //

St. Luke's Health System and Family Medicine Residency of Idaho have created a new pediatric residency program for rural areas of the state. Idaho ranks 50th out of 50 for pediatricians per children, with 42 per 100,000. The program will help keep pediatricians in the area, where there is a gap in pediatric care.

kivitv.com | 10.25.21



CANADA

In a new report called Waiting to Connect, Canada has failed in meeting targets for internet connectivity, with little access to affordable high speed internet.

The gap between rural and urban connectivity has only widened, with the COVID-19 pandemic exposing how serious the lack of internet is in rural areas.

aptnews.ca | 11.06.21

GERMANY

After another record infection rate for COVID-19, the health ministry of Germany decided to offer booster shot vaccinations to all residents.

Health Minister Jens Spahn noted in a speech that care homes would require mandatory testing for all staff and visitors, regardless of vaccination status. Like many other countries, Germany is also facing a health care worker shortage, and high hospitalization rates.

dw.com | 11.05.21

DURBAN

The University of KwaZulu-Natal (UKZN), South Africa, has partnered with the Harvard T.H. Chan School of Public Health and the University of Heidelberg to offer more training opportunities in data science, which will take place on all five of UKZN campuses in Durban, Ghana, Nigeria, Tanzania, and Uganda. The end goal is to create a hub of health science research in Africa, focused on climate change and the strengthening of health care systems.

hsph.harvard.edu | 10.27.21

MEXICO

According to the Mexican government, every adult in the country has been offered at least one dose of the COVID-19 vaccine.

Deputy Health Minister Hugo López-Gatell said in a speech this October that 83% of the adult population has had at least one dose. 74.4 million Mexicans have received their shots, and four in five adults are fully vaccinated against the coronavirus.

mexiconewsdaily.com | 10.29.21



BRITAIN

The British government will roll out a new antiviral COVID-19 pill this year through drug trials.

The Merck's molnupiravir COVID-19 antiviral pill is the first of its kind, and will be distributed end of November into December 2021.

reuters.com | 11.08.21



JAPAN

Japanese health officials have announced that for the first time in over a year, the country reported zero daily COVID-19 deaths. Cases in Japan have decreased dramatically, as more than 70% of the population are fully vaccinated.

voanews.com | 11.08.21

ILLINOIS //

Carle Health received a \$544,000 grant to improve rural access to telemedicine. The grant comes from the USDA, and will help the state connect rural southeastern Illinois to providers in the Carle Health system.

[wcia.com](#) | 10.26.21

INDIANA //

The Indiana State Dept. of Agriculture received a \$500,000 grant from USDA's Farm and Ranch Stress Assistance Network, to tackle mental health stigma and connect farmers to stress assistance programs. ISDA is partnering with the Indiana Rural Health Assoc. and Purdue Extension for the program.

[hoosieragtoday.com](#) | 10.07.21

KANSAS //

St. Catherine Hospital and the Kansas Health Science Center are partnering to produce nine medical student rotations per year, with third-year students living in rural Garden City, KS to train and work.

[prnewswire.com](#) | 10.12.21

KENTUCKY //

In Kentucky, rural churches are becoming vaccination hotspots, with pastors exhorting followers to get the shot against COVID-19. Local health agencies are using the churches to reach deeper into rural areas, and lead the vaccination effort.

[npr.org](#) | 10.17.21



MAINE //

Medical Care Development, a nonprofit, has received a \$1.3 million grant to help expand behavioral health care services in rural areas of Maine. The funds will be used to educate, train, and mentor health care staff, and bring more workers into the field.

The grant comes from the Federal Office of Rural Health Policy.

[centralmaine.com](#) | 10.27.21

MARYLAND //

Vending machines in Maryland can now stock more non-prescription medicines along with the usual snacks. Under SB499 and HB107, state law now allows allergy relief meds and over-the-counter drugs to be sold in medical vending machines.

[wtop.com](#) | 10.19.21

MICHIGAN //

More paramedics in Michigan are practicing community integrated paramedicine (CIP), where paramedics perform basic, non-clinical tasks on-site. The goal with CIP is to reduce hospital visits and extend access to rural communities.

[flintside.com](#) | 10.14.21

MISSISSIPPI //

The Mississippi State Medical Assoc. has adopted a resolution to amend the Medicaid waiver program in the state. The largest physician group in the state, they are concerned as access to care has been negatively impacted by the lack of health insurance.

[clarionledger.com](#) | 10.04.21

MONTANA //

The University of Montana's Family Medicine Residency of Western Montana has been ranked second in the nation among residency programs for graduating the most physicians who go into rural practice. The school accepts ten students every year for the three year program.

[dailyinterlake.com](#) | 10.26.21



NEVADA //

Rural residents in Nevada now have access to autism treatment programs through the Rural Regional Center and the Dept. of Health and Human Services.

Called the Autism Treatment Assistance Program, ATAP provides services such as case management and supported residential living.

[fox5vegas.com](#) | 10.25.21



NEW MEXICO //

This past spring, 13 of the 15 graduating family medicine doctors chose to practice in New Mexico, a big win for the University of New Mexico School of Medicine. The program's high retention rate is a plus for the state, where residents serve rural rotations and practice in underserved communities.

[hsc.unm.edu](#) | 07.12.21

NEW YORK //

The Rural Health Network of South Central New York hosted their first virtual fundraiser for rural health. On the Hunt for Good Health raised close to \$20,000, with participants doing activities to promote the community and personal health.

[binghamtonhomepage.com](#) | 10.14.21

NORTH CAROLINA //

East Carolina University has a new program for expectant mothers. Called MOTHeRS, the project was started in 2020 to increase access to care through telehealth. Helping rural woman with high-risk pregnancies, the goal is to reduce barriers to care and become a model for future rural pregnancy care.

[cbs17.com](#) | 10.23.21

OKLAHOMA //

The nation's first tribally-affiliated medical school has opened in Tahlequah, capital of the Cherokee Nation. Oklahoma State University's College of Osteopathic Medicine is a new collab between OSU and the Cherokee, with the new school serving the surrounding area.

[kjr.com](#) | 10.07.21

SOUTH DAKOTA //

The USD Sanford School of Medicine is putting more of their clinical rotations in rural areas. Part of the school's Frontier and Rural Medicine track, FARM serves medically underserved areas of the state.

[argusleader.com](#) | 10.25.21



TEXAS //

The Texas Health and Human Services Commission has been awarded \$5 million from the Centers for Medicare and Medicaid Services to improve rural health care in the state. Texas was one of four awardees and will use the funds through the CHART model, which will address health disparities in rural areas.

[ruralhealthinfo.org](#) | 09.13.21

UTAH //

Three of Utah's rural hospitals were named to The Chartis Center for Rural Health - 100 Top Critical Access Hospitals 2021 awards.

Beaver Valley Hospital, Garfield Memorial Hospital, and Sanpete Valley Hospital were nominated for their quality and patient perspective measures, among others.

[ruralhealth.utah.gov](#) | 03.05.21

WASHINGTON //

Mental health care access has become more of a barrier in rural Washington. Telehealth use has skyrocketed, ensuring that patients can contact their providers if they can't make the drive to see them.

[seattletimes.com](#) | 10.01.21

WISCONSIN //

In Hillsboro, the local school district has created a new behavioral health program. With the help of Gunderson Health Systems, students can see a therapist without leaving school, and get the treatment they need.

[tmj4.com](#) | 10.06.21

WYOMING //

The Wyoming Dept. of Health is offering a free diabetes prevention program to all residents over the age of 18. Done virtually, #Prevent Diabetes will help participants through a year-long program of exercise, coaching, and cash incentives.

[health.wyo.gov](#) | 08.30.21



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Rural Data Visualizations

www.ruralhealthinfo.org/visualizations

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

Case Studies and Conversations

www.ruralhealthinfo.org/case-studies-conversations

Introduces you to successful rural health programs and leaders, highlights important rural health issues, and provides opportunities for you to join the conversation and share your experience.

- **Rural Health Models and Innovations** – Find examples of rural health projects other communities have undertaken. Gain insights from their experiences to help you develop new programs in your area.
- **Rural Monitor** – Online magazine focusing on healthcare and population health in rural communities, with feature articles, interviews with rural health experts, and more.

Tools for Success

www.ruralhealthinfo.org/success

Access resources to help you grow funding, improve programs, demonstrate program effectiveness, plan for long-term success, and promote successes.

- **Am I Rural?** – Determine if your program is considered rural based on various definitions of rural.
- **Evidence-Based Toolkits** – Step-by-step guides to develop programs that improve the health of rural communities, based on evidence-based and promising interventions.

Get Rural Updates

Receive weekly email updates with the latest news, funding opportunities, publications, model programs, new *Rural Monitor* articles, and more.

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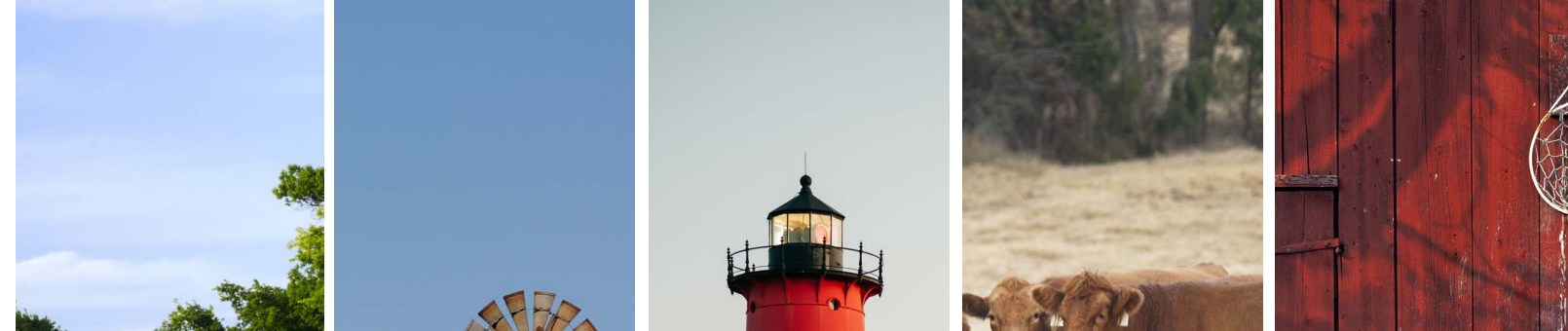
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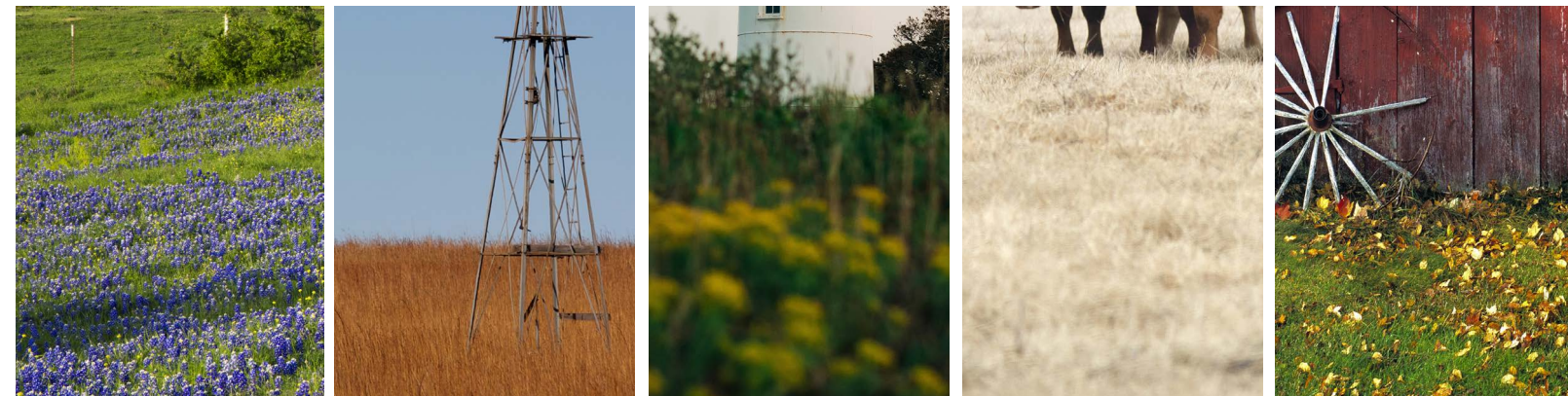
RHIhub provides free, customized assistance for organizations and individuals seeking to maintain and improve healthcare delivery and population health in rural areas. Our information specialists are waiting for your call!

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THE STATE OF RURAL HEALTH IN AMERICA



2020 RURAL HEALTH REPORT CARD

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

Each state's individual report card page includes a complete list of all the indicators that went into that state's final score, and also includes a detailed discussion of "What's Good" and "What Needs Work" in the state.

In this issue you will see many of the states with rural counties have improved broadband internet access, as well as mental health, physical health and dental care access. Low birth weight has changed for the states as well, as the effects of "maternity deserts", areas where maternal health care is scarce or absent, grows more obvious with each passing year.

With the past 20 months behind us, we would like to remind our readership that the 2020 data in this report card does not include any state data from the coronavirus (COVID-19) pandemic. That data will be available in the spring/summer of 2022, and will appear in our 2021 Rural Health Report Card.

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

This research was supported by the Texas Tech University Health Sciences Center and the F. Marie Hall Institute for Rural and Community Health.

We thank our colleagues who provided expertise and greatly assisted in the creation of the 2020 U.S. Rural Health Report Card, including Billy Philips, Miguel Carrasco, Debra Curti, and Mike Penuliar.

CANDICE CLARK
RHQ EDITOR-in-CHIEF

METHODOLOGY

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

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

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

Mortality includes age-adjusted mortality rates for all

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

Quality of Life includes the percentage of babies born in rural counties with a low birth weight (2012-2018), the percentage of rural residents who reported having poor general health (2017), the number of poor physical health days reported by rural residents in the past 30 days (2017) and the number of poor mental health days reported by rural residents in the past 30 days (2017). Each state's combined Quality of Life score accounts for 1/3 of that state's final composite score.

Access to Care includes the number of non-federal primary patient care physicians practicing in rural counties in 2016 per 100,000 population, the number of non-federal psychiatrists practicing in rural counties in 2015 per 100,000 population, the number of dentists practicing in rural counties in 2016 per 100,000 population, the percentage of uninsured rural residents under 65 years of age in 2016, and the percentage of rural residents with

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

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

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

Each state's final grade and overall rank appear prominently at the top of each page alongside a listing of each state's grades in each of 10 differently weighted rural health measures. Below the final grade for each state, numbers and arrows indicate each state's 2020 State Rural Health Rankings for the three equally weighted categories: Mortality, Quality of Life and Access to Care.

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

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

In Figure 2, all nine U.S. Census regional divisions are numbered and color coded based on their final average rankings. The top third is in green, the middle third is yellow, and the bottom third is red. Further details about divisional rankings (composite scores calculated using all 10 health variables) are detailed in Table 3. The map in Figure 3 color codes each state individually and provides their final 2020 rankings at a glance.

DATA SOURCES & TOOLS

- 1. United States Department of Agriculture, Rural-Urban Continuum Codes.
- 2. United States Census Bureau, Census Regions and Divisions of the United States.
- 3. Centers for Disease Control and Prevention, National Center for Health Statistics.
- 4. Robert Wood Johnson Foundation, County Health Rankings.
- 5. Health Resources and Services Administration of U.S. Department of Health and Human Services.
- 6. United States Census Bureau. American Community Survey, American Factfinder.
- 7. Federal Communications Commission, 2019 Broadband Deployment Report.
- 8. SAS Statistical Package 9.4
- 9. Microsoft Excel 2019 16.0 ●

GRADING SYSTEM

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

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

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

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

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

REPORT CARDS

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

TABLE 1: FINAL RURAL HEALTH STATE RANKINGS AND GRADES

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

*DE, NJ, and RI excluded.

FIGURE 1 : RURAL HEALTH RANKING SYSTEM - CATEGORIES AND WEIGHTS

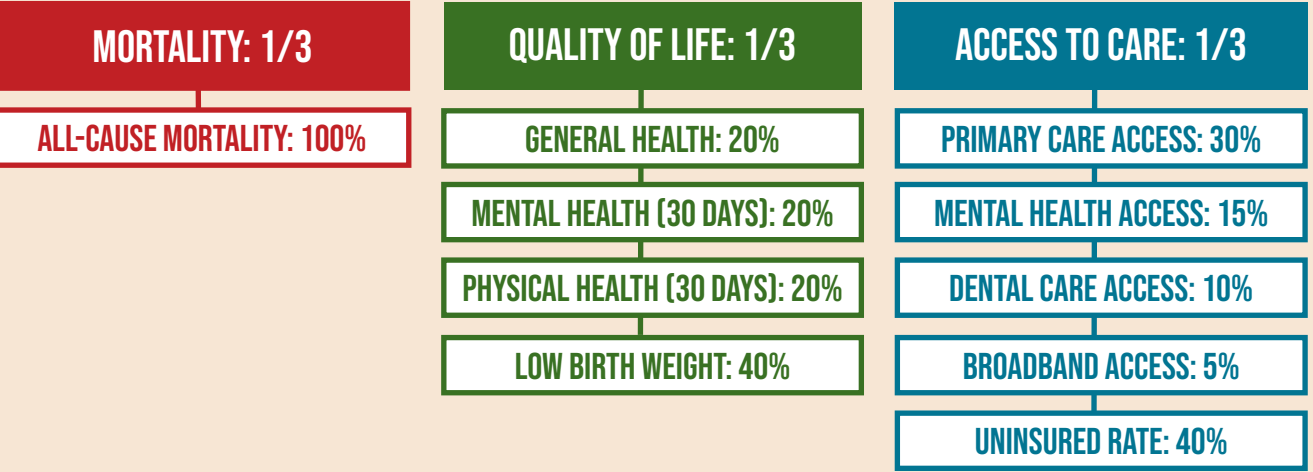


TABLE 2: U.S. RURAL HEALTH RANKINGS BY STATE - ALL CATEGORIES

STATE RANK	ALL-CAUSE MORTALITY	GENERAL HEALTH	MENTAL HEALTH DAYS	PHYSICAL HEALTH DAYS	LOW BIRTH WEIGHT	PRIMARY ACCESS	MENTAL ACCESS	DENTAL ACCESS	BROADBAND ACCESS	UNINSURED RATE
1. NEW HAMPSHIRE	10	3	16	7	11	1	1	3	6	14
2. HAWAII	1	14	9	11	29	5	5	1	7	6
3. MASSACHUSETTS	2	4	25	10	2	11	6	2	27	1
4. VERMONT	6	2	21	12	17	4	2	9	11	2
5. CONNECTICUT	5	1	7	1	8	19	4	13	1	3
6. MINNESOTA	4	6	5	6	3	9	16	21	3	7
7. COLORADO	3	12	6	9	37	6	12	7	21	28
8. MARYLAND	21	17	17	16	32	13	3	11	12	12
9. MAINE	22	16	28	22	19	2	8	19	9	29
10. CALIFORNIA	16	21	29	10	26	15	10	8	10	15
11. MONTANA	14	8	12	13	22	7	7	6	31	25
12. WISCONSIN	17	13	10	15	5	14	22	16	35	13
13. IOWA	20	5	3	2	6	18	25	23	8	5
14. NEW YORK	19	18	19	19	18	33	9	26	4	4
15. NEBRASKA	15	7	4	4	12	12	34	12	19	23
16. WYOMING	9	10	8	8	33	10	11	10	14	35
17. NORTH DAKOTA	13	9	2	3	7	24	15	17	2	18
18. ALASKA	12	25	20	31	1	3	13	5	46	43
19. OREGON	24	30	39	38	13	8	20	14	22	22
20. UTAH	7	15	11	17	26	22	32	4	29	31
21. WASHINGTON	8	22	14	24	4	26	36	20	24	21
22. MICHIGAN	23	24	31	28	16	25	18	18	25	11

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. PENNSYLVANIA	25	26	37	23	20	28	14	27	28	10
24. SOUTH DAKOTA	18	11	1	5	9	20	21	22	5	32
25. ILLINOIS	27	19	18	18	24	37	46	28	15	8
26. IDAHO	11	23	15	20	14	16	42	15	17	40
27. KANSAS	28	20	13	14	15	17	41	24	20	26
28. OHIO	36	28	36	26	21	36	31	30	13	17
29. NEW MEXICO	31	37	24	34	35	23	17	39	41	27
30. INDIANA	35	29	29	21	23	44	37	32	16	24
31. NEVADA	26	27	23	30	31	45	47	31	37	33
32. WEST VIRGINIA	42	42	47	47	41	21	23	35	38	16
33. NORTH CAROLINA	32	33	32	25	42	27	19	34	23	39
34. ARKANSAS	39	44	40	43	38	31	43	36	44	20
35. KENTUCKY	47	47	45	46	39	30	27	25	18	9
36. MISSOURI	34	32	33	37	30	34	38	42	34	38
37. VIRGINIA	38	31	30	32	40	39	26	38	32	30
38. ARIZONA	29	45	34	45	28	32	35	37	47	42
39. LOUISIANA	45	46	43	40	45	42	44	45	45	19
40. SOUTH CAROLINA	40	36	35	35	46	29	30	44	39	37
41. TENNESSEE	43	39	46	44	34	41	33	40	26	34
42. FLORIDA	30	41	42	41	36	47	28	46	42	45
43. GEORGIA	37	35	27	33	43	35	24	41	33	44
44. ALABAMA	44	40	44	42	44	40	45	47	40	36
45. TEXAS	33	38	22	27	27	46	40	43	30	47
46. MISSISSIPPI	46	43	38	36	47	38	29	33	43	41
47. OKLAHOMA	41	34	41	39	25	43	39	29	36	46

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

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

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

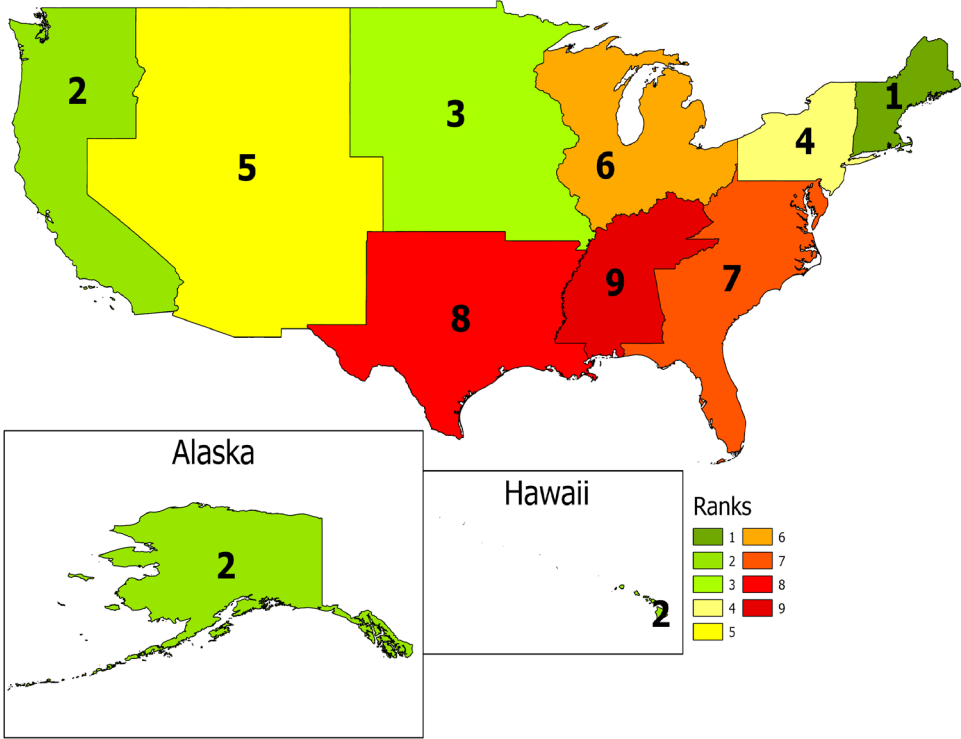
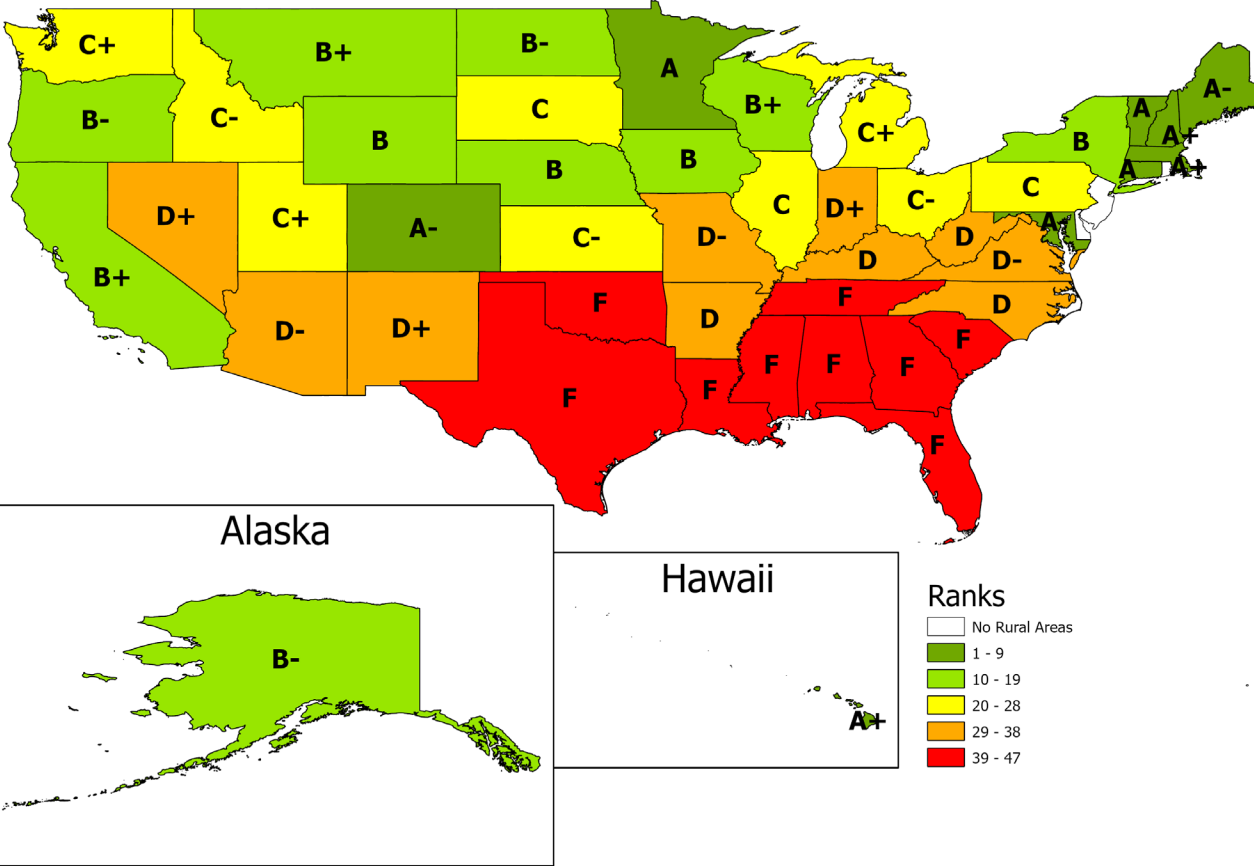


FIGURE 3: FINAL STATE RANKINGS



ALABAMA

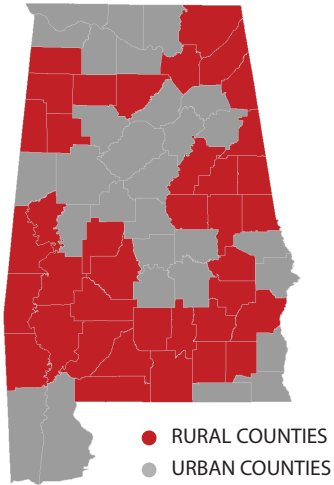
All-Cause Mortality	F	Primary Care Access	F
General Health	F	Mental Health Access	F
Mental Health (30 Days)	F	Dental Care Access	F
Physical Health (30 Days)	F	Broadband Access	F
Low Birth Weight	F	Uninsured Rate	D-



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

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

The poverty rate in rural Alabama is 18.5%, almost four percent higher than the urban rate of 14.7%.



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

Alabama is one of nine states to receive a grade of "F" for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS

Mortality:
No change in national ranking of 44th for 2020

Quality of Life:
No change in national ranking of 44th for 2020

Access to Care:
Down two spots nationally to 41st (39th in 2019)

WHAT'S GOOD

Most of the Yellowhammer State's health measures did not change, for two years in a row. Alabama did earn a D- for their Uninsured Rate, ranking 36th nationally.

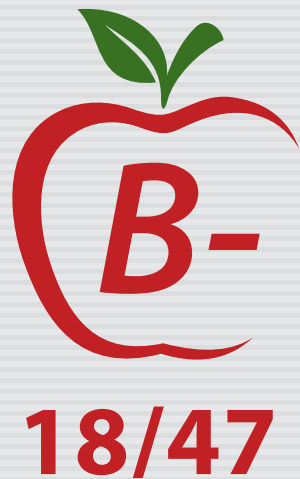
Alabama rose a spot in overall rural health access to 44th in the nation.

WHAT NEEDS WORK

Quality of Life and Mortality rankings stayed the same for 2020, with ranks of 44th and a grade of F. Access to Care dropped two spots to 41st, continuing a downward trend for the state.

URBAN-RURAL DIVIDE

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



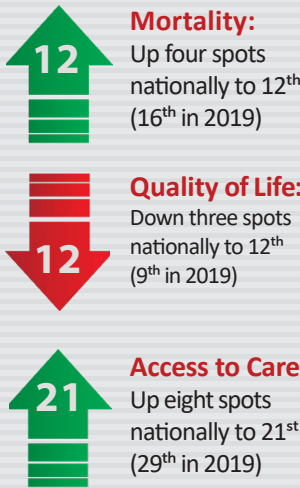
ALASKA

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

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

Alaska is one of three states to receive a grade of “B-” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



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

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

Alaska’s rural poverty rate is 12.6%, with the urban poverty rate three percent lower at 9%.

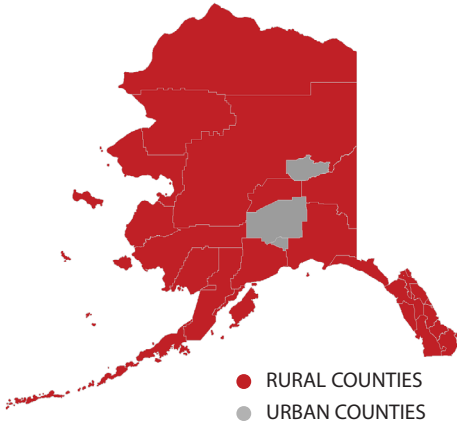
WHAT’S GOOD

Alaska's Access to Care measure jumped eight spots to rank 21st for 2020, earning a C+ for the state.

The Last Frontier State also rose four places to rank 12th in Mortality, and earned an A+ for Low Birth Weight.

WHAT NEEDS WORK

For the second year in a row, Alaska ranks second to last in rural internet access, with 61% of rural residents reporting broadband internet use, a ten percent increase from 2019.



Quality of Life across rural Alaska dropped three spots from 2019, landing at 12th nationally.

URBAN-RURAL DIVIDE

Rural Alaska’s age-adjusted Mortality Rate is 5% higher than the urban rate. ●

ARIZONA

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

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

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

The poverty rate in rural Arizona is 18.5%, four percent higher than the urban poverty rate of 14.7%.

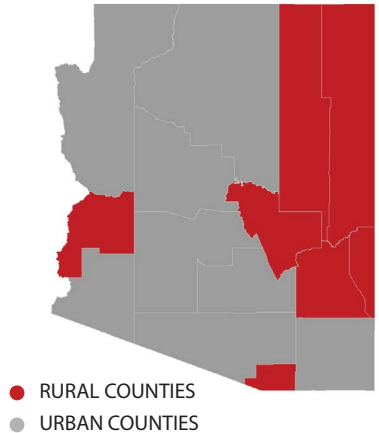
WHAT’S GOOD

Arizona's Quality of Life and Access to Care rankings stayed at 36th and 43rd for 2020, earning a D- and an F for the state.

WHAT NEEDS WORK

For the second year in a row, the Grand Canyon State ranks last in the nation for rural internet access; 59% of rural residents report high speed broadband internet use, an increase of eleven percent from 2019.

Mortality in Arizona dropped a spot to 29th from 2019's 28th, earning a D+ for the state.



URBAN-RURAL DIVIDE

Rural Arizona’s age-adjusted Mortality Rate is 21 percent higher than the urban rate. ●

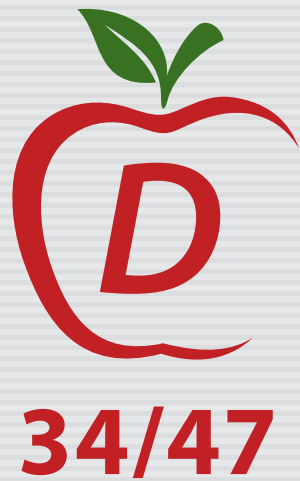


ARIZONA ranks 38th in the nation for rural health out of 47 states with rural counties.

Arizona is one of three states to receive a grade of “D-” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS





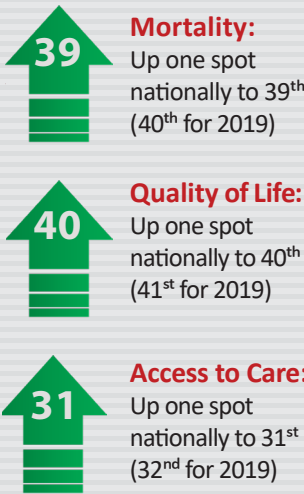
ARKANSAS

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

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

Arkansas is one of three states to receive an overall grade of “D” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



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

77.5 percent of the state’s rural population is Non-Hispanic White, 14.1 percent is Black/ African-American and 5.3 percent is Hispanic/Latino, 0.4 percent is American Indian/Alaska Native and 0.5 percent is Asian

The poverty rate in rural Arkansas is 18.5%, almost four percent higher than the urban poverty rate of 14.4%.

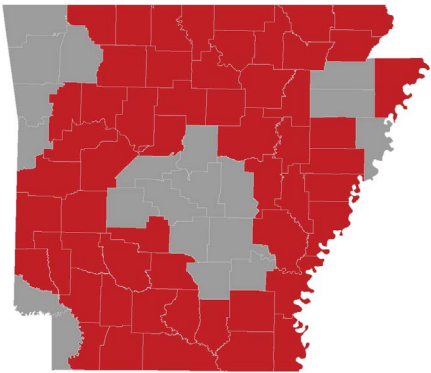
WHAT’S GOOD

All three of Arkansas' rural health rankings jumped up one spot for 2020, earning two Fs and a D+.

WHAT NEEDS WORK

The Natural State earns an F in six out of the ten rural health care rankings for 2020, with little change in the other rankings.

While a move up from last year, Arkansas ranks 44th out of 47th nationally in rural internet access. 63% of rural residents have high speed broadband internet, a five percent increase from 2019.



● RURAL COUNTIES
● URBAN COUNTIES

URBAN-RURAL DIVIDE

Rural Arkansas’s age-adjusted Mortality Rate is 8.5% higher than the urban rate. ●

CALIFORNIA

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

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

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

The poverty rate in rural California is 14.5 percent, compared with 11.7 percent in urban areas of the state.

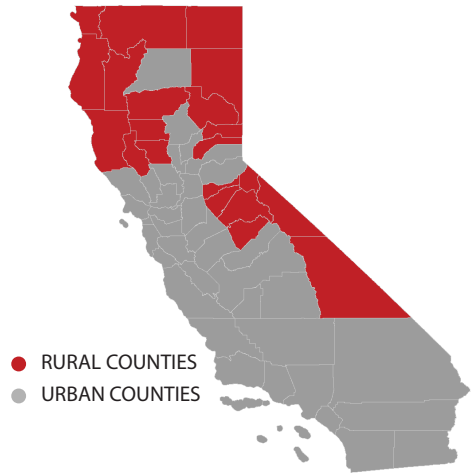
WHAT’S GOOD

The Golden State earned a B+ in Broadband Access for 2020, a huge leap from 2019's F grade. 92% of rural residents in the state report having high speed internet access.

California ranked 16th for 2019’s Mortality measure, earning a B.

WHAT NEEDS WORK

California earns a D+ for Physical Health, ranking 29th. Mental Health also slipped, down to C- and a rank of 26th.

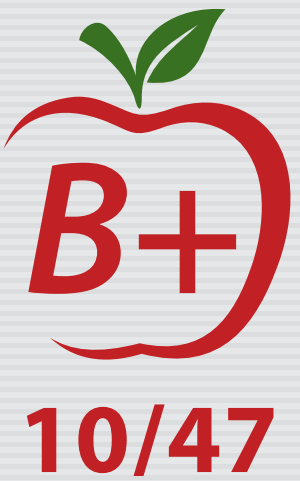


● RURAL COUNTIES
● URBAN COUNTIES

While most of the state's health measures stayed mostly the same, measures that earned pluses in years past were demoted to just the letter grade for 2020.

URBAN-RURAL DIVIDE

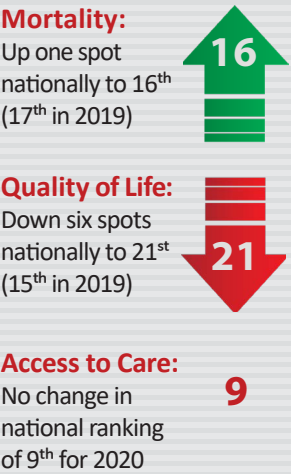
The age-adjusted mortality rate in rural California is 19 percent higher than the urban rate. ●

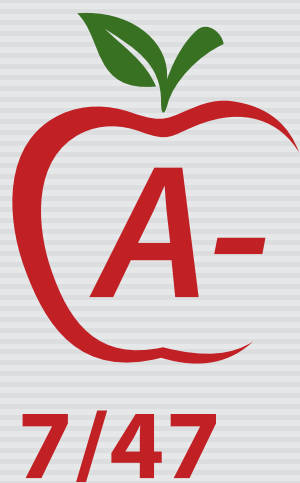


CALIFORNIA ranks 10th in the nation for rural health out of 47 states with rural counties.

California is one of three states to receive a grade of “B+” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS





COLORADO

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

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

Colorado is one of two states to receive a grade of “A-” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS

- 3

Mortality:
No change in national ranking of 3rd for 2020
- 19

Quality of Life:
Up five spots nationally to 19th (24th in 2019)
- 15

Access to Care:
No change in national ranking of 15th for 2020

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

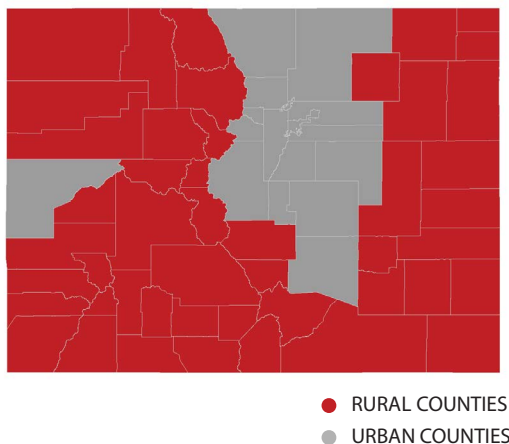
73 percent of the state’s rural population is Non-Hispanic White, 1.2 percent is Black/ African-American, 21.8 percent is Hispanic/ Latino and 1.5 percent is American Indian/ Alaska Native and 0.6 percent is Asian.

While the urban areas of Colorado have a 8.9% poverty rate, the poverty rate in rural Colorado is 12.6%, a four percent increase.

WHAT’S GOOD

The Centennial State jumped up eight spots and now ranks seventh for overall rural health access and outcomes, with slight increases in most of their rural health measures.

All-Cause Mortality and General Health each earned an A+ for 2020, with Broadband Access slightly increasing to a C+ and 89% of rural residents reporting access.



WHAT NEEDS WORK

For the third year in a row Low Birth Weight is a concern for rural Colorado, with 2019’s 38th and a grade of D- slightly increasing to 2020’s 37th.

URBAN-RURAL DIVIDE

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

CONNECTICUT

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

C ONNECTICUT has a population of 3.5 million people, with 180,333 residents in Connecticut’s one rural county.

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

Connecticut’s rural poverty rate is 7.1%, more than a three percent decrease from the urban poverty rate of 10%.

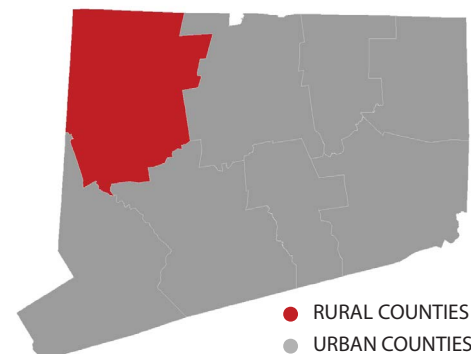
WHAT’S GOOD

Connecticut ranked 1st in 2020 for Quality of Life, earning an A+ for the state.

For the second year in a row, Connecticut is in the top spot for rural internet access, ranking 1st with 99.1% of rural residents reporting and earning the state another A+.

WHAT NEEDS WORK

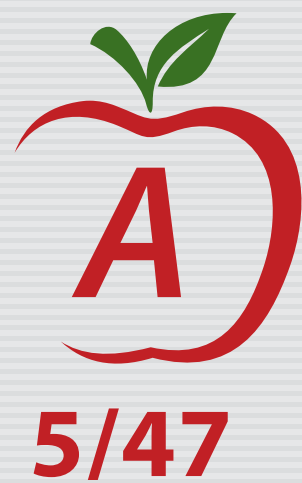
The Constitution State dropped another spot in Mortality, ranking 5th in 2020 from 4th in 2019.



Despite eight of Connecticut’s rural health measures earning As, Access to Care stayed in 5th for 2020.

URBAN-RURAL DIVIDE

Rural Connecticut’s age-adjusted Mortality Rate is 6% higher than the urban rate. ●



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

Connecticut is one of three states to receive a grade of “A” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS

- Mortality:

Down one spot nationally to 5th (4th in 2019)

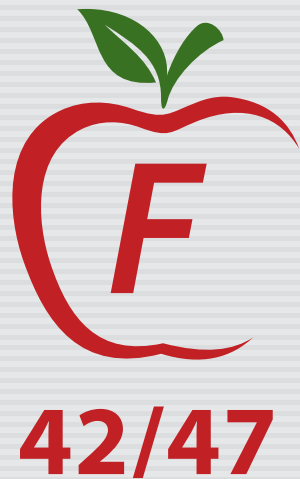
5
- Quality of Life:

Up one spot nationally to 1st (2nd for 2019)

1
- Access to Care:

No change in national ranking of 5th for 2020

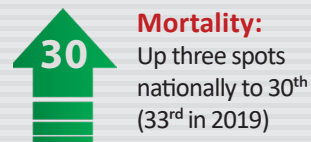
5



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

Florida is one of nine states to receive a grade of “F” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



Mortality: Up three spots nationally to 30th (33rd in 2019)



Quality of Life: Up one spot nationally to 39th (40th in 2019)

Access to Care: No change in national ranking of 46th for 2020

FLORIDA

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

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

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

Florida’s rural poverty rate is 18.7%, an almost four percent increase from the urban poverty rate of 14.1%.

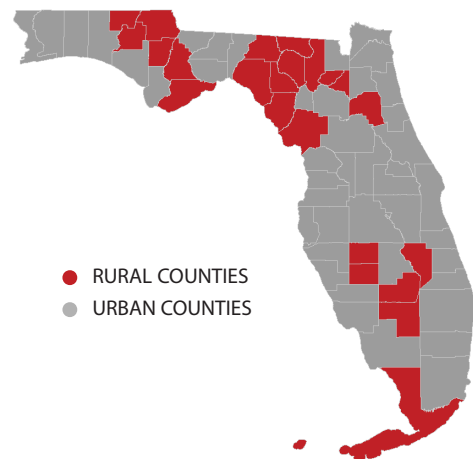
WHAT’S GOOD

The Sunshine State jumped three spots to 30th for Mortality, earning a D+ for the state.

WHAT NEEDS WORK

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

Most of Florida’s health measures stayed in the same letter grade for 2020.



URBAN-RURAL DIVIDE

Rural Florida’s age-adjusted Mortality Rate is 12% higher than the urban rate. ●

GEORGIA

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

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

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

Georgia’s rural poverty rate is 19.4%, a more than seven percent increase from the urban poverty rate of 12.3%.

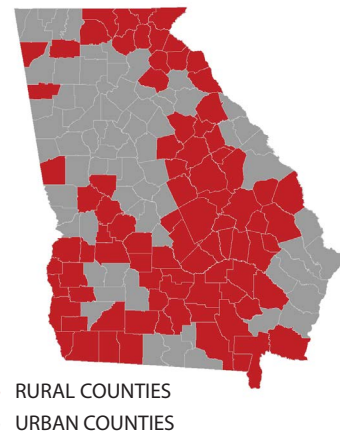
WHAT’S GOOD

Georgia improved rural access to the internet, with 82 percent of residents using high speed broadband, a five percent increase from 2019.

WHAT NEEDS WORK

The Peach State keeps 2017’s 44th rank for Access to Care for the third year in a row, with Quality of Life decreasing to a D- and 38th ranked.

Mental Health Access dropped to a C from 2019’s C+, ranking 24th nationally.



URBAN-RURAL DIVIDE

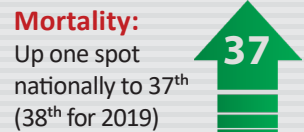
Georgia’s age-adjusted rural Mortality Rate is 21% higher than the urban rate. ●



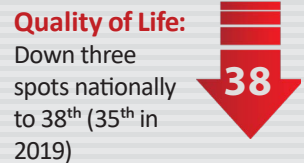
GEORGIA ranks 43rd in the nation for rural health out of 47 states with rural counties.

Georgia is one of nine states to receive a grade of “F” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



Mortality: Up one spot nationally to 37th (38th for 2019)



Quality of Life: Down three spots nationally to 38th (35th in 2019)

Access to Care: No change in national ranking of 44th for 2020



HAWAII

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

HAWAII ranks 2nd 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 2020.

2020 STATE RURAL HEALTH RANKINGS

- 1

Mortality:
No change in national ranking of 1st for 2020
- 16

Quality of Life:
Up three spots nationally to 16th (19th in 2019)
- 3

Access to Care:
Up one spot nationally to 3rd (4th in 2019)

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

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

Hawaii’s rural poverty rate is 12%, almost four percent higher than the urban poverty rate of 8.3%.

WHAT’S GOOD

Hawaii keeps 1st place for Mortality two years in a row and goes up a spot for Access to Care, ranking 3rd nationally and earning an A+.

93 percent of rural Hawaii uses high speed internet, a five percent increase from 2019 and earning the state another A- in broadband access.



WHAT NEEDS WORK

The Aloha State is ranked 29th nationally for Low Birth Weight, earning a D+ for the state. Physical Health remains out of the top 10 nationally, ranking 11th.

URBAN-RURAL DIVIDE

Hawaii’s age-adjusted rural Mortality Rate is 2% lower than the urban rate. ●

IDAHO

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

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

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

Idaho’s rural poverty rate is 13.1%, an almost three percent increase from the urban poverty rate of 10.7%.

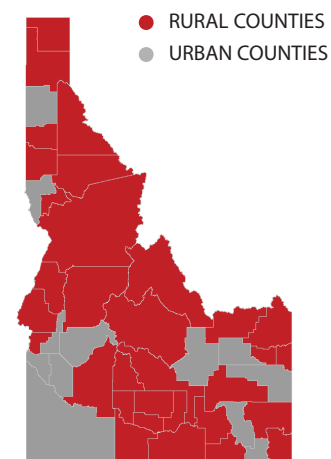
WHAT’S GOOD

Idaho made significant improvements in health care measures for 2020, with Broadband Access earning a B- with 90% of rural residents reporting high speed internet access.

WHAT NEEDS WORK

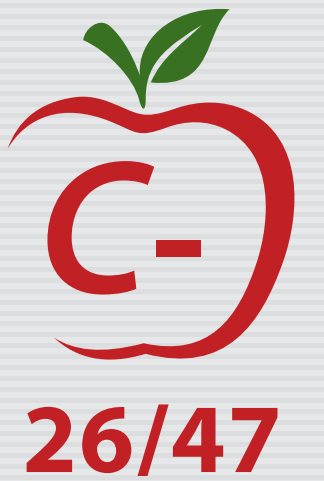
Mental Health Access in the Gem State dropped to 42nd nationally, earning an F for the state.

The Uninsured Rate also earns an F, ranking 40th nationally.



URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Idaho is 3.5% lower than the urban rate. ●



IDAHO ranks 26th 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 2020.

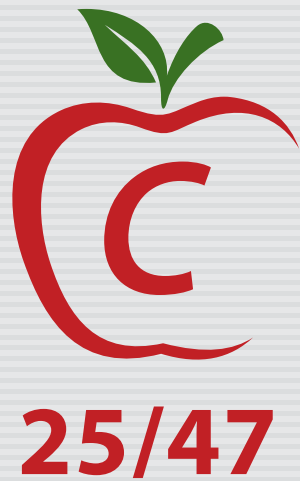
2020 STATE RURAL HEALTH RANKINGS

- 11

Mortality:
No change in national ranking of 11th for 2020
- 17

Quality of Life:
Down three spots nationally to 17th (14th in 2019)
- 33

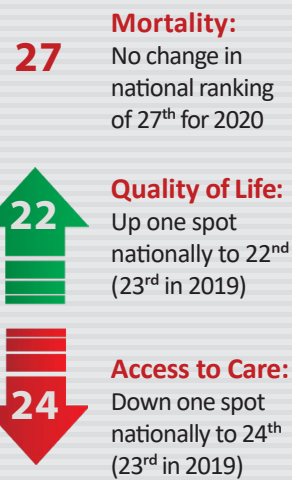
Access to Care:
Down two spots nationally to 33rd (31st in 2019)



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

Illinois is one of three states to receive a grade of “C” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



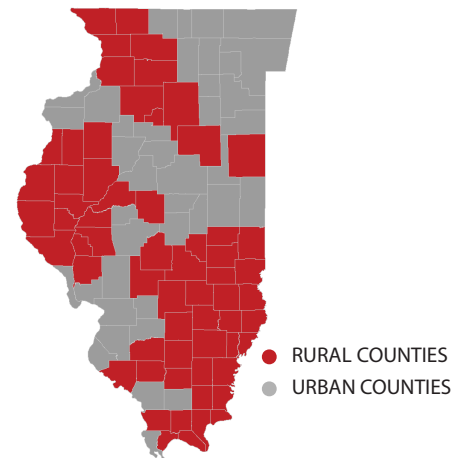
ILLINOIS

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

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

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

Illinois's rural poverty rate is 13.1%, a two percent increase from the urban poverty rate of 11.2%.



WHAT'S GOOD

Illinois keeps its 25th overall rural health rank for 2020, with most of its health measures staying the same.

The state's rural Uninsured Rate earns an A- for the second year in a row, ranking 8th nationally.

WHAT NEEDS WORK

The Prairie State's Mental Health Access ranks second to last nationally, earning an F. Primary Care Access gets a D- and a rank of 37th.

URBAN-RURAL DIVIDE

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

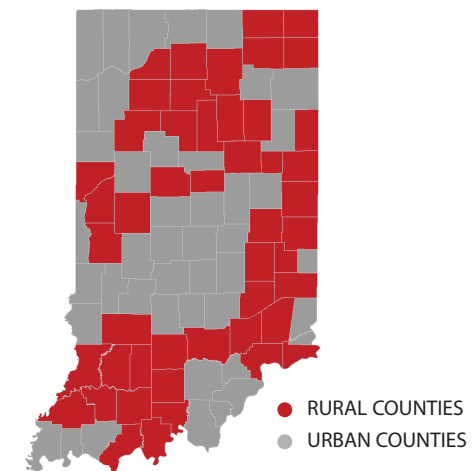
INDIANA

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

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

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

Indiana's rural poverty rate is 11.1%, a 1.1 percent decrease from the urban poverty rate of 12%.



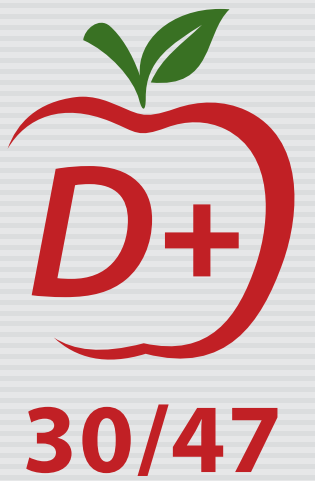
WHAT'S GOOD

Indiana earns a B for Broadband Access, with 90.4% of rural residents reporting high speed internet access.

Quality of Life jumped up three spots to rank 26th nationally.

WHAT NEEDS WORK

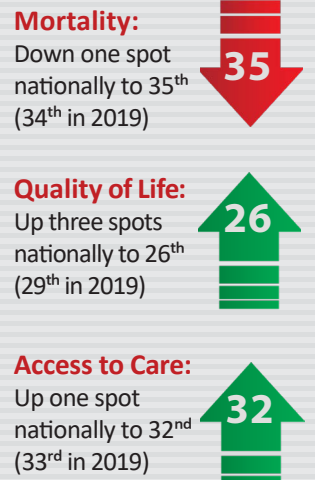
For the third year in a row the Hoosier State gets an F in rural Primary Care Access, ranking 44th out of 47.

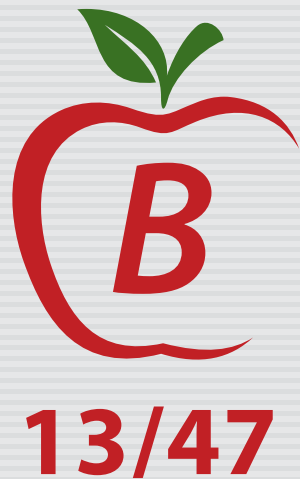


INDIANA ranks 30th in the nation for rural health out of 47 states with rural counties.

Indiana is one of three states to receive a grade of “D+” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS





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

Iowa is one of four states to receive a grade of “B” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



Mortality:
Down one spot nationally to 20th (19th in 2019)



Quality of Life:
Up four spots nationally to 2nd (6th in 2019)



Access to Care:
Down one spot nationally to 11th (10th in 2019)

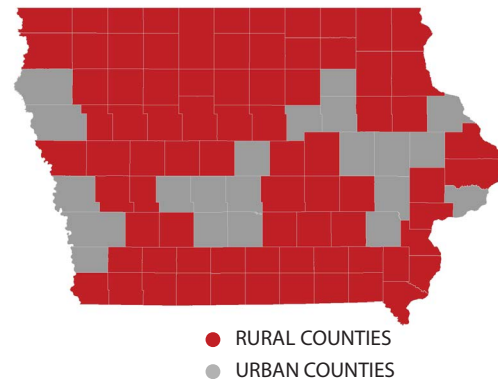
IOWA

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

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

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

Iowa’s rural poverty rate is 11%, a 0.01 percent increase from the urban poverty rate of 10.9%.



WHAT’S GOOD

Many of the Hawkeye State’s rural health measures improved for 2020, with both Mental Health and Physical Health earning an A+.

Iowa’s Broadband Access gets an A-, with 93% of rural residents reporting internet access.

WHAT NEEDS WORK

Mortality decreased again to 20th nationally, earning a C+ for the state.

Access to Care also decreased, slipping out of the top ten to rank 11th nationally.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Iowa is 9.6% higher than the urban rate. ●

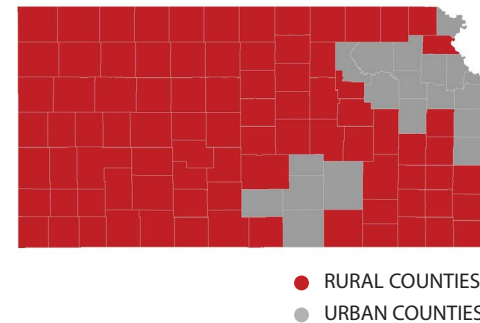
KANSAS

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

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

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

Kansas’s rural poverty rate is 12.9%, a two percent increase from the urban poverty rate of 10.5%.



WHAT’S GOOD

The Sunflower State made a big jump in Primary Care Access for 2020, earning a B- and ranking of 17th nationally.

Mental Health (13, B), Physical Health (14, B), and Low Birth Weight (15, B) made improvements for 2020.

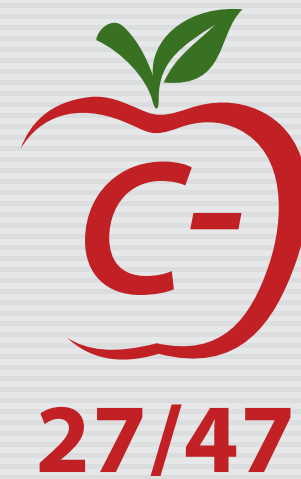
WHAT NEEDS WORK

Mental Health Access in Kansas earns another F for the third year in a row, ranking 41st.

Broadband Access decreased to a C+ and ranking of 20th, with 89% of rural residents reporting internet access.

URBAN-RURAL DIVIDE

The age-adjusted rural Mortality Rate for rural Kansas is one percent higher than the urban rate. ●



KANSAS ranks 27th 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 2020.

2020 STATE RURAL HEALTH RANKINGS



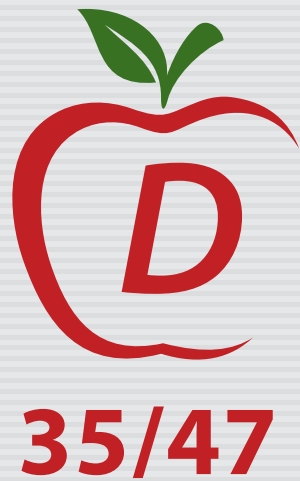
Mortality:
Up two spots nationally to 28th (30th in 2019)



Quality of Life:
Down two spots nationally to 14th (12th in 2019)



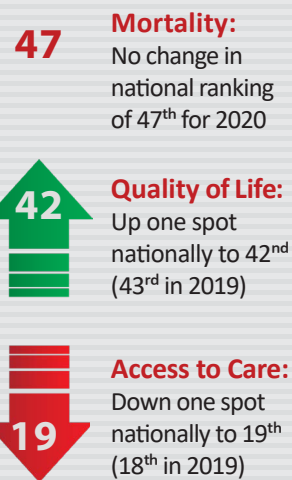
Access to Care:
No change in national ranking of 28th for 2020



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

Kentucky is one of four states to receive a grade of “D” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



KENTUCKY

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

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

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

Kentucky’s rural poverty rate is 20.2%, a 7.2 percent increase from the urban poverty rate of 13%.

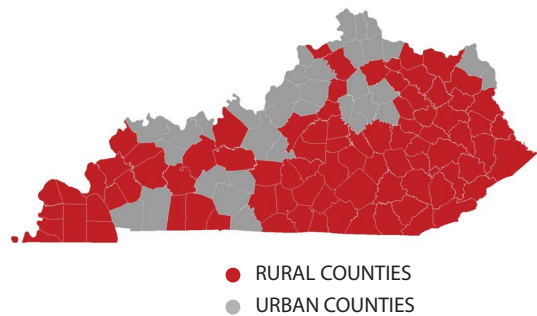
WHAT’S GOOD

The Bluegrass State jumped up a spot in Quality of Life, ranking 42nd nationally.

For the third year in a row Kentucky gets an A- for their Uninsured Rate, with 7% of rural residents uninsured, an increase from 2019 but still one of the lowest percentages in the 47 states with rural counties.

WHAT NEEDS WORK

For the third year in a row five of Kentucky’s rural health measures earned Fs, with Mortality ranking last nationally.



The other five health measures also decreased slightly in their grades and rankings.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Kentucky is 29% higher than the urban rate. ●

LOUISIANA

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

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

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

Louisiana’s rural poverty rate is 23.1%, an almost six percent increase from the urban poverty rate of 17.9%.

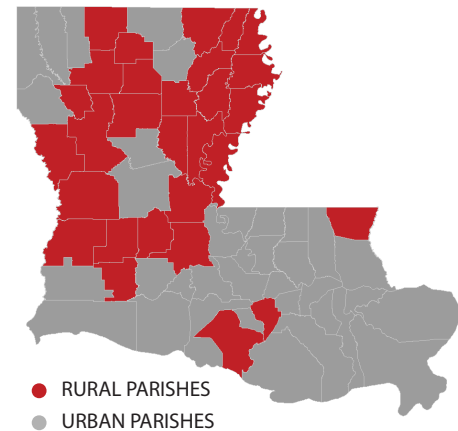
WHAT’S GOOD

Louisiana’s overall rural health rank rose to 39th for 2020, the first time the state has been out of the bottom 40 ranks since we began the Rural Health Report Card.

Access to Care rose six spots to 34th, earning a D. The Uninsured Rate also rose to a B-, ranking 19th nationally.

WHAT NEEDS WORK

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



Broadband Access is still an issue for the state, with 63% of rural residents reporting internet access.

URBAN-RURAL DIVIDE

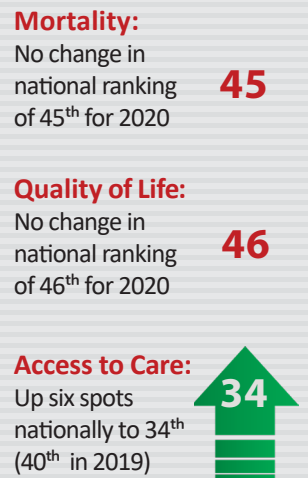
The age-adjusted Mortality Rate for rural Louisiana is 24% higher than the urban rate. ●

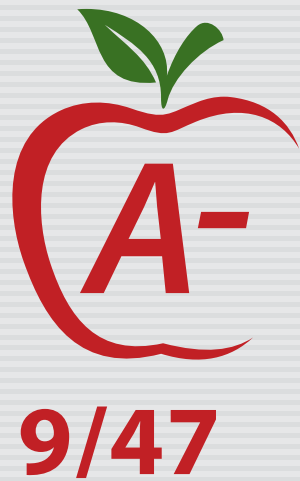


LOUISIANA ranks 39th in the nation for rural health out of 47 states with rural counties.

Louisiana is one of nine states to receive a grade of “F” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS





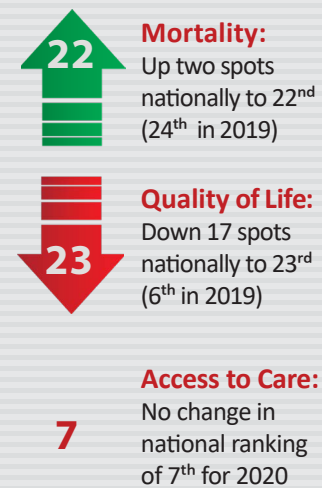
MAINE

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

MAINE ranks 9th 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 2020.

2020 STATE RURAL HEALTH RANKINGS



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

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

Maine’s rural poverty rate is 13.4%, a four percent increase from the urban poverty rate of 9%.

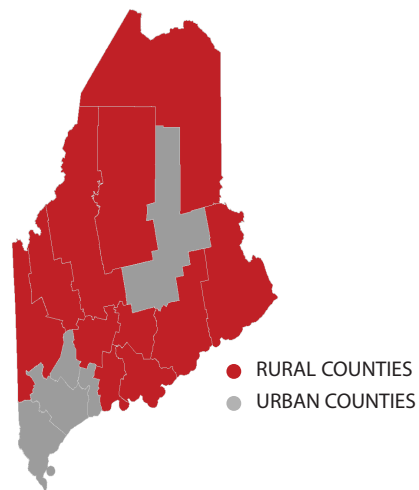
WHAT’S GOOD

Maine’s rural internet access earns an A- for the second year in a row, with 93% of rural residents reporting access.

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

WHAT NEEDS WORK

Maine’s Quality of Life rural health measure dropped seventeen spots to 23rd, earning the state a C.



The Uninsured Rate earned a D+, with 11% of rural residents with no health insurance.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Maine is eight percent lower than the urban rate. ●

MARYLAND

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

MARYLAND has a population of 6 million people, 150,952 thousand live in Maryland’s 5 rural counties.

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

Maryland’s rural poverty rate is 12.3%, a three percent increase from the urban poverty rate of 9%.

WHAT’S GOOD

The Old Line State’s Quality of Life measure jumped a spot to 24th, earning a C for the state.

Rural Mental Health Access earned an A+ for 2020, ranking 3rd nationally.

WHAT NEEDS WORK

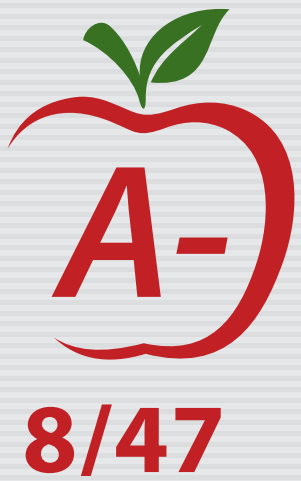
Low Birth Weight earned a D for the third year in a row, ranking 32nd nationally.

A few of Maryland’s rural health measures dropped a bit for 2020, with six of the rural health measures earning high or low Bs.



URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Maryland is eight percent lower than the urban rate. ●

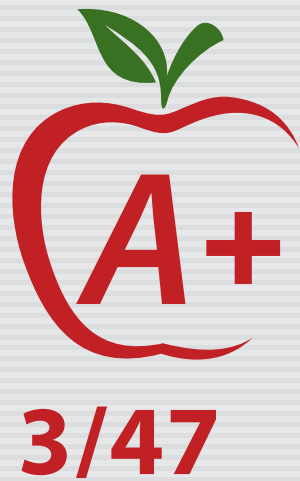


MARYLAND ranks 8th in the nation for rural health out of 47 states with rural counties.

Maryland is one of three states to receive a grade of “A-” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS





MASSACHUSETTS

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

MASSACHUSETTS ranks 3rd 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 2020.

2020 STATE RURAL HEALTH RANKINGS

2 **Mortality:** No change in national ranking of 2nd for 2020

7 **Quality of Life:** Down two spots nationally to 7th (5th in 2019)

4 **Access to Care:** Down one spot nationally to 4th (3rd in 2019)

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

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

Massachusetts’s rural poverty rate is 8.5%, a one percent decrease from the urban poverty rate of 9.4%.

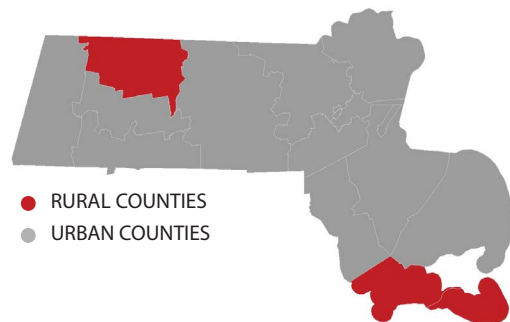
WHAT’S GOOD

Five of Massachusetts’ rural health measures earned an A+ for 2020, with Mental Health Access right behind with an A.

Mortality keeps its second overall rank for 2020 as well, earning another A+.

WHAT NEEDS WORK

Both Massachusetts’s rural Access to Care and Quality of Life measures decreased, earning an A and an A-, respectively.



The Bay State’s Broadband Access slipped further down to a C-, from 2019’s B.

Mental Health is a solid C, ranking 25th nationally.

URBAN-RURAL DIVIDE

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

MICHIGAN

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

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

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

Michigan’s rural poverty rate is 13.2%, an almost one percent increase from the urban poverty rate of 12.8%.

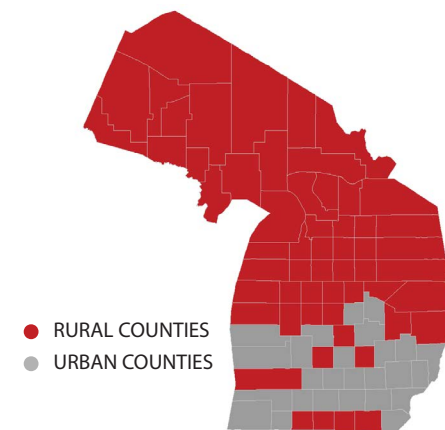
WHAT’S GOOD

7% of rural Michigan residents are uninsured, earning the state a B+ and rank of 11, a big jump from 2019’s rankings.

The Great Lakes State also jumped up in rural Dental Care Access, ranking 18th nationally.

WHAT NEEDS WORK

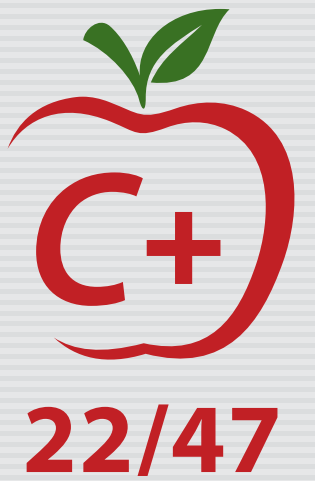
Five of Michigan’s rural health measures earned Cs for 2020, with rural Physical Health grading the lowest with a C-, ranking 28th nationally.



● RURAL COUNTIES
● URBAN COUNTIES

URBAN-RURAL DIVIDE

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



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

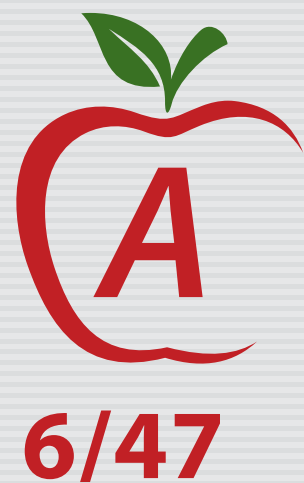
Michigan is one of three states to receive a grade of “C+” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS

Mortality: Down one spot nationally to 23rd (22nd in 2019)

Quality of Life: Down three spots nationally to 25th (22nd in 2019)

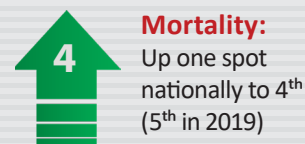
Access to Care: Up one spot nationally to 16th (17th in 2019)



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

Minnesota is one of three states to receive a grade of “A” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



Mortality: Up one spot nationally to 4th (5th in 2019)



Quality of Life: Down two spots nationally to 3rd (1st in 2019)

8

Access to Care: No change in national ranking of 8th for 2020

MINNESOTA

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

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

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

Minnesota’s rural poverty rate is 10%, an almost two percent increase from the urban poverty rate of 8.6%.

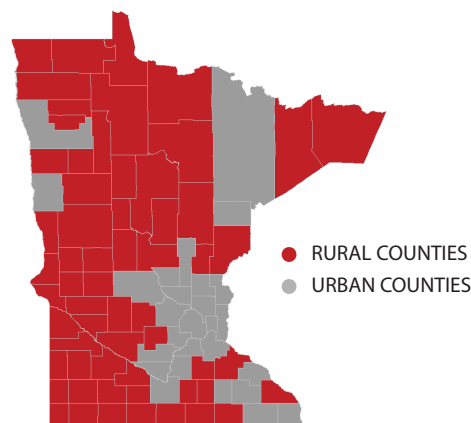
WHAT’S GOOD

95% of Minnesota’s rural residents report access to high speed internet, earning the state a ranking of 3rd nationally.

Eight of Minnesota’s rural health measures earned As for 2020, with Low Birth Weight (3, A+) and Broadband Access (3, A+) graded the highest.

WHAT NEEDS WORK

The North Star State’s rural Quality of Life measure dropped two spots to 3rd overall, and Access to Care kept its 8th ranking for the second year in a row.



Dental Care Access keeps a C+ for 2020, ranking 21st nationally.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Minnesota is 4.6% higher than the urban rate. ●

MISSISSIPPI

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

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

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

Mississippi’s rural poverty rate is 22.4%, a six percent increase from the urban poverty rate of 16%.

WHAT’S GOOD

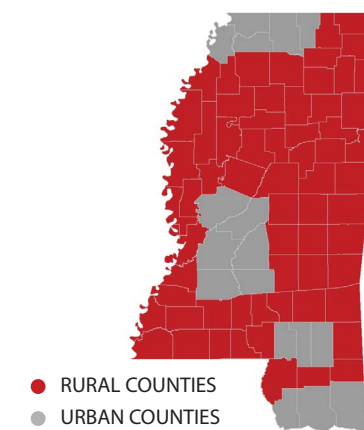
The Magnolia State keeps their Mental Health and Physical Health measures in the D grade, with both earning a D-.

Dental Care Access also stayed in the Ds, but earned a solid D this year, ranking 33rd nationally.

WHAT NEEDS WORK

Mississippi’s rural health measures decreased again for 2020, with five measures earning Fs.

Broadband Access earned an F and ranks 43rd nationally, down from 2019’s 36th.



Mortality and Quality of Life kept their ranks for 2020, but Access to Care slid down a spot to 42nd.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Mississippi is 22.7% higher than the urban rate. ●



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

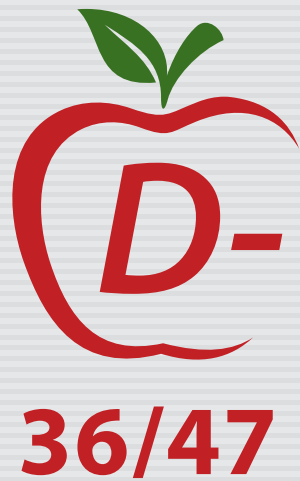
Mississippi is one of nine states to receive a grade of “F” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS

Mortality: No change in national ranking of 46th for 2020

Quality of Life: No change in national ranking of 47th for 2020

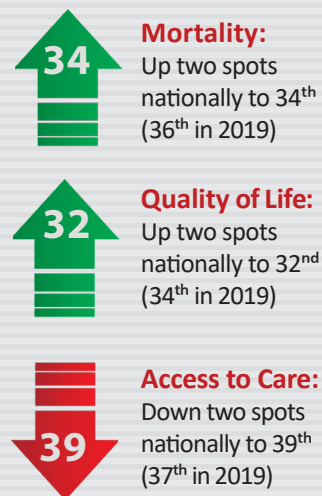
Access to Care: Down one spot nationally to 42nd (41st in 2019)



MISSOURI ranks 36th 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 2020.

2020 STATE RURAL HEALTH RANKINGS



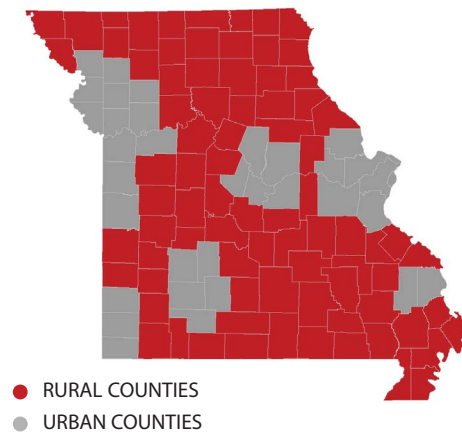
MISSOURI

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

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

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

Missouri’s rural poverty rate is 16.7%, a five percent increase from the urban poverty rate of 11.5%.



WHAT’S GOOD

The Show-Me State’s rural Broadband Access earned a solid D from last year’s D-, ranking 34th nationally. 82% of rural residents report internet access.

WHAT NEEDS WORK

Nine of Missouri’s rural health measures earned a D grade for 2020, with Physical Health (37, D-), Mental Health Access (38, D-), and the Uninsured Rate (38, D-) graded the lowest.

Dental Care Access earns an F for the third year in a row, ranking 42nd nationally.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Missouri is 25% higher than the urban rate. ●

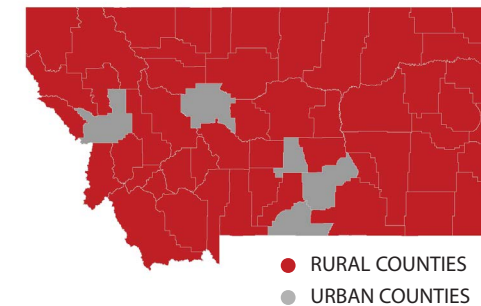
MONTANA

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

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

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

Montana’s rural poverty rate is 12.8%, an almost one percent increase from the urban poverty rate of 12%.



WHAT’S GOOD

All three of Montana’s state rural health rankings improved this year, with Mortality (14, B), Quality of Life (11, B+) and Access to Care (10, B+) earning Bs.

The Treasure State also made improvements in rural Mental Health Access and Dental Care Access, with both earning an A-.

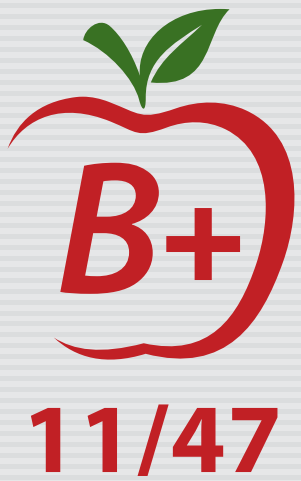
WHAT NEEDS WORK

Montana’s Broadband Access stayed in the Ds with a D+ for 2020, with 83% of rural reporting internet access.

Low Birth Weight improved to a C+ but is still out of the top 10, with a 22nd rank nationally.

URBAN-RURAL DIVIDE

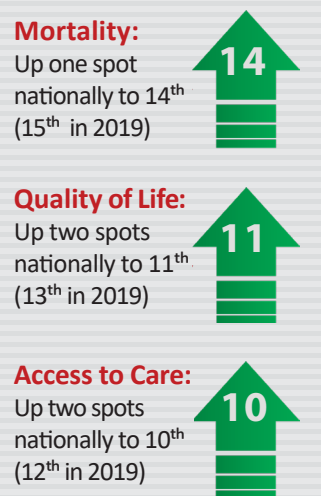
The age-adjusted Mortality Rate for rural Montana is 20% lower than the urban rate. ●

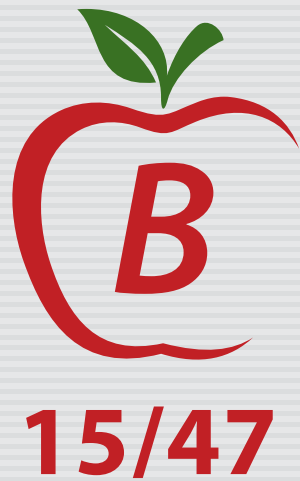


MONTANA ranks 11th in the nation for rural health out of 47 states with rural counties.

Montana is one of three states to receive a grade of “B+” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS





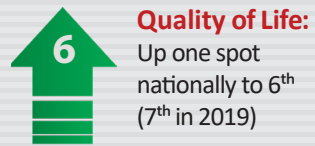
NEBRASKA ranks 15th in the nation for rural health out of 47 states with rural counties.

Nebraska is one of four states to receive a grade of “B” for rural health access and outcomes in 2020.

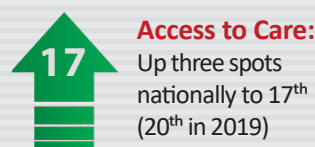
2020 STATE RURAL HEALTH RANKINGS



Mortality:
Down three spots nationally to 15th (12th in 2019)



Quality of Life:
Up one spot nationally to 6th (7th in 2019)



Access to Care:
Up three spots nationally to 17th (20th in 2019)

NEBRASKA

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

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

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

Nebraska’s rural poverty rate is 10.9%, a one percent increase from the urban poverty rate of 9.4%.

WHAT’S GOOD

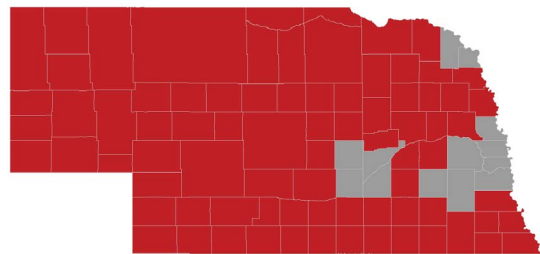
Nebraska’s rural Access to Care jumped three spots to rank 17th nationally, earning a B-.

Mental Health and Physical Health both earn As this year, for rural Mental Health the third year in a row.

Dental Care Access keeps a B+ for the third year in a row, ranking 12th out of 47.

WHAT NEEDS WORK

The Cornhusker State’s rural Mortality health measure dropped, landing at 15th nationally.



● RURAL COUNTIES
● URBAN COUNTIES

Rural Mental Health Access improved to a D from 2019’s D-, but still ranks 34th nationally.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Nebraska is five percent lower than the urban rate. ●

NEVADA

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

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

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

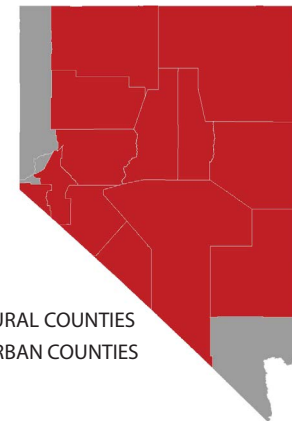
Nevada’s rural poverty rate is 11.5%, an almost one percent decrease from the urban poverty rate of 12.8%.

WHAT’S GOOD

Nevada’s rural Broadband Access improved for 2020, earning a D- from 2019’s F. 78% of the state’s rural residents report high speed internet access.

The Silver State’s Low Birth Weight keeps its D+ for the second year in a row, ranking 31st nationally.

Rural General Health improved to a C- from last year’s D+, ranking 27th nationally.



● RURAL COUNTIES
● URBAN COUNTIES

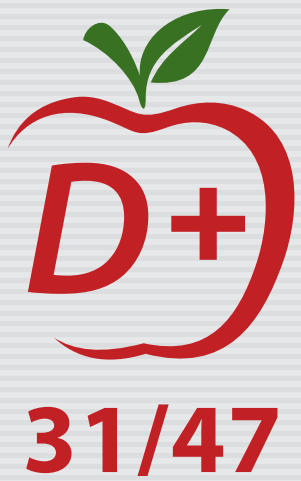
WHAT NEEDS WORK

Nevada dropped in its overall rank, sliding to 31 out of the 47 states with rural counties.

Nevada’s rural Primary Care Access and Mental Health Access earned Fs for 2020, ranking 45th and 47th nationally.

URBAN-RURAL DIVIDE

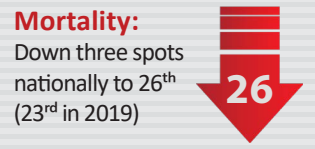
The age-adjusted Mortality Rate for rural Nevada is six percent higher than the urban rate. ●



NEVADA ranks 31st 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 2020.

2020 STATE RURAL HEALTH RANKINGS



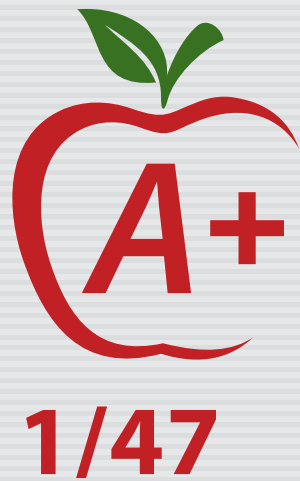
Mortality:
Down three spots nationally to 26th (23rd in 2019)



Quality of Life:
No change in national ranking of 30th for 2020



Access to Care:
Up two spots nationally to 40th (42nd in 2019)



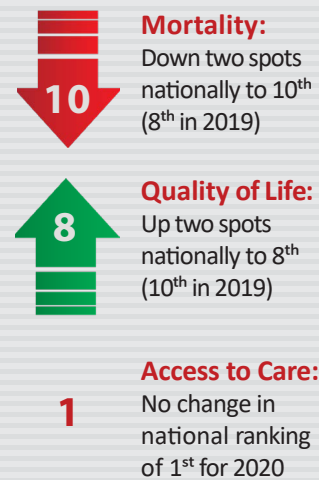
NEW HAMPSHIRE

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

NEW HAMPSHIRE ranks 1st 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 2020.

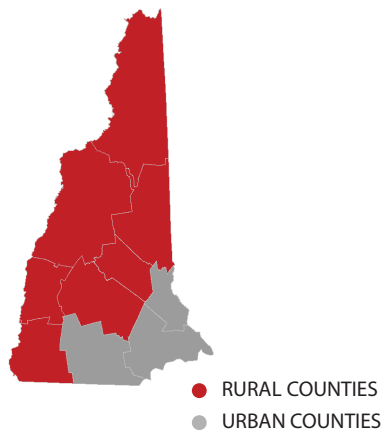
2020 STATE RURAL HEALTH RANKINGS



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

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

New Hampshire’s rural poverty rate is 8.7%, an almost two percent increase from the urban poverty rate of 6.8%.



WHAT’S GOOD

The Granite State ranks 1st nationally for rural Access to Care, earning an A+ for the third year in a row. The state now ranks first overall in rural health.

Broadband Access keeps its A for 2020, with 93% of rural residents reporting high speed internet access.

WHAT NEEDS WORK

Mortality and rural General Health both dropped to a B+, ranking 10th and 3rd nationally.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural New Hampshire is 1.6% higher than the urban rate. ●

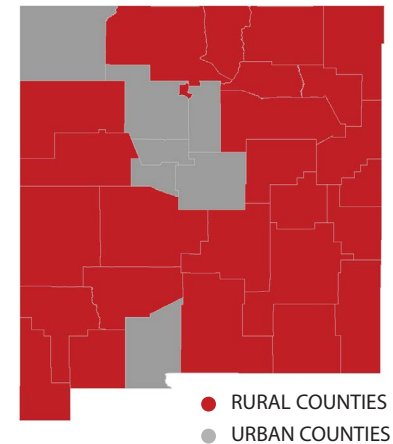
NEW MEXICO

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

NEW MEXICO has a population of 2 million people, 686,300 live in New Mexico’s 26 rural counties.

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

New Mexico’s rural poverty rate is 19.5%, a three percent increase from the urban poverty rate of 16.4%.



WHAT’S GOOD

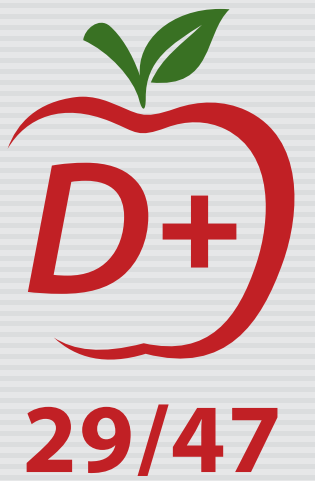
New Mexico ranks 34th for rural Quality of Life, a big jump from 2019’s 38th rank.

The rural Uninsured Rate improved to a C- from last year’s D+, and now ranks 27th nationally.

The Land of Enchantment also improved in rural General Health, earning a D+ and ranking 37th nationally.

WHAT NEEDS WORK

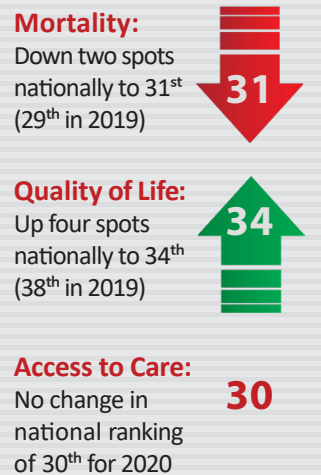
Broadband Access earns an F for the third year in a row, with 75% reporting internet access in rural New Mexico.

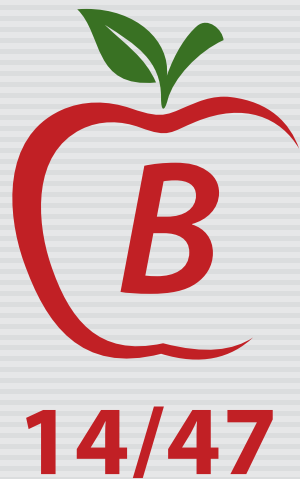


NEW MEXICO ranks 29th in the nation for rural health out of 47 states with rural counties.

New Mexico is one of three states to receive a grade of “D+” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS





NEW YORK

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

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

New York is one of four states to receive a grade of “B” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



Mortality: Down one spot nationally to 19th (18th in 2019)

20

Quality of Life: No change in national ranking of 20th for 2020



Access to Care: Up one spot nationally to 13th (14th in 2019)

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

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

New York’s rural poverty rate is 14.8%, an almost two percent increase from the urban poverty rate of 12.9%.

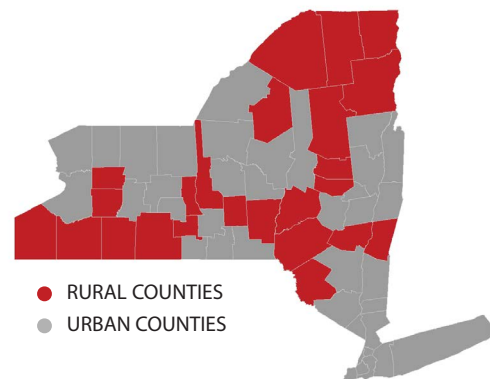
WHAT’S GOOD

New York’s rural General Health and rural Mental Health both improved for 2020, earning a B- and ranking 18th and 19th nationally.

Broadband Access also improved to a solid A, with 94% of rural New York reporting internet access.

WHAT NEEDS WORK

The Empire State’s rural Dental Care Access earns a C- for the second year in a row, ranking 26th nationally.



● RURAL COUNTIES
● URBAN COUNTIES

Mortality dropped a spot to rank 19th nationally, earning another B-.

Primary Care Access dropped to just a D this year from 2019’s D+, ranking 33rd nationally.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural New York is 7.8% higher than the urban rate. ●

NORTH CAROLINA

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

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

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

North Carolina’s rural poverty rate is 18%, an almost six percent increase from the urban poverty rate of 12.3%.

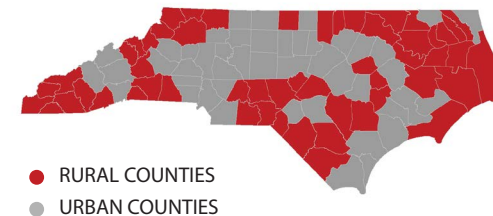
WHAT’S GOOD

North Carolina’s rural Physical Health measure earned a C for 2020, a big improvement from 2019’s D. The state now ranks 25th nationally.

The Tar Heel State decreased for the second year in a row in its Broadband Access rank, but 87% of rural North Carolina uses high speed internet, earning the state a grade of C.

WHAT NEEDS WORK

North Carolina’s Uninsured Rate earns an F for the second year in a row, with 14% of rural residents lacking health insurance.



● RURAL COUNTIES
● URBAN COUNTIES

All three of the state’s rural health rankings stayed the same for 2020, earning a D and two D-.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural North Carolina is 22% higher than the urban rate. ●



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

North Carolina is one of four states to receive a grade of “D” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



Mortality: No change in national ranking of 32nd for 2020

32



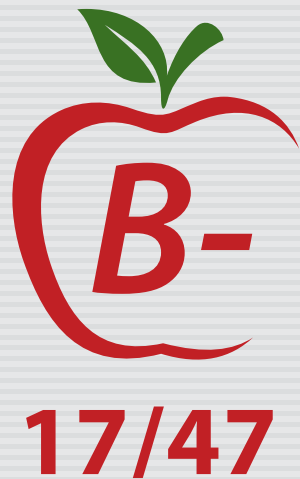
Quality of Life: No change in national ranking of 37th for 2020

37



Access to Care: No change in national ranking of 36th for 2020

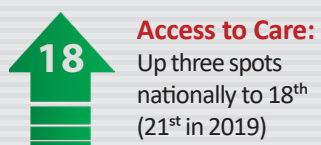
36



NORTH DAKOTA ranks 17th 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 2020.

2020 STATE RURAL HEALTH RANKINGS



NORTH DAKOTA

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

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

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

North Dakota’s rural poverty rate is 10.3%, almost equal to the urban poverty rate of 10.5%.

WHAT’S GOOD

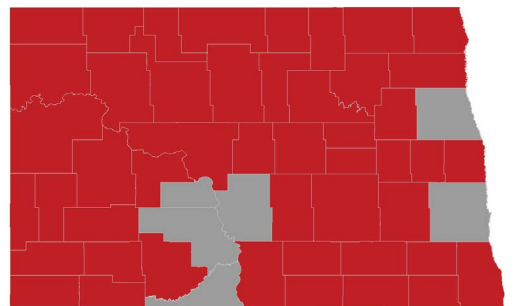
North Dakota’s rural Mental Health Access improved to a B from 2019’s C+, and now ranks 15th nationally.

The state’s rural Mental Health and Physical Health kept an A+ for the third year in a row, ranking 2nd and 3rd nationally.

WHAT NEEDS WORK

North Dakota dropped ten spots in overall rural health, ranking 17th nationally.

The rural Mortality measure also decreased sharply, dropping to 13th nationally and a grade of B.



● RURAL COUNTIES
● URBAN COUNTIES

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural North Dakota is 0.2% higher than the urban rate. ●

OHIO

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

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

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

Ohio’s rural poverty rate is 12.7%, almost equal to the urban poverty rate of 13%.

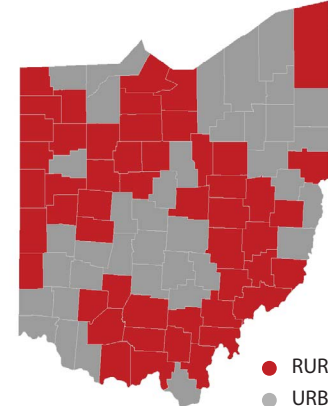
WHAT’S GOOD

The Buckeye State’s rural Physical Health measure increased to a C- this year from 2019’s D, and now ranks 26th nationally.

Broadband Access keeps a B for the third year in a row, with 91% of rural residents reporting high speed internet access, a seven percent increase from 2019.

WHAT NEEDS WORK

Most of Ohio’s rural health measures decreased for 2020, with Mortality (36), General Health (28) and Mental Health (36) all earning a D-.



● RURAL COUNTIES
● URBAN COUNTIES

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Ohio is 29% higher than the urban rate. ●

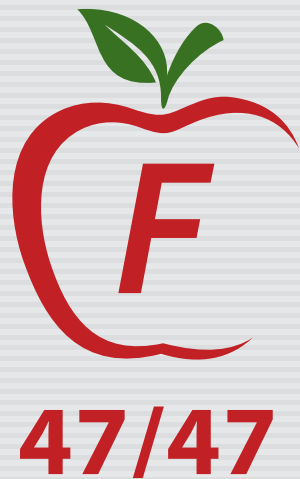


OHIO ranks 28th in the nation for rural health out of 47 states with rural counties.

Ohio is one of three states to receive a grade of “C-” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS





OKLAHOMA

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

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

Oklahoma is one of nine states to receive a grade of “F” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



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

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

Oklahoma’s rural poverty rate is 17.6%, an almost four percent increase from the urban poverty rate of 13.7%.

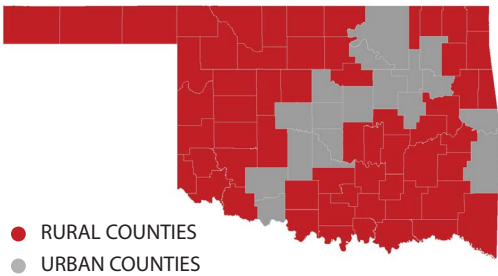
WHAT’S GOOD

Oklahoma’s rural Broadband Access measure improved for 2020, with 80% of rural residents reporting internet access. The state now ranks 36th nationally.

The Sooner State keeps its C for rural Low Birth Weight, ranking 25th out of 47 for the second year in a row.

WHAT NEEDS WORK

Oklahoma decreased in its overall rank, and now ranks last out of the 47 states with rural counties.



Seven of Oklahoma's rural health measures earned Fs for 2020, with the Uninsured Rate earning an F for the fourth year in a row. 18% of rural Oklahomans lack health insurance.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Oklahoma is 21% higher than the urban rate.

OREGON

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

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

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

Oregon’s rural poverty rate is 13.8%, a three percent increase from the urban poverty rate of 11%.

WHAT’S GOOD

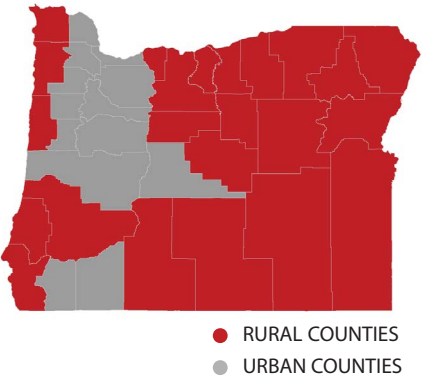
The Beaver State’s rural ranking jumped five spots, Oregon now ranks 19th overall.

Oregon’s rural Primary Care Access measure improved as well, earning an A- from 2019's B+. The state now ranks 8th nationally.

WHAT NEEDS WORK

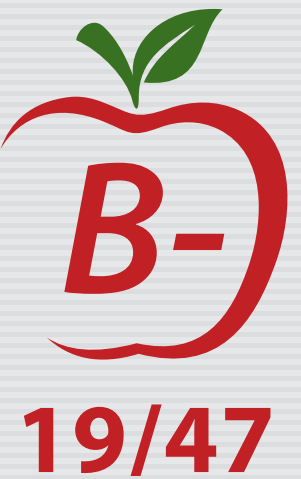
Oregon's Quality of Life measure decreased to rank 29th nationally, earning a D+.

The state's Mental Health decreased sharply, earning an F from 2019's D and ranking 39th nationally.



URBAN-RURAL DIVIDE

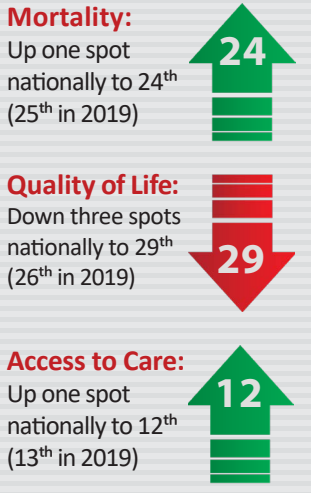
The age-adjusted Mortality Rate for rural Oregon is 11% higher than the urban rate.

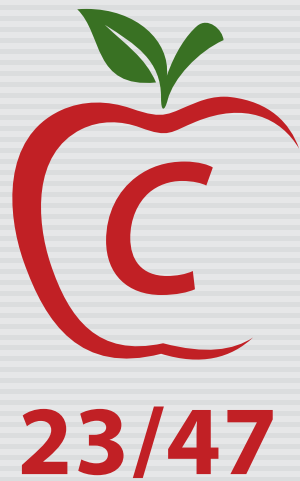


OREGON ranks 19th in the nation for rural health out of 47 states with rural counties.

Oregon is one of three states to receive a grade of “B-” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS

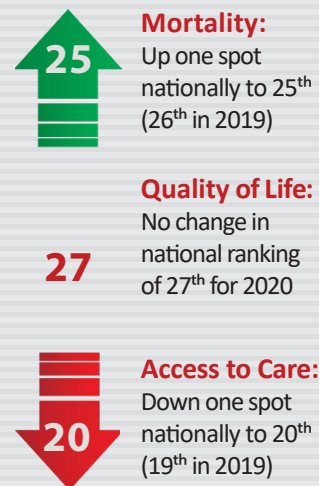




PENNSYLVANIA ranks 23rd in the nation for rural health out of 47 states with rural counties.

Pennsylvania is one of three states to receive a grade of “C” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



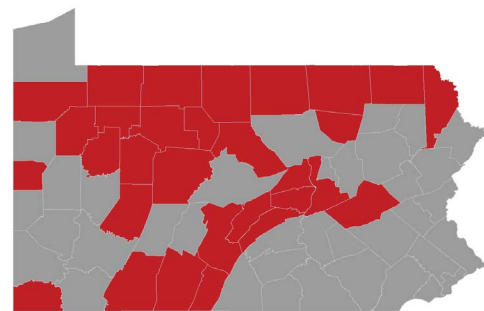
PENNSYLVANIA

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

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

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

Pennsylvania’s rural poverty rate is 12.8%, a one percent increase from the urban poverty rate of 11.8%.



- RURAL COUNTIES
- URBAN COUNTIES

WHAT’S GOOD

The Keystone State’s rural Mental Health Access keeps its B for 2020, ranking 14th nationally.

Low Birth Weight also keeps its grade for this year, and ranks 20th nationally.

Overall, Pennsylvania now ranks 23rd out of the 47 states with rural counties, a big jump up from 2019’s 27th.

WHAT NEEDS WORK

Most of Pennsylvania’s rural health measures decreased slightly or stayed the same for 2020, with all measures staying in the same letter grade.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Pennsylvania is 3.5% lower than the urban rate. ●

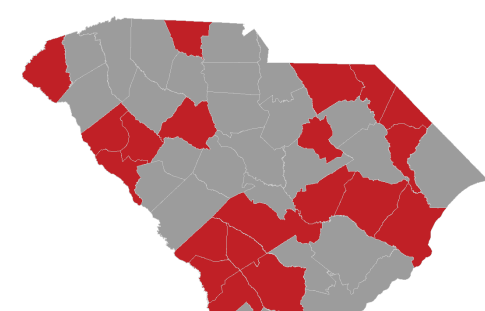
SOUTH CAROLINA

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

SOUTH CAROLINA has a population of 5.1 million people, 743,306 live in South Carolina’s 20 rural counties.

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

South Carolina’s rural poverty rate is 20.6%, an almost eight percent increase from the urban poverty rate of 12.7%.



- RURAL COUNTIES
- URBAN COUNTIES

WHAT’S GOOD

South Carolina’s rural Mental Health measure keeps improving, earning a solid D from 2019’s D-. The state now ranks 35th nationally.

The rural Uninsured Rate keeps its D- for 2020, with 13% of rural residents lacking health insurance.

WHAT NEEDS WORK

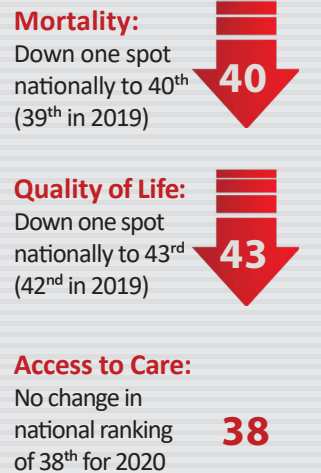
The Palmetto State’s rural Broadband Access measure dropped to an F from 2019’s D, with 77% of rural residents reporting high speed internet access.

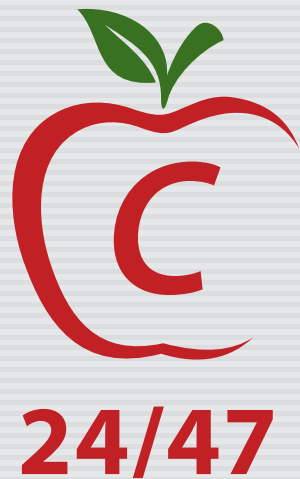


SOUTH CAROLINA ranks 40th in the nation for rural health out of 47 states with rural counties.

South Carolina is one of nine states to receive a grade of “F” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS





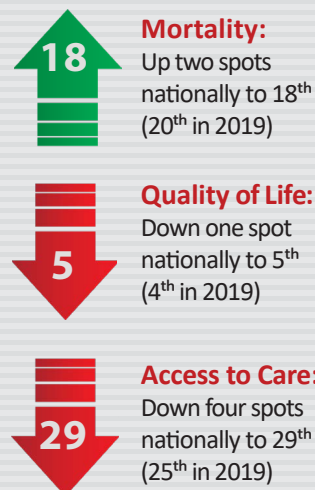
SOUTH DAKOTA

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

SOUTH DAKOTA ranks 24th 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 2020.

2020 STATE RURAL HEALTH RANKINGS



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

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

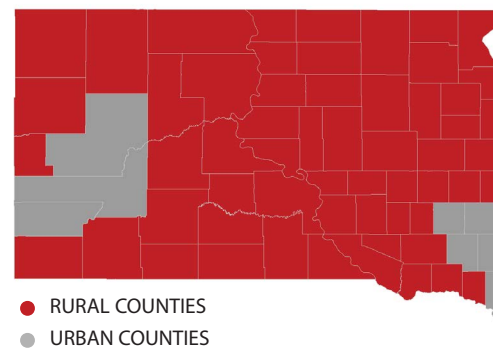
South Dakota’s rural poverty rate is 14%, an almost six percent increase from the urban poverty rate of 8.8%.

WHAT’S GOOD

The Mount Rushmore State’s rural Mental Health measure earned another A+ for the fourth year in a row, ranking 1st nationally.

Physical Health and Low Birth Weight both kept their grades for 2020, ranking 5th and 9th nationally.

Broadband Access also improved to an A from 2019’s B+, with 93% of rural residents reporting high speed internet access.



WHAT NEEDS WORK

South Dakota’s overall rural health rank dropped ten spots to 24th, out of the 47 states with rural counties.

Primary Care Access, Mental Health Access, and Dental Care Access all dropped to a C+ this year, ranking 20th, 21st, and 22nd nationally.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural South Dakota is 8.5% higher than the urban rate. ●

TENNESSEE

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

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

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

Tennessee’s rural poverty rate is 16.2%, a three percent increase from the urban poverty rate of 13.1%.

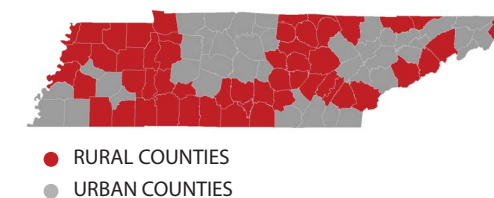
WHAT’S GOOD

Tennessee’s rural Mental Health Access stayed the same for 2020, earning another D and ranking 33rd nationally.

The Volunteer State also went up in overall rural health rank, ranking 41st from 2019’s 43rd.

WHAT NEEDS WORK

Six of Tennessee’s rural health measures earned Fs this year, with General Health and Physical Health dropping from 2019’s D-.



Broadband Access decreased slightly as well, with 86% of rural residents reporting high speed internet access.

URBAN-RURAL DIVIDE

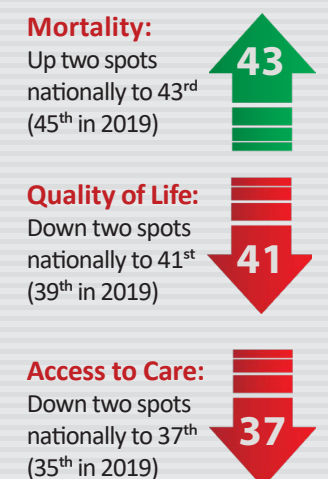
The age-adjusted Mortality Rate for rural Tennessee is 22% higher than the urban rate. ●

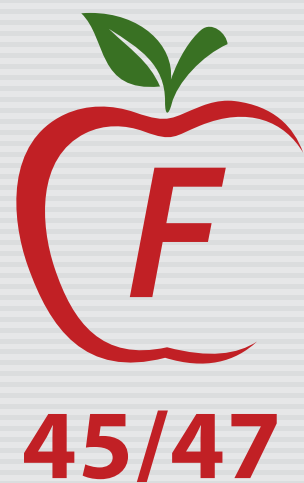


TENNESSEE ranks 41st in the nation for rural health out of 47 states with rural counties.

Tennessee is one of nine states to receive a grade of “F” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS





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

Texas is one of nine states to receive a grade of “F” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



Mortality:

Down two spots nationally to 33rd (31st in 2019)



Quality of Life:

Down one spot nationally to 31st (30th in 2019)

47

Access to Care:

No change in national ranking of 47th for 2020

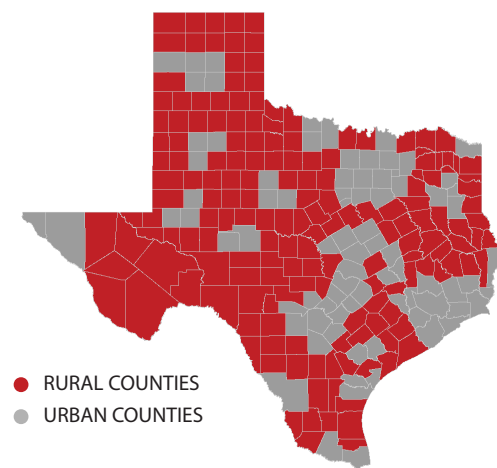
TEXAS

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

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

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

The poverty rate in rural Texas is 17%, a four percent increase from the urban poverty rate of 13.2%.



● RURAL COUNTIES
● URBAN COUNTIES

WHAT’S GOOD

Texas keeps improving on rural Broadband Access, earning a D+ this year from 2019’s D-. 83% of rural residents report high speed internet access.

Most of Texas’ other rural health measures decreased slightly this year, but stayed in the same grade letter.

URBAN-RURAL DIVIDE

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

WHAT NEEDS WORK

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

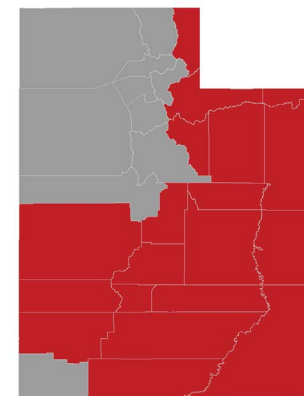
UTAH

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

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

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

Utah’s rural poverty rate is 11.1%, an almost three percent increase from the urban poverty rate of 8.5%.



● RURAL COUNTIES
● URBAN COUNTIES

WHAT’S GOOD

The Beehive State improved on a few rural health measures, most notably Dental Care Access (4, A) from 2019’s B+.

Rural Mortality and General Health both earned As as well from last year’s B+ grade, and rank 7th and 15th nationally.

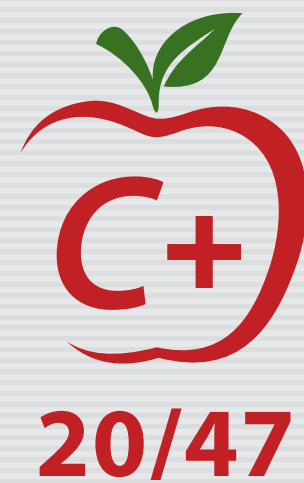
WHAT NEEDS WORK

Utah’s Broadband Access dropped again to a D+ from 2019’s C+, with 83% of rural Utah using high speed internet.

The state’s rural Uninsured Rate earns another D+ for 2020, with 12% of rural residents lacking health insurance.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Utah is 11% lower than the urban rate. ●



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

Utah is one of three states to receive a grade of “C+” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS

Mortality:

Up three spots nationally to 7th (10th in 2019)



Quality of Life:

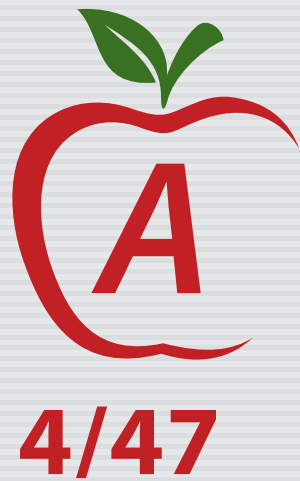
Up three spots nationally to 18th (21st in 2019)



Access to Care:

Up one spot nationally to 26th (27th in 2019)





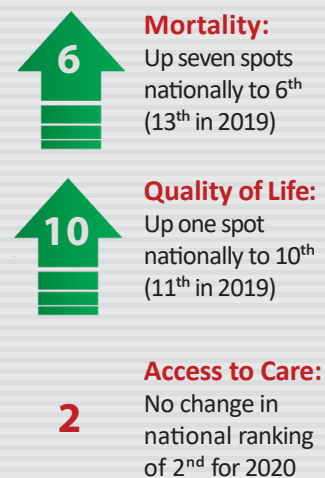
VERMONT

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

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

Vermont is one of three states to receive a grade of “A” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



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

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

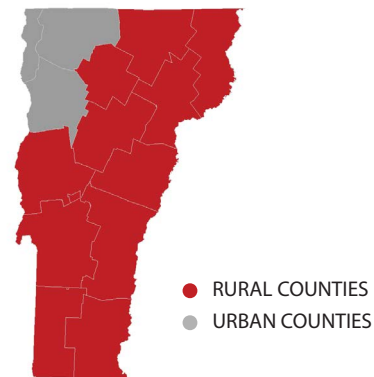
Vermont’s rural poverty rate is 10%, almost equal to the urban poverty rate of 10.2%.

WHAT’S GOOD

Vermont’s rural Dental Care Access earned an A- for 2020, an improvement from 2019’s B. The state now ranks 9th nationally.

The Uninsured Rate earned another A+ for the second year in a row, with five percent of rural Vermont lacking health insurance.

The rural Mortality Rate also made big strides and jumped seven spots to rank 6th nationally, from 2019’s 13th rank.



WHAT NEEDS WORK

Vermont’s Broadband Access dropped to a B+ from last year’s A-, with 91% of rural residents using high speed internet.

Rural Mental Health also took a dip to C+ from 2019’s B-, and now ranks 21st nationally.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Vermont is five percent lower than the urban rate. ●

VIRGINIA

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

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

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

Virginia’s rural poverty rate is 16%, a seven percent increase from the urban poverty rate of 9%.

WHAT’S GOOD

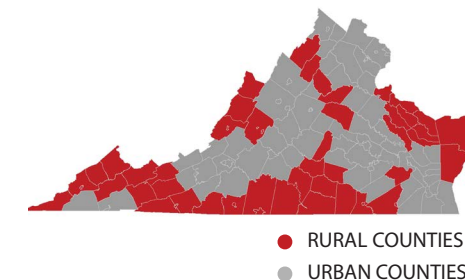
Dental Care Access for rural Virginia keeps its D- for 2020, ranking 38th nationally.

12.1% of rural Virginians lack health insurance, earning the state a D+ and ranking of 30th nationally.

WHAT NEEDS WORK

Most of Old Dominion’s rural health measures decreased this year, with Primary Care Access dropping the lowest (39, F).

Virginia’s Low Birth Weight keeps its F for the fourth year in a row, ranking 40th nationally.



URBAN-RURAL DIVIDE

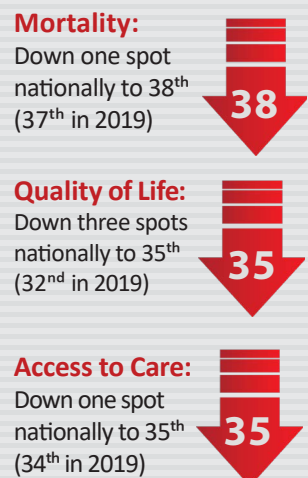
The age-adjusted Mortality Rate for rural Virginia is four percent higher than the urban rate. ●

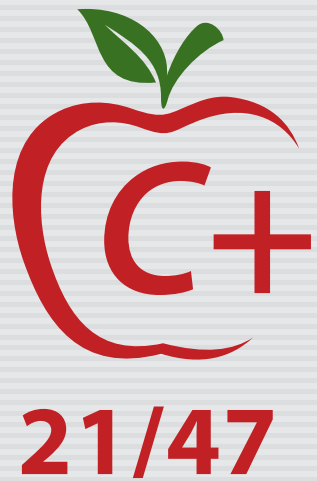


VIRGINIA ranks 37th in the nation for rural health out of 47 states with rural counties.

Virginia is one of three states to receive a grade of “D-” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS

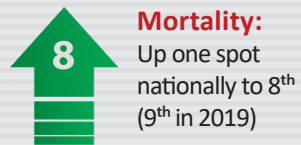




WASHINGTON ranks 21st in the nation for rural health out of 47 states with rural counties.

Washington is one of three states to receive a grade of “C+” for rural health access and outcomes in 2020.

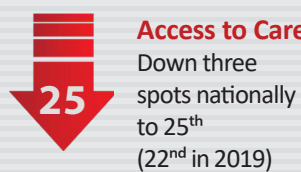
2020 STATE RURAL HEALTH RANKINGS



Mortality: Up one spot nationally to 8th (9th in 2019)



Quality of Life: Up five spots nationally to 13th (18th in 2019)



Access to Care: Down three spots nationally to 25th (22nd in 2019)

WASHINGTON

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

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

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

Washington’s rural poverty rate is 13.2%, an almost five percent increase from the urban poverty rate of 9.4%.

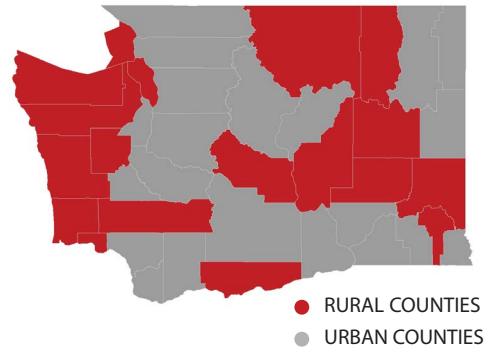
WHAT’S GOOD

The Evergreen State’s rural health measures improved for 2020, with rural General Health jumping to an A- from 2019’s C-. The state now ranks 22nd nationally.

Low Birth Weight keeps its A for the second year in a row, ranking 4th nationally.

WHAT NEEDS WORK

87% of Washington’s rural residents use high speed internet, earning the state a C in Broadband Access, a drop from 2019’s A.



Rural Dental Care Access also dipped to a C+ from last year’s B-, the state now ranks 20th nationally.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Washington is 1.4% higher than the urban rate. ●

WEST VIRGINIA

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

WEST VIRGINIA has a population of 1.7 million people, 682,651 live in West Virginia’s 34 rural counties.

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

West Virginia’s rural poverty rate is 17.6%, a four percent increase from the urban poverty rate of 13%.

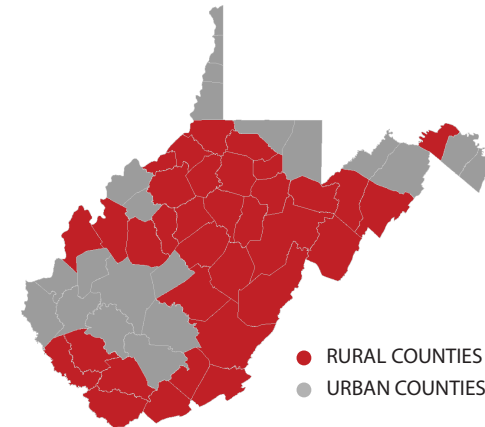
WHAT’S GOOD

The Mountain State went up in the overall rankings, and now ranks 32nd out of the 47 states with rural counties, a big jump from 2019’s 40th rank.

The Mountain State’s rural Mental Health Access also improved to a C from last year’s D+, and now ranks 23rd nationally.

WHAT NEEDS WORK

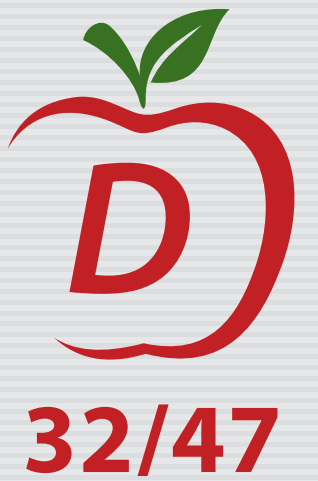
Five of West Virginia’s rural health measures earned an F for the third year in a row, with Physical Health once again ranking last in the 47 states with rural counties.



Broadband Access also dipped to a D-, with 77% of rural residents using high speed internet.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural West Virginia is 28% higher than the urban rate. ●



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

West Virginia is one of four states to receive a grade of “F” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



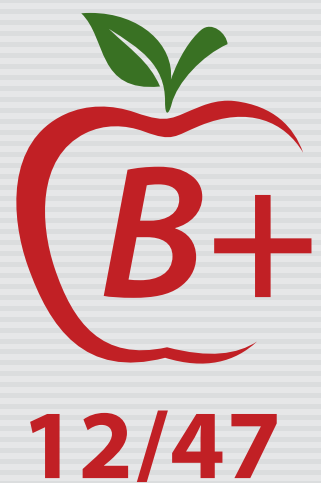
Mortality: No change in national ranking of 42nd for 2020



Quality of Life: No change in national ranking of 45th for 2020



Access to Care: Down seven spots nationally to 23rd (16th in 2019)



WISCONSIN

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

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

Wisconsin is one of three states to receive a grade of “B+” for rural health access and outcomes in 2020.

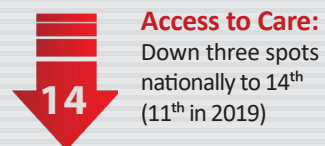
2020 STATE RURAL HEALTH RANKINGS



Mortality: Down three spots nationally to 17th (14th in 2019)



Quality of Life: Down one spot nationally to 9th (8th in 2019)



Access to Care: Down three spots nationally to 14th (11th in 2019)

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

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

Wisconsin’s rural poverty rate is 10.5%, almost equal to the urban poverty rate of 10.4%.

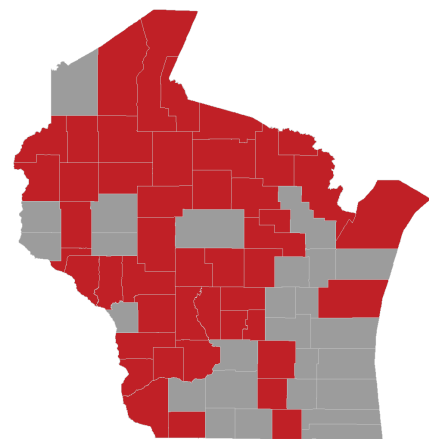
WHAT’S GOOD

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

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

WHAT NEEDS WORK

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



● RURAL COUNTIES
● URBAN COUNTIES

URBAN-RURAL DIVIDE

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

WYOMING

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

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

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

Wyoming’s rural poverty rate is 10%, almost equal to the urban poverty rate of 9.7%.

WHAT’S GOOD

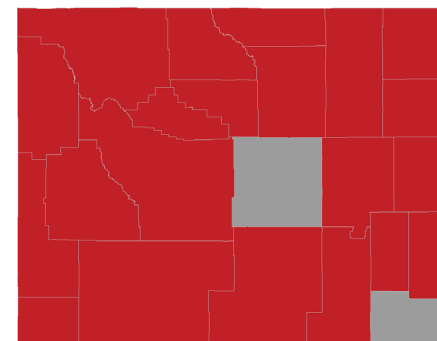
Most of Wyoming’s rural health measures stayed in their letter grades for 2020, with the rural Uninsured Rate improving to a D from 2019’s F.

Broadband Access also improved to a B+, with 90% of rural residents using high speed internet.

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

WHAT NEEDS WORK

Dental Care Access dropped to a B+ from 2019’s A-, and now ranks 10th nationally.



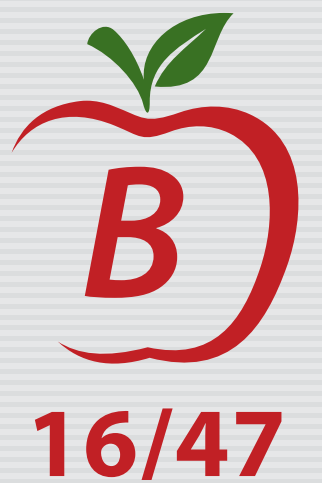
● RURAL COUNTIES
● URBAN COUNTIES

Low Birth Weight keeps its D grade for 2020, ranking 33rd nationally.

Rural Mortality dropped to 9th overall, earning an A- for the state.

URBAN-RURAL DIVIDE

The age-adjusted Mortality Rate for rural Wyoming is 5.8% higher than the urban rate. ●



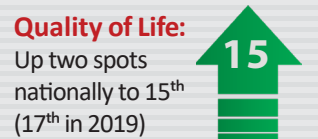
WYOMING ranks 16th in the nation for rural health out of 47 states with rural counties.

Wyoming is one of four states to receive a grade of “B” for rural health access and outcomes in 2020.

2020 STATE RURAL HEALTH RANKINGS



Mortality: Down three spots nationally to 9th (6th in 2019)



Quality of Life: Up two spots nationally to 15th (17th in 2019)



Access to Care: Up four spots nationally to 22nd (26th in 2019)

State Rural Health Rates Over Time - 2020



Mortality: 2017 - 2020

State	Age Adjusted Mortality: 2017-2020
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	

State	Age Adjusted Mortality: 2017-2020
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Mexico	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	

State Rural Health Rates Over Time - 2020



Poor/Fair Health: 2017 - 2020

State	Poor/Fair Health: 2017-2020
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	

State	Poor/Fair Health: 2017-2020
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Mexico	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	

State Rural Health Rates Over Time - 2020

State Rural Health Rates Over Time - 2020

Poor Physical Health Days: 2017 - 2020

Poor Mental Health Days: 2017 - 2020

State	Poor Physical Health Days: 2017-2020
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	

State	Poor Physical Health Days: 2017-2020
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Mexico	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	

State	Poor Mental Health Days: 2017-2020
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	

State	Poor Mental Health Days: 2017-2020
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Mexico	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	

Percent Low Birth Weight: 2017 - 2020

PCPs Per Capita: 2017 - 2020

State	Percent Low Birth Weight: 2017-2020
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	

State	Percent Low Birth Weight: 2017-2020
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Mexico	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	

State	Primary Care Physicians Per Capita: 2017-2020
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	

State	Primary Care Physicians Per Capita: 2017-2020
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Mexico	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	

Dentists Per Capita: 2017 - 2020

State	Dentists Per Capita: 2017-2020
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	

State	Dentists Per Capita: 2017-2020
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Mexico	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	

Psychiatrists Per Capita: 2017 - 2020

State	Psychiatrists Per Capita: 2017-2020
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	

State	Psychiatrists Per Capita: 2017-2020
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Mexico	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	

State Rural Health Rates Over Time - 2020



Percent Under 65, No Insurance: 2017 - 2020

State	Percent Under 65, No Insurance: 2017-2020
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	

State	Percent Under 65, No Insurance: 2017-2020
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Mexico	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	

State Rural Health Rates Over Time - 2020



Percent Rural w/High Speed Internet: 2018 - 2020

State	Percent Rural with Highspeed Internet: 2018-2020
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	

State	Percent Rural with Highspeed Internet: 2018-2020
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Mexico	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	

RHQ CONFERENCE CALENDAR



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

2022 35th Annual Rural Health Care Leadership Conference
Feb 6 - 9, Phoenix, AZ
Arizona Grand Resort & Spa

33rd Rural Health Policy Institute
Feb. 8-10, Washington, D.C.
Hilton Washington D.C. National Mall

2022 National Association of Community Health Centers Policy and Issues Forum
Feb 14 - 17, Washington, DC
Marriott Marquis, Washington, DC

2022 NARHC Spring Institute
Mar 14 - 16, San Antonio, TX
Hyatt Regency San Antonio Riverwalk

2022 Annual Rural Training Track Collaborative Annual Meeting
Apr 27 - 29, Stevenson, WA
Skamania Lodge

2022 Appalachian Health Leadership Forum
May 6 - 7, Daniels, WV
The Resort at Glade Springs

27th Health Equity Conference
May 10, Albuquerque, NM
Albuquerque Convention Center

Rural Medical Education Conference
May 10, Albuquerque, NM
Albuquerque Convention Center

45th Annual Rural Health Conference
May 10 - 13, Albuquerque, NM
Albuquerque Convention Center

7th Rural Hospital Innovation Summit
May 10 - 13, Albuquerque, NM
Albuquerque Convention Center

2022 Annual Dakota Conference on Rural and Public Health
June 8 - 10, Grand Forks, ND
Alerus Center



2022 24th Annual Indiana Rural Health Conference
Jun 14 - 15, French Lick, IN

2022 Annual South Dakota Rural Health Leaders Conference
Jul 12 - 13, Pierre, SD

20th Rural Health Clinic Conference
Sept. 20 - 21, Kansas City, MO
Sheraton Kansas City Hotel at Crown Center

21st Critical Access Hospital Conference
Sept. 21 - 23, Kansas City, MO
Sheraton Kansas City Hotel at Crown Center

International Conference on Rural Community and Public Health Systems Management
Sept. 27 - 28, San Francisco, CA

2023 34th Rural Health Policy Institute
Feb. 7 - 9, 2023, Washington, D.C.
Hilton Washington D.C. National Mall

28th Health Equity Conference
May 16, 2023, San Diego, CA
Sheraton San Diego Hotel & Marina

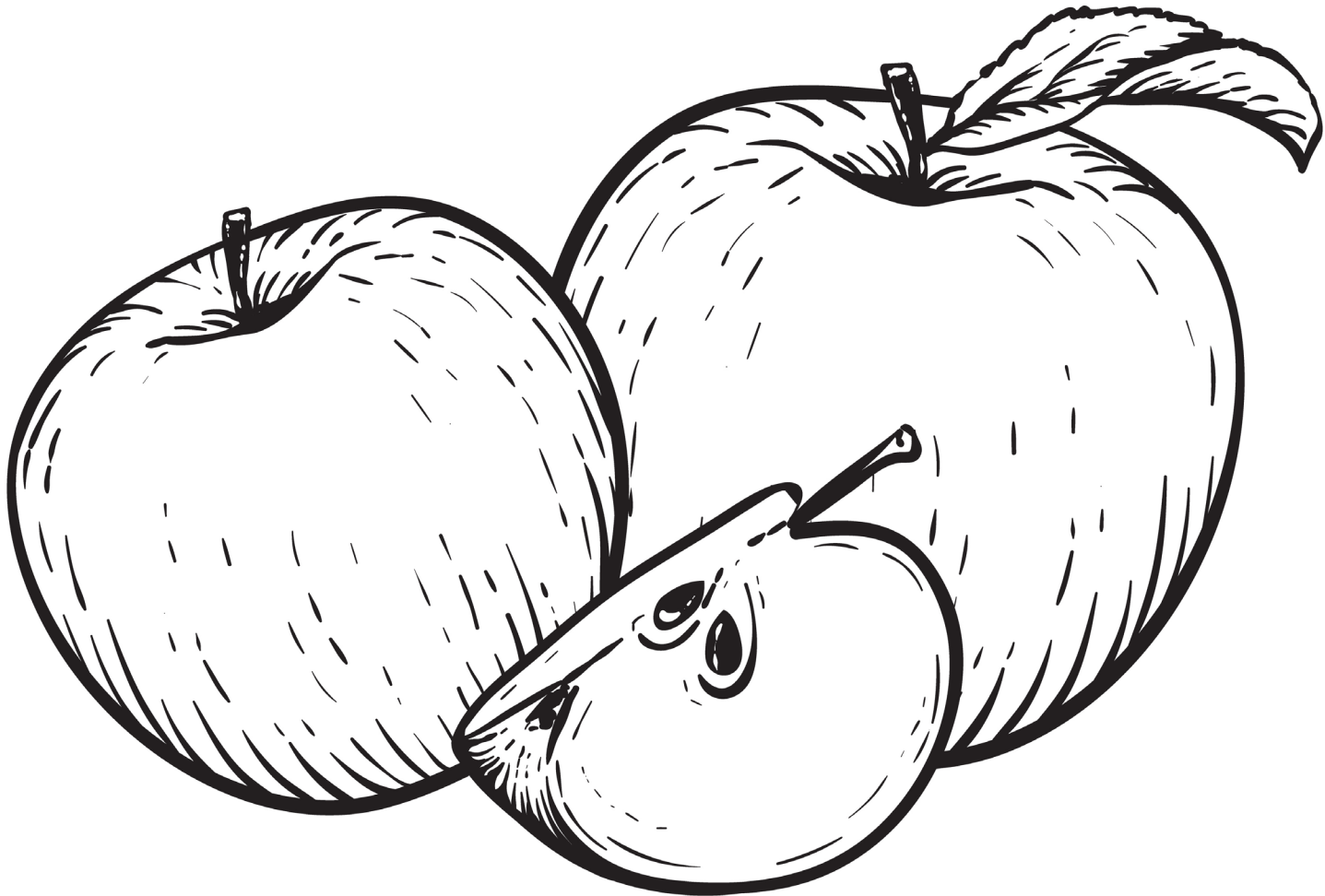
Rural Medical Education Conference
May 16, 2023, San Diego, CA
Sheraton San Diego Hotel & Marina

46th Annual Rural Health Conference
May 16 - 19, 2023, San Diego, CA
Sheraton San Diego Hotel & Marina

8th Rural Hospital Innovation Summit
May 16 - 19, 2023, San Diego, CA
Sheraton San Diego Hotel & Marina

21st Rural Health Clinic Conference
Sept. 26 - 27, 2023, Kansas City, MO
Sheraton Kansas City Hotel at Crown Center

22nd Critical Access Hospital Conference
Sept. 27 - 29, 2023, Kansas City, MO
Sheraton Kansas City Hotel at Crown Center ●





TEXAS TECH UNIVERSITY
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Rural *and* Community Health

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Lubbock, TX 79414

