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RHQ

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**SPECIAL
ISSUE**



2021 U.S. Rural Health Report Card

RHQ

Rural Health Quarterly

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The Rural Health Report Card: Make It Better



Dr. BILLY U. PHILIPS, Jr.

PUBLISHER

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

About five years ago, our then editor of the *Rural Health Quarterly (RHQ)* came to me with an idea to do an annual assessment of rural health in the United States.

The idea was to use a collection of metrics from various sets of available data to provide a systematic way to quantify and ultimately grade the rural health of each state with rural counties. We wanted to devise a way to raise awareness, learn about what led to higher grades, and to inspire improvements.

We wrestled with the methodology and fussed about being both valid and reliable. We think that we have had a modicum of success having been acknowledged by the *Rural Health Information Hub* (U.S. Rural Health Report Card (2020) | ruralhealthquarterly.com).

Every year of the past five, we have worked to perfect the methodology for the *Rural Health Report Card*. This year the focus was on the general notion of data validation. Our Data and Analytics team worked in several ways to improve the assessment.

Here are some examples:

Data source validation: We checked the original data sources for all metrics used in the report card to verify the data and its transformations including formulas.

Data interpretation: Data interpretation of all variables were checked on the original data sources to verify the correct interpretation of variables from the original sources.

Metadata: We created a metadata document to serve as a data dictionary for all the metrics, data descriptions, data sources, years of data collection, and any necessary transformation. This enabled us to keep track of our data resources and also for future references.

Z-Score validation: The calculated z-scores and interpretations were validated and we highlighted the reverse interpretation of the z-score for the broadband metric in the methodology as it was not included in previous report cards. This is an important new addition since broadband is a limiting factor in this virtual age.

Percentage difference (Urban-Rural Divide): We analyzed the previously used formula and interpretation of the urban-rural divide that compares the age-adjusted mortality rates of rural and urban counties. We realized that the z-scores were used for interpretations and the previously used formula was not appropriate for the urban-rural divide as it defined the percentage change (increase/decrease) of two values from different geographical categories. We researched and found the percentage difference formula which gives a more accurate analysis and interpretation of the urban-rural divide. The following are the two formulas talked about:

- Percentage difference is $\%D = (|n1 - n2|) / ((n1 + n2) / 2) * 100$ (newly proposed formula) (where $n1, n2$ = either urban age-adjusted mortality rate or rural age-adjusted mortality, order of values does not matter)

- Percentage change is $\%\Delta = (\text{Final value} - \text{Initial Value}) / (\text{Initial Value}) * 100$ (previously used formula). The order of values matters in this calculation and we defined it where final value = rural age-adjusted mortality, initial value = urban age-adjusted mortality rate.

Percentage points interpretation: The interpretation of the poverty rate comparison in each state's report card was reviewed and we corrected the interpretation from percent to percentage points. Using percentage points in such comparison is more accurate since we are comparing two values from different geographical categories.

Demographics data: We reviewed the population data and race/ethnicity data to verify the correct estimates by visiting the original data sources. All estimates were sourced from the Census Bureau ACS estimates and validated to ensure the correct reporting of the demographics of the rural counties of each state.

You who are still reading must wonder, why such an in-depth description? The simple answer is to show the

Just as important is a lesson that applies to this research and fundamentally to our lives as imperfect human beings: we consistently strive to discover new ways to be more accurate, more precise, and more exact. Finally, providing such detail will allow others to replicate this approach and concentrate on factors that will support positive change in their areas of priority. The idea is to base our comparisons on scientific principles that our peers can review.

Then there is the concern that the grades do not reflect the overall situation and the ability of states to achieve something better. Our counter to that is there is little harm providing a starting point, especially since our true goal is improvement. Finally, we may wonder what difference all this work has made over the last five years? It's a good question and one we will begin to assay in coming editions of the *RHQ*.

We must all aim for those rewards and prioritize the health of rural residents across the country. The question that follows this research is this: what can each of us do to make it better? ●



Follows directions

Works independently

Excels

CONDUCT

ACHIEVEMENT

A-Excellent

B-Above Average

C-Average

D-Below Average

F-Failing

Cr-Credit

Above mark is based on the



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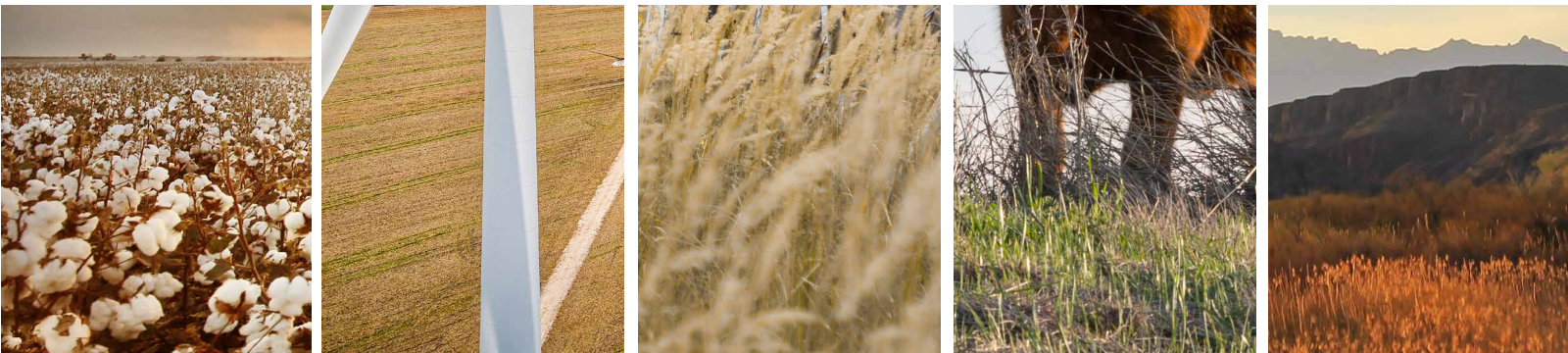
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THE STATE OF RURAL HEALTH IN AMERICA



2021 RURAL HEALTH REPORT CARD

RHQ is pleased to present our fifth 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 the effects of broadband access, maternal healthcare access, and dental care access. Some states improved tremendously in rural healthcare access, while others stayed in last year's rankings or went down.

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 healthcare success stories and improvements made by those who take direct action to reduce health disparities.

We hope the information provided is of assistance to all rural health stakeholders in helping to craft long-term effective solutions.

This research was supported by 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 2021 U.S. Rural Health Report Card, including Billy U. Philips, Ph.D., Gipsy Bocanegra, Ph.D., Grace Fosu, M.S., Diana Vargas-Gutierrez, Ph.D., and Miguel Carrasco.

*CANDICE CLARK, MA
RHQ EDITOR-in-CHIEF*

METHODOLOGY

In defining rurality, counties have been the *RHQ's* unique unit of measurement over the years. This enables us to utilize standard and reliable data sources. However, this implies that we exclude Washington DC and three other states 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.

The rural/urban status of a county is defined according to the 2013 Rural Urban Continuum Codes (RUCC); i.e., the rural area of a state is an aggregate of all rural counties in a state, thus, we combined data from all rural counties in a state for our analysis. All counties in the U.S. are sorted as either metropolitan (urban) or non-metropolitan (rural). RUCC forms a classification scheme that distinguishes metropolitan counties by the population size of their metro area, and nonmetropolitan counties by degree of urbanization and adjacency to a metro area.¹

The overall composite scores in the Report Card are calculated using 10 variables divided into three equally

¹ Census Bureau, ACS Demographics - Ethnicity Categorization
The ACS population data has an ethnicity category of Hispanic/Latino and Non-Hispanic/Latino. Non-Hispanic/Latino includes White alone, Black or African American alone, American Indian and Alaska native alone, Asian alone, Native Hawaiian and Other Pacific Islander alone, Some other race alone, and two or more races. The sum of the Hispanic/Latino population and the Non-Hispanic /Latino population is the total population for the rural area of a state.

weighted categories: Mortality, Quality of Life, and Access to Care (see Figure 1).

Mortality includes age-adjusted mortality rates (2019) for all causes of death in all rural counties in a state. Mortality accounts for 1/3 of each state's final composite score. We used only the All-Cause Mortality rate (and not the rates of individual causes of death) to determine each state's composite score, rank, and grade.

Quality of Life includes the percentage of babies born in rural counties with a low birth weight (2014-2020), the percentage of rural residents who reported having poor general health (2019), the number of poor physical health days reported by rural residents in the past 30 days (2019), and the number of poor mental health days reported by rural residents in the past 30 days (2019). 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 2019 per 100,000 population, the number of non-federal psychiatrists practicing in rural counties in 2019 per 100,000 population, the number of dentists practicing in rural counties in 2019 per 100,000 population, the percentage of uninsured rural residents under 65 years of age in 2019, and the percentage of rural residents with access to "high quality" broadband in 2019. Each state's combined Access to Care score accounts for 1/3 of that state's final composite score.

TABLE 1: FINAL RURAL HEALTH STATE RANKINGS AND GRADES

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

*DE, NJ, and RI excluded.

"High quality" broadband access, a metric added to the report card in 2018, was defined by Congress as the capability that allows users to "originate and receive high-quality voice, data, graphics, and video" services. The FCC retains the existing speed benchmark of 25 Mbps down-load/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 portray the most even-handed and accurate picture of the state of rural health across the nation. Other well-known health rankings, like the County Health Rankings (CHR) model produced by the Robert Wood Johnson Foundation, reflect one view of population health. The *RHQ U.S. Rural Health Report Card* focuses on a narrow band of data related specifically to rural health outcomes and access. The *RHQ's* approach takes as a given that social and economic factors exert a powerful influence on health. The *RHQ U.S. Rural Health Report Card* seeks to highlight a specific set of key variables in an attempt to create a snapshot of state and regional differences in rural health care delivery.

GRADING SYSTEM

We assigned a letter grade to each state based on calculations using a Z-score. Grades were put into five traditional American grading categories: A, B, C, D and F. Positive and negative delineations (+ and -) were added to each letter grades except F to indicate the top three and bottom three performers in each quintile. We used Z-scores to standardize each measure for each state relative to the average of all states where:

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

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

REPORT CARDS

The key findings for each state are summarized in each of the individual state report cards that follow this section. Each state's final grade and overall rank appear prominently at the top of each page alongside a listing of each state's grades in each of 10 differently weighted rural health measures. Below the final grade for each state, numbers and arrows indicating 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. The percentage difference of the urban-rural divide is expressed as the result of the absolute value of the difference between the age-adjusted mortality rate of rural counties and the age-adjusted mortality rate of the urban counties, all divided by the average of the sum of the age-adjusted mortality rates for both rural and urban counties of the same state (see below for formula).² 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. Center for Disease Control and Prevention, Wonder (2019)
2. County Health Rankings & Roadmaps Report (2022)
3. Federal Communications Commission (FCC), Fourteenth Broadband Deployment Report 2021 Release
4. Health Resources and Services Administration, U.S. Department of Health and Human Services, Area Health Resources File (AHRF) 2020-21 Release
5. United States Census Bureau, Population data (2019)
6. United States Census Bureau, American Community Survey (ACS) 2020 5-year Estimates Data Profiles
7. United States Census Bureau, 2010 Census Regions and Divisions of the United States
8. United States Department of Agriculture, 2013 Rural-Urban Continuum Codes
9. SAS Statistical Package 9.4
10. Microsoft Excel 2019 16.0 ●

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

FIGURE 1 : RURAL HEALTH RANKING SYSTEM - CATEGORIES AND WEIGHTS

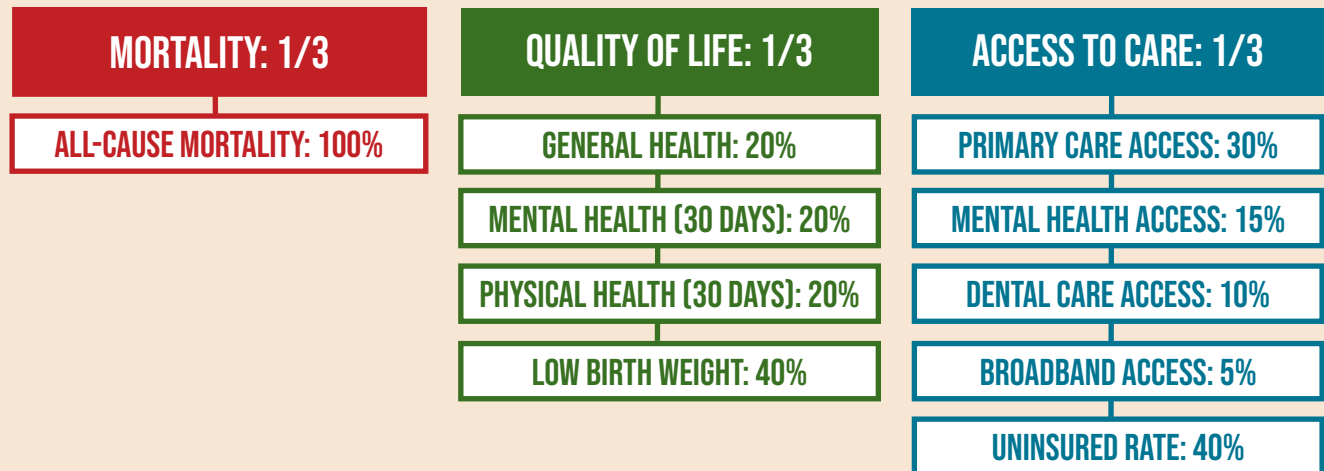


TABLE 2: U.S. RURAL HEALTH RANKINGS BY STATE - ALL CATEGORIES

STATE RANK	ALL-CAUSE MORTALITY	GENERAL HEALTH	MENTAL HEALTH DAYS	PHYSICAL HEALTH DAYS	LOW BIRTH WEIGHT	PRIMARY ACCESS	MENTAL ACCESS	DENTAL ACCESS	BROADBAND ACCESS	UNINSURED RATE
1. MASSACHUSETTS	2	2	15	8	1	11	8	2	27	1
2. NEW HAMPSHIRE	10	4	20	9	11	1	1	3	6	14
3. VERMONT	6	3	14	10	17	4	2	5	11	4
4. HAWAII	1	17	9	14	30	5	5	1	7	3
5. CONNECTICUT	5	1	8	1	8	16	4	13	1	6
6. MINNESOTA	4	8	6	7	3	9	15	21	3	8
7. NORTH DAKOTA	13	10	1	4	7	23	18	17	2	15
8. COLORADO	3	12	7	11	39	6	12	10	21	30
9. IOWA	20	6	5	3	5	20	27	22	8	5
10. NEBRASKA	15	11	3	2	12	12	39	12	19	22
11. WISCONSIN	17	5	12	12	6	13	23	16	35	11
12. ALASKA	12	27	11	20	2	2	11	11	46	39
13. MONTANA	14	7	18	16	22	7	7	6	31	25
14. SOUTH DAKOTA	18	13	2	5	10	18	14	20	5	35
15. CALIFORNIA	16	23	19	22	9	15	10	9	10	18
16. WASHINGTON	8	19	16	23	4	26	31	23	24	19
17. WYOMING	9	9	4	6	33	10	13	7	14	41
18. MAINE	22	16	28	24	21	3	6	18	9	27
19. MARYLAND	21	15	23	15	32	14	3	4	12	10
20. NEW YORK	19	18	27	19	18	32	9	29	4	2
21. UTAH	7	14	13	17	26	22	34	8	29	32
22. IDAHO	11	24	17	30	13	21	43	15	17	37

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. OREGON	24	30	26	26	14	8	21	14	22	20
24. MICHIGAN	23	21	36	29	16	25	16	19	25	12
25. PENNSYLVANIA	25	26	32	27	20	29	19	26	28	9
26. KANSAS	28	22	10	13	15	17	40	25	20	28
27. ILLINOIS	27	20	24	18	24	37	46	28	15	7
28. NEVADA	26	25	22	21	31	45	47	36	37	31
29. OHIO	36	28	40	33	19	38	29	35	13	16
30. INDIANA	35	29	34	28	23	44	35	33	16	26
31. NEW MEXICO	31	36	29	35	35	24	17	41	41	29
32. MISSOURI	34	32	35	37	29	33	38	39	34	38
33. NORTH CAROLINA	32	33	25	25	42	31	20	32	23	40
34. VIRGINIA	38	31	30	32	40	40	24	40	32	23
35. ARIZONA	29	46	37	45	28	34	44	34	47	43
36. TEXAS	33	42	21	31	27	46	37	43	30	47
37. ARKANSAS	39	40	44	44	38	27	42	37	44	24
38. FLORIDA	30	45	39	42	37	47	32	47	42	45
39. OKLAHOMA	41	34	33	36	25	42	36	27	36	46
40. WEST VIRGINIA	42	44	47	47	41	19	22	31	38	17
41. KENTUCKY	47	41	42	46	36	30	25	24	18	13
42. GEORGIA	37	37	41	39	43	35	26	38	33	44
43. TENNESSEE	43	38	43	43	34	43	30	42	26	34
44. SOUTH CAROLINA	40	35	31	38	46	28	28	46	39	36
45. ALABAMA	44	39	46	41	44	39	45	45	40	33
46. LOUISIANA	45	47	45	40	45	41	41	44	45	21
47. MISSISSIPPI	46	43	38	34	47	36	33	30	43	42

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

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

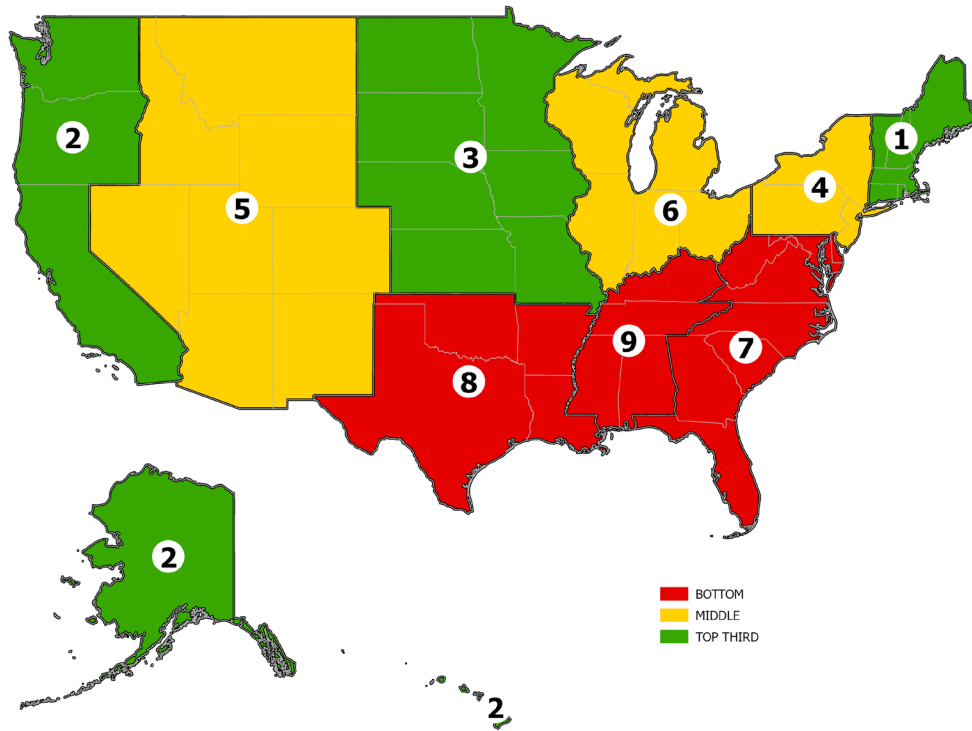
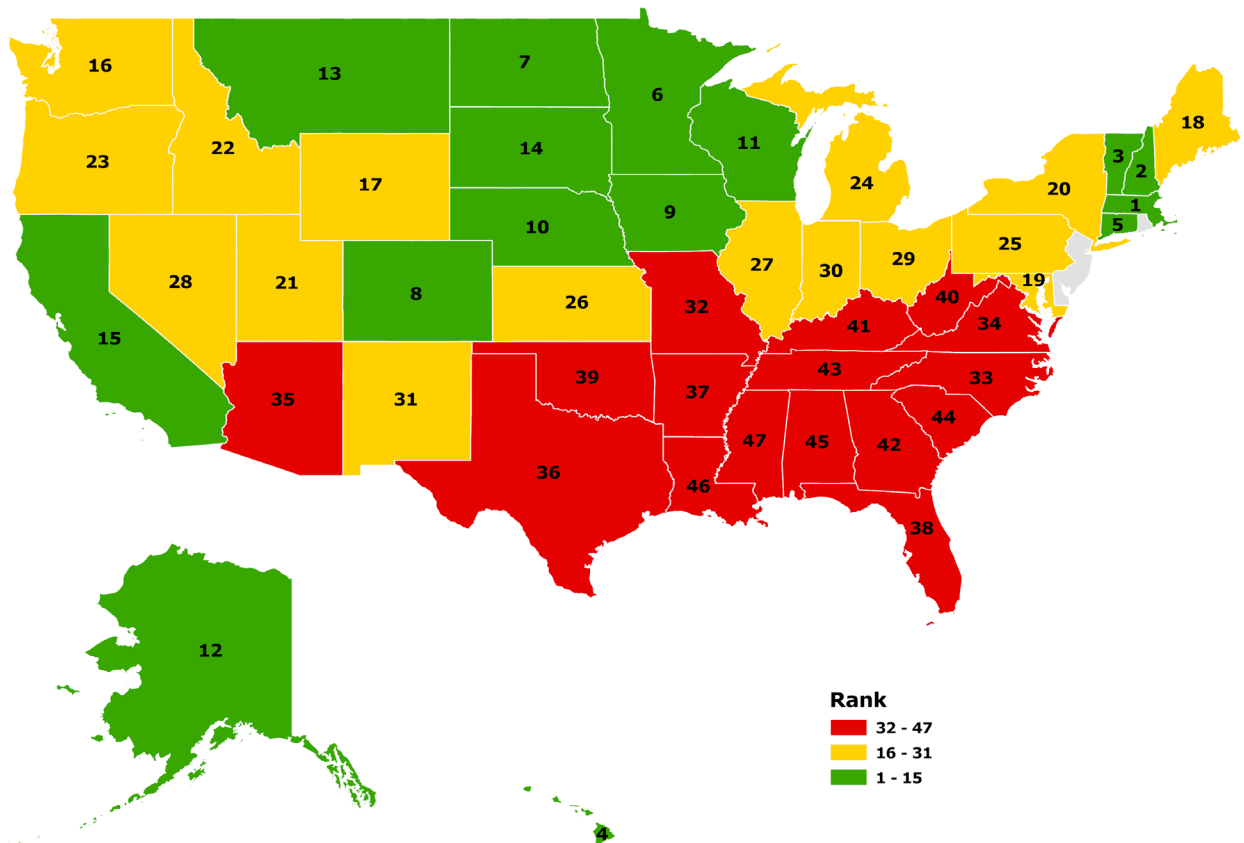


FIGURE 3: FINAL STATE RANKINGS





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 38 rural counties

95.1% of rural Alabamans identify as Non-Hispanic and 4.9% identify as Hispanic. For the Non-Hispanic rural population, 68.4% identify as White, 23.6% identify as Black/African American, 0.6% identify as Asian, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.7% identify as two or more races.

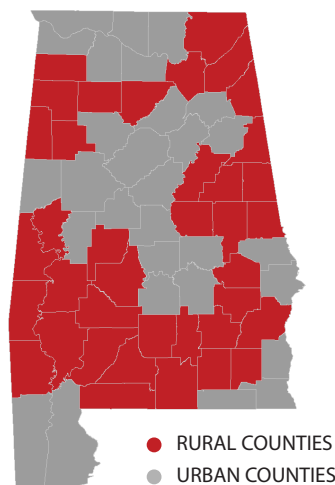
The poverty rate in rural Alabama is 17.5%, 3.4 percentage points higher than the urban rate of 14.1%.

WHAT'S GOOD

Nine of the ten health measures have not changed for the Yellowhammer State for three years in a row. Alabama's Uninsured Rate improved to a D, ranking 33rd nationally.

WHAT NEEDS WORK

Mortality, Quality of Life, and Access to Care rankings stayed the same for 2021, with ranks of 44th, 44th, and 41st respectively. All earned a grade of F.



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

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Alabama is higher than the urban rate. The percentage difference is 10.2%. ●



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

Alabama is one of ten states to receive a grade of "F" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

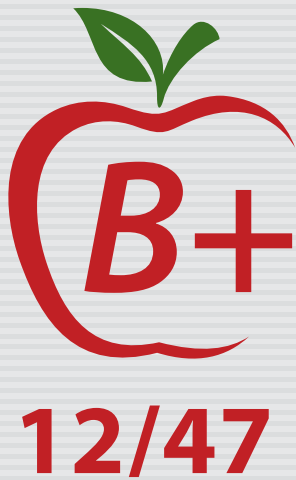
No change in national ranking of 44th for 2021. **44**

Quality of Life:

No change in national ranking of 44th for 2021. **44**

Access to Care:

No change in national ranking of 41st for 2021. **41**



ALASKA ranks 12th 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 2021.

2021 STATE RURAL HEALTH RANKINGS

12 **Mortality:**
No change in national ranking of 12th for 2021.

11 **Quality of Life:**
Up one spot nationally to 11th (12th in 2020).

15 **Access to Care:**
Up six spots nationally to 15th (21st in 2020).

ALASKA

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

A LASKA has a population of 736,990 people, 239,085 residents live in the state’s 27 rural counties.

95% of rural Alaskans identify as Non-Hispanic and five percent identify as Hispanic. For the Non-Hispanic rural population, 51.2% identify as White, 0.9% identify as Black/ African American, 5.7% identify as Asian, 29.4% identify as American Indian/Alaska Native, 0.5% identify as Native Hawaiian/ Pacific Islander, 0.3% identify as some other race, and 7% identify as two or more races.

The poverty rate in rural Alaska is 12.6%, 4.4 percentage points higher than the urban rate of 8.2%.

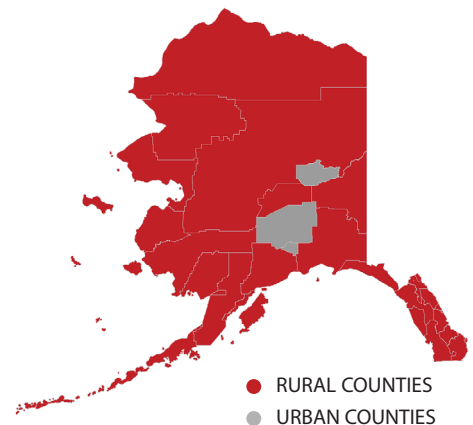
WHAT’S GOOD

Alaska’s Access to Care measure jumped another six spots to rank 15th for 2021, earning a B for the state.

The Last Frontier State improved in several measures, with Mental Health and Physical Health both earning higher grades than last year.

WHAT NEEDS WORK

Alaska’s General Health dipped to C- from last year’s B+, ranking 27th nationally.



The state gets an F for the rural uninsured rate, ranking 45th overall.

Dental Care Access also dropped to a B+ from 2020’s A.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Alaska is higher than the urban rate. The percentage difference is 5.6%. ●

ARIZONA

All-Cause Mortality	D+	Primary Care Access	D
General Health	F	Mental Health Access	F
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 351,229 living in Arizona's seven rural counties.

74.5% of rural Arizonans identify as Non-Hispanic and 25.5% identify as Hispanic. For the Non-Hispanic rural population, 38.4% identify as White, 0.9% identify as Black/African American, 0.5% identify as Asian, 32.8% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.7% identify as two or more races.

The poverty rate in rural Arizona is 21.9%, 9.5 percentage points higher than the urban rate of 12.4%.

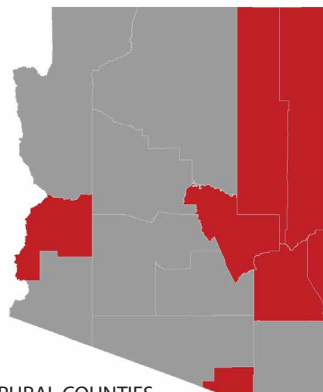
WHAT'S GOOD

The Grand Canyon State jumped up three ranks overall, ranking 35th nationally in rural health.

Dental Care Access earned a D this year, an improvement from 2020's D-. The state now ranks 34th.

WHAT NEEDS WORK

Broadband Access and the Uninsured Rate both received Fs for 2021, with rural Arizona ranking last in access to high quality broadband.



- RURAL COUNTIES
- URBAN COUNTIES

Quality of Life and Access to Care also dropped, earning a D- and an F, respectively

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Arizona is higher than the urban rate. The percentage difference is 23.7%. ●



ARIZONA ranks 35th 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 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 29th for 2021.

29

Quality of Life:

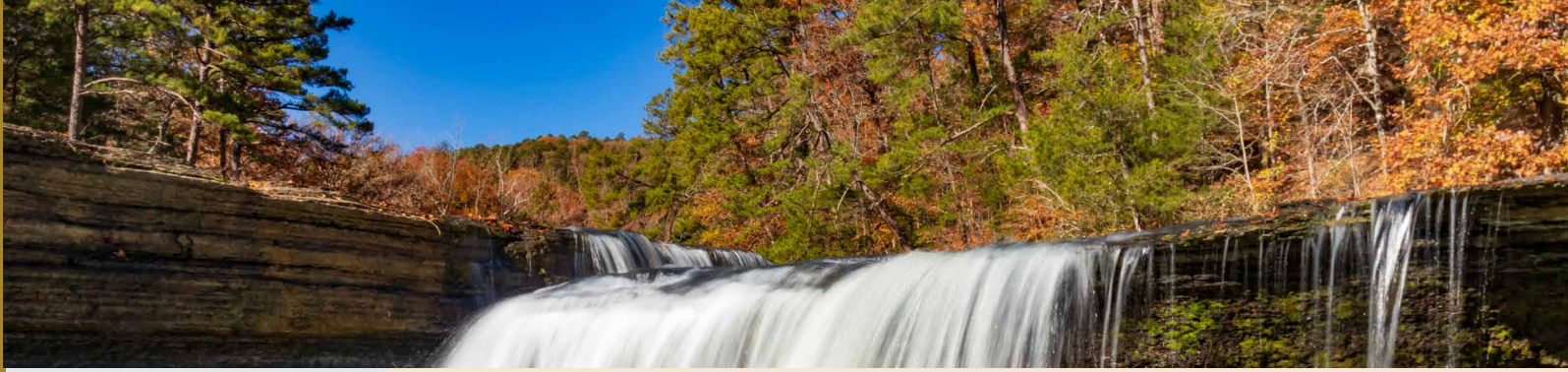
Down one spot nationally to 37th (36th in 2020).

37

Access to Care:

Down one spot nationally to 44th (43rd in 2020).

44



ARKANSAS ranks 37th 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 2021.

2021 STATE RURAL HEALTH RANKINGS

39 **Mortality:**
No change in national ranking of 39th for 2021.

40 **Quality of Life:**
No change in national ranking of 40th for 2021.

32 **Access to Care:**
Down one spot nationally to 32nd (31st for 2020).

ARKANSAS

All-Cause Mortality	F	Primary Care Access	C-
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	F	Uninsured Rate	C

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

94.5% of rural Arkansans identify as Non-Hispanic and 5.5% identify as Hispanic. For the Non-Hispanic rural population, 77% identify as White, 13.8% identify as Black/African American, 0.6% identify as Asian, 0.5% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.5% identify as two or more races.

The poverty rate in rural Arkansas is 17.6%, 3.7 percentage points higher than the urban rate of 13.9%.

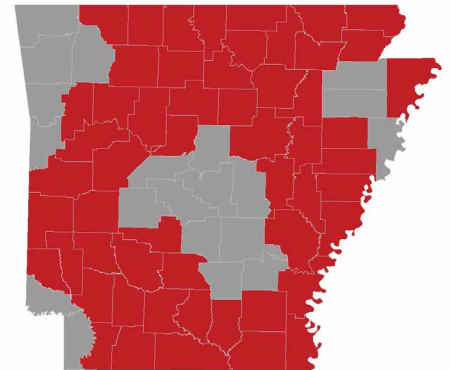
WHAT’S GOOD

Primary Care Access improved for 2021, earning a C- from 2020's D+. Arkansas now ranks 27th nationally.

Mortality and Quality of Life rankings remained the same.

WHAT NEEDS WORK

Arkansas earns an F in seven out of the ten rural health care rankings for 2021, with Low Birth Weight dropping to an F and a rank of 38th nationally.



● RURAL COUNTIES
● URBAN COUNTIES

The Natural State slid to 37th overall for 2021, earning a D-.

Arkansas also earns an F for Mental Health Access, ranking 42nd nationally.

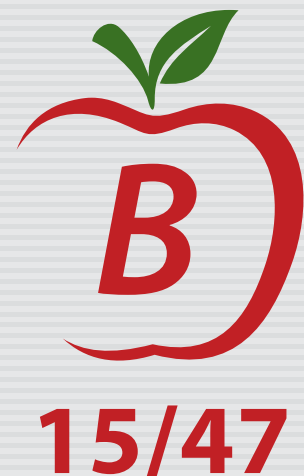
URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Arkansas is higher than the urban rate. The percentage difference is 8.9%. ●



CALIFORNIA

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



CALIFORNIA has a population of 39.3 million people, 835,376 live in the state's 21 rural counties.

81.7% of rural Californians identify as Non-Hispanic and 18.3% identify as Hispanic. For the Non-Hispanic rural population, 71.7% identify as White, 1.4% identify as Black/African American, 1.8% identify as Asian, 2.5% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 3.9% identify as two or more races.

The poverty rate in rural California is 13.4%, two percentage points higher than the urban rate of 11.4%.

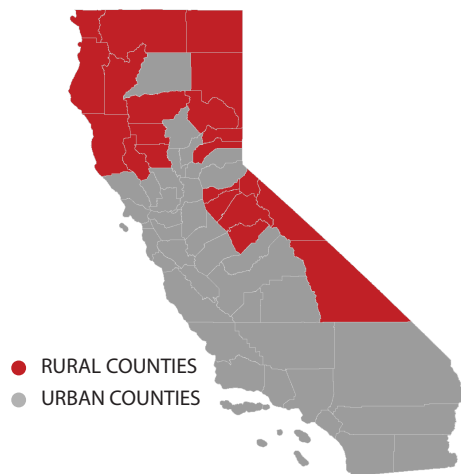
WHAT'S GOOD

Many of California's rural health measures improved this year, with Mental Health Access making the biggest jump, earning an A- from 2020's B+.

Quality of Life rose five spots to rank 16th overall, earning the state a B.

WHAT NEEDS WORK

The Golden State left the top 10 overall and now ranks 15th in the nation for rural health.



General Health dropped to a C from last year's B, ranking 23rd nationally.

Access to Care dropped to 11th overall, earning a B+.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural California is higher than the urban rate. The percentage difference is 21.5%. ●

CALIFORNIA ranks 15th 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 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 16th for 2021.

16

Quality of Life:

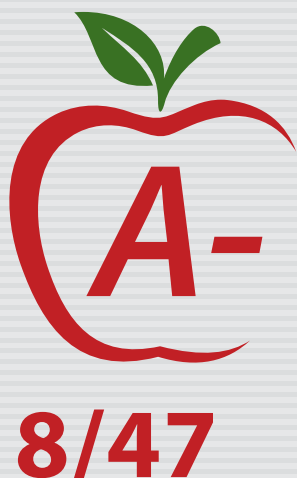
Up five spots nationally to 16th (21st in 2020).

16

Access to Care:

Down two spots nationally to 11th (9th in 2020).

11



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

Colorado is one of three states to receive a grade of “A-” for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

3

Mortality:

No change in national ranking of 3rd for 2021.

20

Quality of Life:

Down one spot nationally to 20th (19th in 2020).

16

Access to Care:

Down one spot nationally to 16th (15th in 2020).

COLORADO

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

COLORADO has a population of 5.7 million people, 710,041 live in Colorado’s 47 rural counties.

78.3% of rural Coloradoans identify as Non-Hispanic and 21.7% identify as Hispanic. For the Non-Hispanic rural population, 72.7% identify as White, 1.1% identify as Black/ African American, 0.7% identify as Asian, 1.4% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2% identify as two or more races.

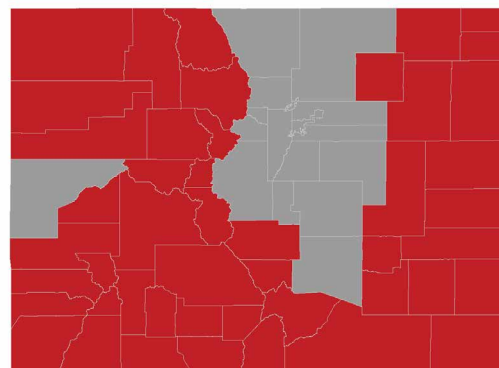
The poverty rate in rural Colorado is 8.7%, 2.2 percentage points lower than the urban rate of 10.9%.

WHAT’S GOOD

All-Cause Mortality keeps its A+ for the Centennial State, ranking third overall. Mental Health and Primary Care Access also kept their A grades, ranking seventh and sixth, respectively.

WHAT NEEDS WORK

Low Birth Weight continues to be a concern for rural Colorado, as the measure drops to an F from 2020’s D-.



- RURAL COUNTIES
- URBAN COUNTIES

A few of the state’s rural health measures remain unchanged from last year, but Quality of Life and Access to Care both went down in ranking, as well as the Uninsured Rate measure dropping to a D+.

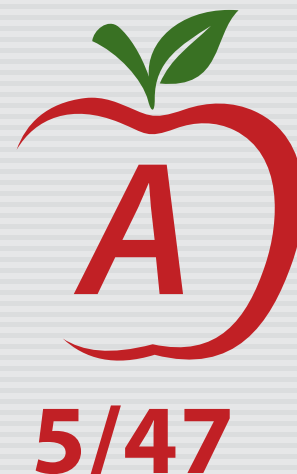
URBAN-RURAL DIVIDE

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



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



CONNECTICUT has a population of 3.6 million people, with 181,143 residents living in Connecticut's one rural county.

93.4% of rural Connecticut residents identify as Non-Hispanic and 6.6% identify as Hispanic. For the Non-Hispanic rural population, 87.6% identify as White, 1.5% identify as Black/African American, 1.9% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2% identify as two or more races.

The poverty rate in rural Connecticut is 7.4%, 2.4 percentage points lower than the urban rate of 9.8%.

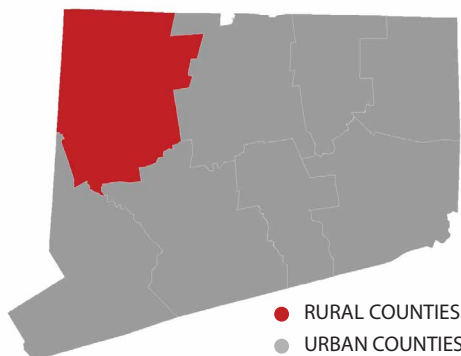
WHAT'S GOOD

The Constitution State keeps its fifth rank overall for 2021, earning another A.

Eight of the ten rural health measures earned As, with the other two measures improving over last year.

WHAT NEEDS WORK

Connecticut's Quality of Life measure dropped to second overall in rankings this year, with Mortality and Access to Care not changing.



The Uninsured Rate dropped to an A from last year's A+, with six percent of rural residents under the age of 65 having no health insurance.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Connecticut is higher than the urban rate. The percentage difference is 6.6%. ●

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

Connecticut is one of four states to receive a grade of "A" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 5th for 2021.

5

Quality of Life:

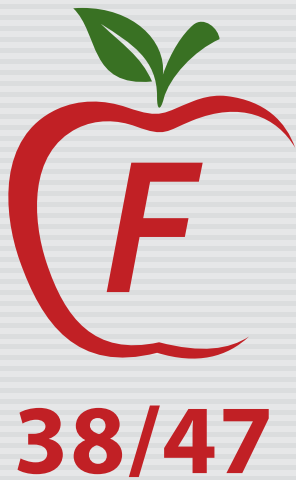
Down one spot nationally to 2nd (1st for 2020).



Access to Care:

No change in national ranking of 5th for 2021.

5



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

Florida is one of ten states to receive a grade of “F” for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

- 30 Mortality:** No change in national ranking of 30th for 2021.
- 39 Quality of Life:** No change in national ranking of 39th for 2021.
- 46 Access to Care:** No change in national ranking of 46th for 2021.

FLORIDA

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

F **LORIDA** has a population of 21.2 million people, 715,934 live in Florida’s 23 rural counties.

84.4% of rural Floridians identify as Non-Hispanic and 15.6% identify as Hispanic. For the Non-Hispanic rural population, 66.4% identify as White, 14.6% identify as Black/ African American, 0.7% identify as Asian, 0.5% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 1.8% identify as two or more races.

The poverty rate in rural Florida is 18.9%, 6.7 percentage points higher than the urban rate of 12.2%.

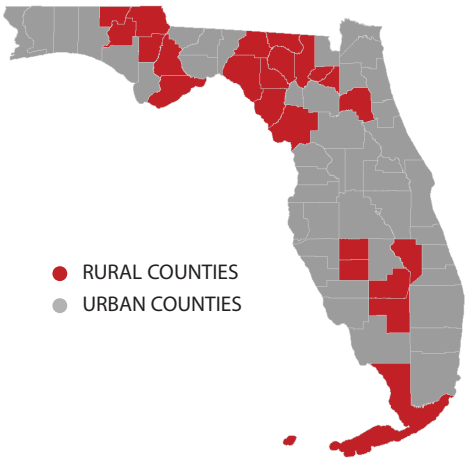
WHAT’S GOOD

Florida now ranks 38th overall for rural health, jumping up four spots.

Low Birth Weight keeps its D- for 2021, ranking 37th.

WHAT NEEDS WORK

Seven of the ten Sunshine State rural health measures earned Fs this year, with Primary Care Access (47th) and Broadband Access (42nd) dropping to Fs from last year's Ds.



URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Florida is higher than the urban rate. The percentage difference is 25.3%. ●



GEORGIA

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

G EORGIA has a population of 10.5 million people, 1.8 million live in Georgia's 85 rural counties.

93% of rural Georgians identify as Non-Hispanic and 7% identify as Hispanic. For the Non-Hispanic rural population, 64.9% identify as White, 25.3% identify as Black/African American, 0.9% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 1.5% identify as two or more races.

The poverty rate in rural Georgia is 18.8%, 5.7 percentage points higher than the urban rate of 13.1%.

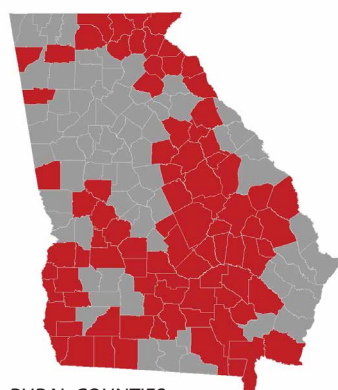
WHAT'S GOOD

The Peach State went up one spot in overall rural health rankings, and now ranks 42nd nationally. Access to Care also moved up one spot and is now 43rd overall.

WHAT NEEDS WORK

Georgia's rural Quality of Life measure dropped four spots from 2020's 38th, and now ranks 42nd. Five of the state's rural health measures earned Fs for 2021.

Rural Mental Health also decreased to an F



- RURAL COUNTIES
- URBAN COUNTIES

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Georgia is higher than the urban rate. The percentage difference is 18.8%. ●



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

Georgia is one of ten states to receive a grade of "F" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

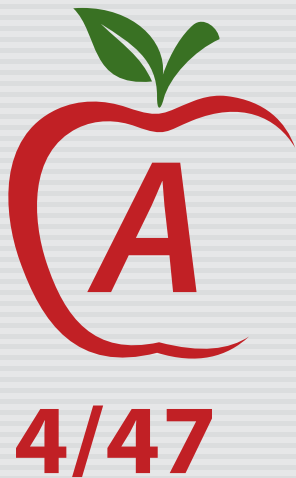
Mortality:
No change in national ranking of 37th for 2021. **37**

Quality of Life:
Down four spots nationally to 42nd (38th in 2020).



Access to Care:
Up one spot nationally to 43rd (44th in 2020).





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

Hawaii is one of four states to receive a grade of “A” for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

1

Mortality:
No change in national ranking of 1st for 2021.

21

Quality of Life:
Down five spots nationally to 21st (16th in 2020).

3

Access to Care:
No change in national ranking of 3rd for 2021.

HAWAII

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

HAWAII has a population of 1.4 million people, 273,299 live in one of Hawaii’s two rural counties.

87.3% of rural Hawaiians identify as Non-Hispanic and 12.7% identify as Hispanic. For the Non-Hispanic rural population, 29.7% identify as White, 0.6% identify as Black/African American, 24.3% identify as Asian, 0.2% identify as American Indian/Alaska Native, 10.2% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 22.1% identify as two or more races.

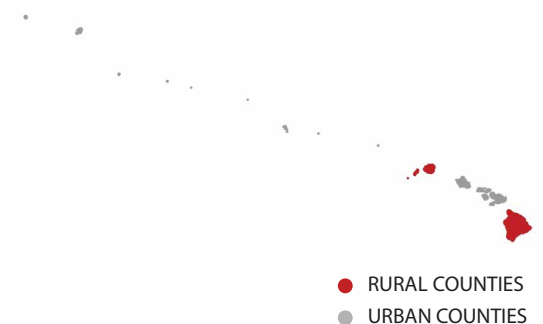
The poverty rate in rural Hawaii is 11.6%, 3.4 percentage points higher than the urban rate of 8.2%.

WHAT’S GOOD

The Aloha State keeps first place overall for Mortality for the third year in a row. The Uninsured Rate went up to an A+, ranking third overall. Access to Care also kept its ranking for 2021.

WHAT NEEDS WORK

Hawaii’s rural General Health dipped to a B- from 2020’s A+, and now ranks 17th nationally.



Overall, the state slid two places to rank fourth in rural health.

Low Birth Weight is still graded at a D+, and ranks 30th.

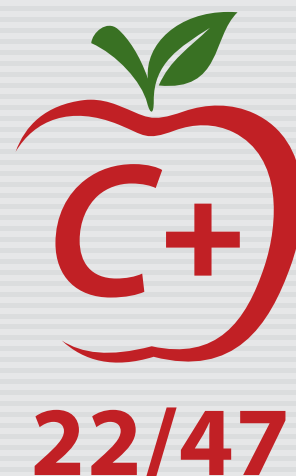
URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Hawaii is higher than the urban rate. The percentage difference is 10.7%. ●



IDAHO

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



IDAHO has a population of 1.8 million people, 572,451 live in Idaho's 32 rural counties.

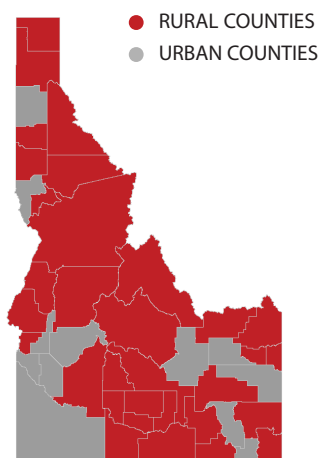
85.2% of rural Idahoans identify as Non-Hispanic and 14.8% identify as Hispanic. For the Non-Hispanic rural population, 79.9% identify as White, 0.5% identify as Black/African American, 0.9% identify as Asian, 1.4% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.2% identify as two or more races.

The poverty rate in rural Idaho is 12%, 2.8 percentage points higher than the urban rate of 9.2%.

WHAT'S GOOD

The Gem State's rural health measures mostly stayed the same this year, although some dipped to lower grades.

Access to Care rose three spots to 30th overall, earning a D+ for the state. Idaho also rose in the overall rankings, landing in 22nd for 2021.



WHAT NEEDS WORK

Idaho's Uninsured Rate went up to a D- from 2020's F, but Mental Health Access keeps its F from last year, ranking 43rd overall.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Idaho is higher than the urban rate. The percentage difference is 0.4%. ●

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

Idaho is one of three states to receive a grade of "C+" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 11th for 2021.

11

Quality of Life:

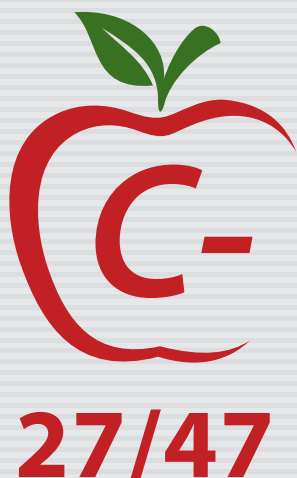
No change in national ranking of 17th for 2021.

17

Access to Care:

Up three spots nationally to 30th (33rd in 2020).





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

Illinois is one of three states to receive a grade of “C-” for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

27 **Mortality:**
No change in national ranking of 27th for 2021.

22 **Quality of Life:**
No change in national ranking of 22nd for 2021.

23 **Access to Care:**
Up one spot nationally to 23rd (24th in 2020).

ILLINOIS

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

ILLINOIS has a population of 12.7 million people, 1.5 million live in Illinois's 62 rural counties.

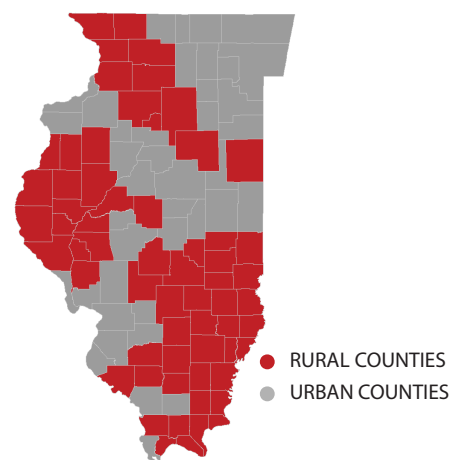
95.6% of rural Illinoisans identify as Non-Hispanic and 4.4% identify as Hispanic. For the Non-Hispanic rural population, 89.5% identify as White, 3.6% identify as Black/African American, 0.6% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.7% identify as two or more races.

The poverty rate in rural Illinois is 12%, 1.1 percentage points higher than the urban rate of 10.9%.

WHAT'S GOOD

The Prairie State's rural Uninsured Rate earns an A for 2021, a step up from 2020's A-.

Access to Care also went up a spot to rank 23rd nationally. Broadband Access earned another B, with 90% of rural residents having access to high quality broadband.



WHAT NEEDS WORK

Illinois' rural Mental Health Access earned an F for the third year in a row, ranking second-to-last. Mental Health (30 Days) dropped to a C from last year's B-, ranking 24th overall.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Illinois is higher than the urban rate. The percentage difference is 16.7%. ●



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, 1.5 million live in Indiana's 48 rural counties.

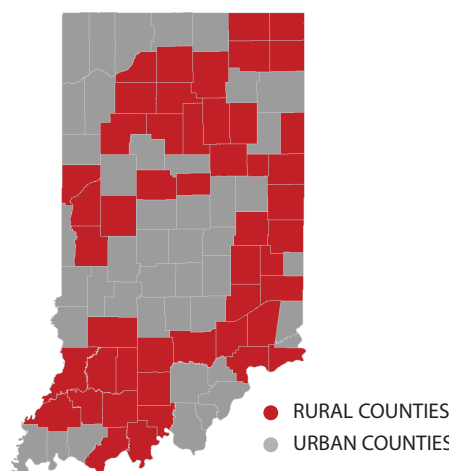
95.4% of rural Indiana residents identify as Non-Hispanic and 4.6% identify as Hispanic. For the Non-Hispanic rural population, 91.2% identify as White, 1.5% identify as Black/African American, 0.7% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 1.6% identify as two or more races.

The poverty rate in rural Indiana is 11%, 0.7 percentage points lower than the urban rate of 11.7%.

WHAT'S GOOD

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

As most of its rural health measures stayed the same for 2021, the Hoosier State keeps its 30th overall ranking, earning a D+



WHAT NEEDS WORK

For the fourth year in a row, Indiana earned an F in rural Primary Care Access, ranking 44th out of 47. Quality of Life and Access to Care both dropped, to 29th and 34th, respectively.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Indiana is higher than the urban rate. The percentage difference is 5.6%. ●

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

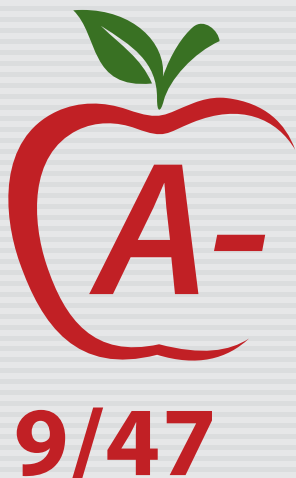
Indiana is one of three states to receive a grade of "D+" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:
No change in national ranking of 35th for 2021.

Quality of Life:
Down three spots nationally to 29th (26th in 2020).

Access to Care:
Down two spots nationally to 34th (32nd in 2020).



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

Iowa is one of three states to receive a grade of “A-” for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

20

Mortality:

No change in national ranking of 20th for 2021.



Quality of Life:

Down three spots nationally to 5th (2nd in 2020).



Access to Care:

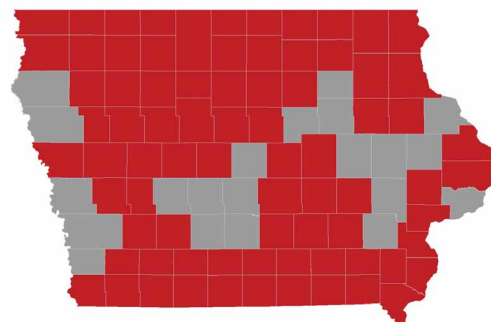
Up one spot nationally to 10th (11th in 2020).

IOWA

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

IOWA has a population of 3.2 million people, 1.3 million live in Iowa’s 78 rural counties.

94.1% of rural Iowans identify as Non-Hispanic and 5.9% identify as Hispanic. For the Non-Hispanic rural population, 89.3% identify as White, 1.5% identify as Black/African American, 1.2% identify as Asian, 0.3% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.6% identify as two or more races.



- RURAL COUNTIES
- URBAN COUNTIES

The poverty rate in rural Iowa is 10.3%, 0.1 percentage points higher than the urban rate of 10.2%.

WHAT’S GOOD

The Hawkeye State rose four spots to rank 9th overall in rural health measures.

General Health also improved, earning an A from last year’s C+. Five other measures kept their As for 2021.

WHAT NEEDS WORK

Rural Quality of Life slipped to 5th overall from 2020’s ranking of 2nd.

Primary Care Access also dropped to a C+ and a ranking of 20th overall.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Iowa is higher than the urban rate. The percentage difference is 6.9%. ●



KANSAS

All-Cause Mortality	C-	Primary Care Access	B-
General Health	C+	Mental Health Access	F
Mental Health (30 Days)	A-	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, 918,401 residents live in Kansas's 86 rural counties.

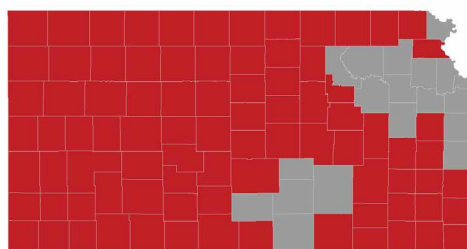
86.5% of rural Kansans identify as Non-Hispanic and 13.5% identify as Hispanic. For the Non-Hispanic rural population, 79.3% identify as White, 2.4% identify as Black/African American, one percent identify as Asian, 0.7% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.9% identify as two or more races.

The poverty rate in rural Kansas is 11.9%, 1.8 percentage points higher than the urban rate of 10.1%.

WHAT'S GOOD

Kansas improved this year, with Mental Health (30 Days) earning an A-, rising from 2020's B.

The state rose in overall rankings as well, going up a spot to 26th. Most of Kansas' rural health measures stayed in the same letter grade for 2021.



- RURAL COUNTIES
- URBAN COUNTIES

WHAT NEEDS WORK

The Sunflower State's Mental Health access earns an F, ranking 40th out of 47. Access to Care also dropped to 29th overall.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Kansas is higher than the urban rate. The percentage difference is 10.8%. ●

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

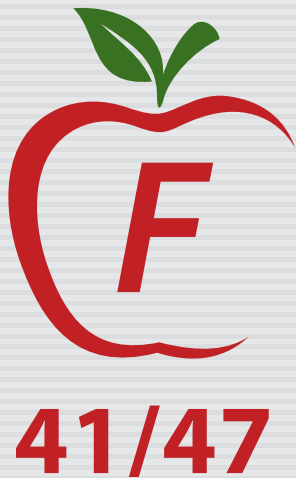
Kansas is one of three states to receive a grade of "C-" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality: **28**
No change in national ranking of 28th for 2021.

Quality of Life: **13**
Up one spot nationally to 13th (14th in 2020).

Access to Care: **29**
Down one spot nationally to 29th (28th in 2020).



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

Kentucky is one of ten states to receive a grade of “F” for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

47 **Mortality:**
No change in national ranking of 47th for 2021.

41 **Quality of Life:**
Up one spot nationally to 41st (42nd in 2020).

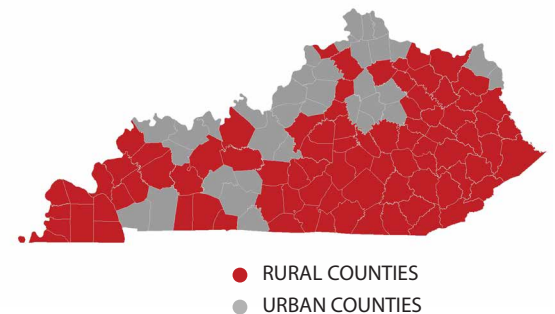
22 **Access to Care:**
Down three spots nationally to 22nd (19th in 2020).

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	D-	Uninsured Rate	B+

KENTUCKY has a population of 4.5 million people, 1.8 million people live in one of Kentucky’s 85 rural counties.

97.9% of rural Kentuckians identify as Non-Hispanic and 2.1% identify as Hispanic. For the Non-Hispanic rural population, 92% identify as White, 3.4% identify as Black/African American, 0.5% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.6% identify as two or more races.



The poverty rate in rural Kentucky is 19.2%, 7.2 percentage points higher than the urban rate of 12%.

WHAT’S GOOD

The Bluegrass State’s Low Birth Weight earned a D- this year, a step up from 2020’s F. The state now ranks 36th overall.

Rural Quality of Life jumped up to 41st from 42nd as well.

WHAT NEEDS WORK

While some improvement was made, four out of the ten rural health measures for Kentucky earned Fs for 2021.

The rural Uninsured Rate also dipped to a B+ from 2020’s A-, with 82 percent uninsured.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Kentucky is higher than the urban rate. The percentage difference is 18%. ●



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	C+



LOUISIANA has a population of 4.7 million people, 749,284 residents live in one of Louisiana's 29 rural parishes.

96.6% of rural Louisianans identify as Non-Hispanic and 3.4% identify as Hispanic. For the Non-Hispanic rural population, 61.9% identify as White, 31.2% identify as Black/African American, 0.6% identify as Asian, 0.7% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 1.9% identify as two or more races.

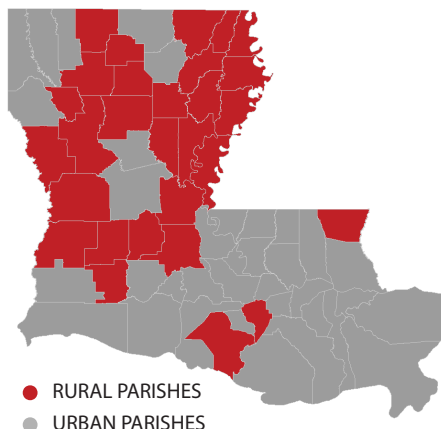
The poverty rate in rural Louisiana is 21.6%, 4.5 percentage points higher than the urban rate of 17.1%.

WHAT'S GOOD

The Pelican State's Mortality and Quality of Life kept their rankings for 2021. While Access to Care slipped down a spot to 35th, the state maintained a D-.

WHAT NEEDS WORK

Nine of Louisiana's rural health measures earned Fs in 2021, causing the state to go down in overall rank. Louisiana now ranks second-to-last in the nation for rural health.



The Uninsured Rate also dropped to a C+ from 2020's B-, ranking 21st overall.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Louisiana is higher than the urban rate. The percentage difference is 15.1%. ●

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

Louisiana is one of ten states to receive a grade of "F" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 45th for 2021.

45

Quality of Life:

No change in national ranking of 46th for 2021.

46

Access to Care:

Down one spot nationally to 35th (34th in 2020).





MAINE

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

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

Maine is one of three states to receive a grade of “B-” for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

22 **Mortality:**
No change in national ranking of 22nd for 2021.

23 **Quality of Life:**
No change in national ranking of 23rd for 2021.

7 **Access to Care:**
No change in national ranking of 7th for 2021.

M AINE has a population of 1.3 million people, 544,857 residents live in Maine’s 11 rural counties.

98.5% of rural Mainers identify as Non-Hispanic and 1.5% identify as Hispanic. For the Non-Hispanic rural population, 94.3% identify as White, 0.6% identify as Black/African American, 0.7% identify as Asian, 0.8% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.9% identify as two or more races.

The poverty rate in rural Maine is 12.2%, 2.6 percentage points higher than the urban rate of 9.6%.

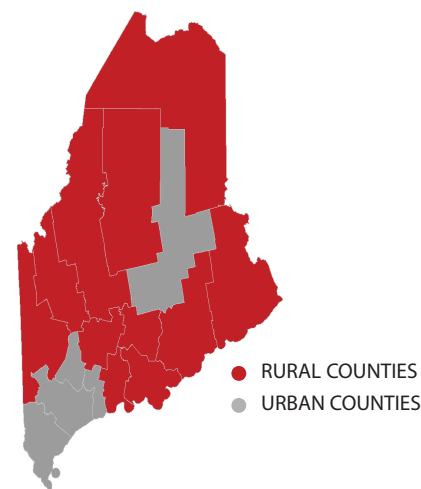
WHAT’S GOOD

The Pine Tree State’s rural health grades largely remained the same for 2021.

The Uninsured Rate improved to a C- from 2020’s D+, and now ranks 27th overall.

WHAT NEEDS WORK

Low Birth Weight dropped to a C+ for 2021, a decrease from last year’s B-. Maine’s overall rank dropped as well, leaving the top ten and landing at 18th overall.




URBAN-RURAL DIVIDE

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



MARYLAND

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


B-
19/47

MARYLAND has a population of six million people, 150,952 residents live in Maryland's five rural counties.

94.6% of rural Marylandians identify as Non-Hispanic and 5.4% identify as Hispanic. For the Non-Hispanic rural population, 77.4% identify as White, 12.9% identify as Black/African American, 0.9% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 3.2% identify as two or more races.

The poverty rate in rural Maryland is 12.3%, 3.4 percentage points higher than the urban rate of 8.9%.

WHAT'S GOOD

The Old Line State improved in a handful of rural health measures, with the Uninsured Rate earning an A-, up from 2020's B+. Dental Care Access also went up a letter grade.

WHAT NEEDS WORK

Maryland dropped in overall ranking, leaving the top ten and landing at 19th.

Mental Health (30 Days) earned a C for 2021, a drop from last year's B-.



Quality of Life also went down a spot to rank 25th nationally.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Maryland is higher than the urban rate. The percentage difference is 8.9%. ●

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

Maryland is one of three states to receive a grade of "B-" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 21st for 2021.

21

Quality of Life:

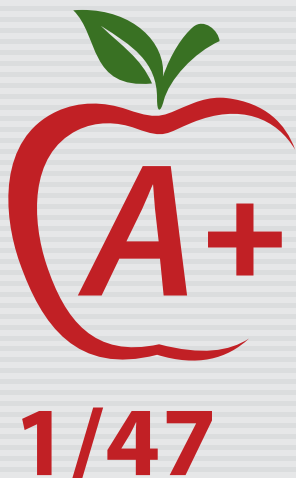
Down one spot nationally to 25th (24th in 2020).

25

Access to Care:

No change in national ranking of 6th for 2021.

6



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

Massachusetts is one of three states to receive a grade of "A+" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

2 Mortality:
No change in national ranking of 2nd for 2021.

3 Quality of Life:
Up four spots nationally to 3rd (7th in 2020).

4 Access to Care:
No change in national ranking of 4th for 2021.

MASSACHUSETTS

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

MASSACHUSETTS has a population of 6.9 million people, 99,171 live in Massachusetts's three rural counties.

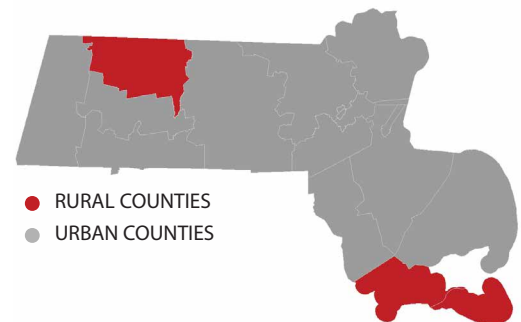
94.8% of rural Massachusetts residents identify as Non-Hispanic and 5.2% identify as Hispanic. For the Non-Hispanic rural population, 86.9% identify as White, 2.2% identify as Black/African American, 1.3% identify as Asian, 0.5% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.5% identify as some other race, and 3.2% identify as two or more races.

The poverty rate in rural Massachusetts is 9.5%, 0.1 percentage points higher than the urban rate of 9.4%.

WHAT'S GOOD

The Bay State gets the top spot overall for rural health in 2021, moving up two spots from last year. Seven of Massachusetts' rural health measures earned As.

Quality of Life also rose, to land at third overall.



WHAT NEEDS WORK

Rural Broadband Access keeps its C- for 2021, with 86% of rural residents having access to high quality broadband.

Primary Care Access also keeps its B+, ranking 11th nationally.

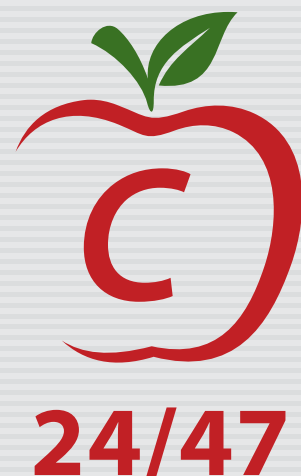
URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Massachusetts is lower than the urban rate. The percentage difference is 4.2%. ●



MICHIGAN

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



MICHIGAN has a population of 10 million people, 1.8 million live in Michigan's 57 rural counties.

96.2% of rural Michiganians identify as Non-Hispanic and 3.8% identify as Hispanic. For the Non-Hispanic rural population, 90.1% identify as White, 1.6% identify as Black/African American, 0.6% identify as Asian, 1.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.5% identify as two or more races.

The poverty rate in rural Michigan is 12.1%, 0.7 percentage points lower than the urban rate of 12.8%.

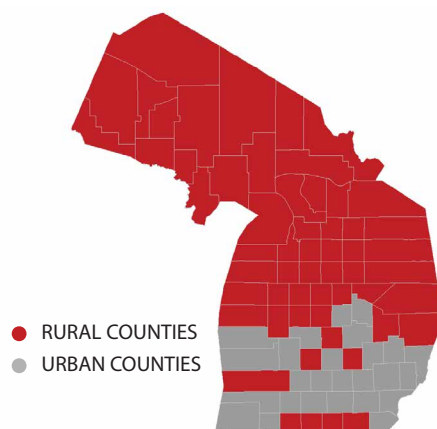
WHAT'S GOOD

The Great Lakes State kept its Mortality ranking for 2021, ranking 23rd overall in rural mortality.

Most of the state's rural health measures remained the same, but General Health went up to a C+ from 2020's C.

WHAT NEEDS WORK

Michigan dropped in overall rankings, and now ranks 24th overall in rural health.



Physical Health (30 Days) dropped to a D+ from last year's C-, and ranks 29th overall.

Quality of Life and Access to Care also dropped, landing at 26th and 18th, respectively.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Michigan is higher than the urban rate. The percentage difference is 1.8%. ●

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

Michigan is one of three states to receive a grade of "C" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 23rd for 2021.

23

Quality of Life:

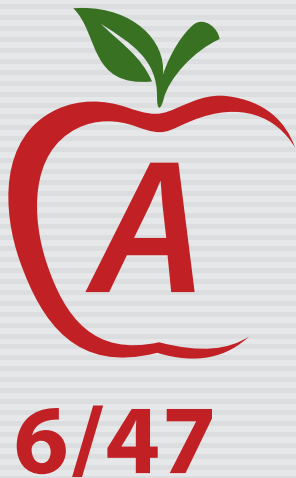
Down one spot nationally to 26th (25th in 2020).

26

Access to Care:

Down two spots nationally to 18th (16th in 2020).

18



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

Minnesota is one of four states to receive a grade of "A" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

4

Mortality:

No change in national ranking of 4th for 2021.



Quality of Life:

Down one spot nationally to 4th (3rd in 2020).

8

Access to Care:

No change in national ranking of 8th for 2021.

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.

94.8% of rural Minnesotans identify as Non-Hispanic and 5.2% identify as Hispanic. For the Non-Hispanic rural population, 87.6% identify as White, 1.4% identify as Black/African American, 1.2% identify as Asian, 2.1% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.3% identify as two or more races.

The poverty rate in rural Minnesota is 9.1%, 1.1 percentage points higher than the urban rate of eight percent.

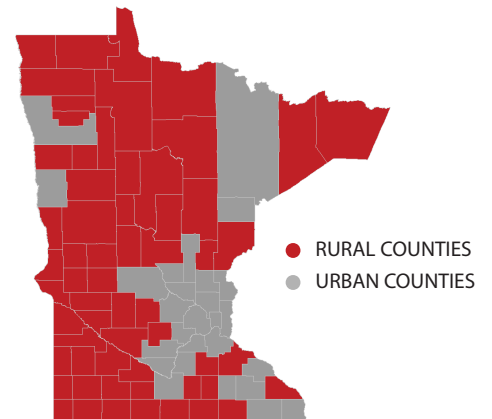
WHAT'S GOOD

The majority of the North Star State's rural health measures remained the same for 2021. The state also stays in the 6th overall spot.

Mortality and Access to Care kept their rankings for 2021.

WHAT NEEDS WORK

Minnesota earned another B for rural Mental Health Access, ranking 15th nationally.



Dental Care Access also keeps its C+ for 2021, ranking 21st overall.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Minnesota is higher than the urban rate. The percentage difference is 7.6%. ●



MISSISSIPPI

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



MISSISSIPPI has a population of three million people, 1.6 million live in the state's 65 rural counties.

97.4% of rural Mississippi residents identify as Non-Hispanic and 2.6% identify as Hispanic. For the Non-Hispanic rural population, 56% identify as White, 38.9% identify as Black/African American, 0.6% identify as Asian, 0.6% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 1.1% identify as two or more races.

The poverty rate in rural Mississippi is 20.5%, 3.8 percentage points higher than the urban rate of 16.7%.

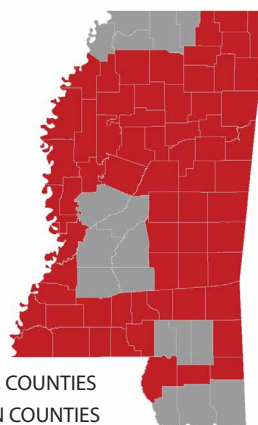
WHAT'S GOOD

Mississippi's three major rankings keep their spots for 2021, earning Fs.

Dental Care Access increased to a D+ from 2020's D, ranking 30th overall.

WHAT NEEDS WORK

The Magnolia State slid to 47th nationally, coming in last out of the 47 states with rural counties.



- RURAL COUNTIES
- URBAN COUNTIES

Five of the ten rural health measures kept their Fs for 2021, with Mental Health (30 Days) slipping to an F from 2020's D-.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Mississippi is higher than the urban rate. The percentage difference is 11.6%. ●

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

Mississippi is one of ten states to receive a grade of "F" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 46th for 2021.

46

Quality of Life:

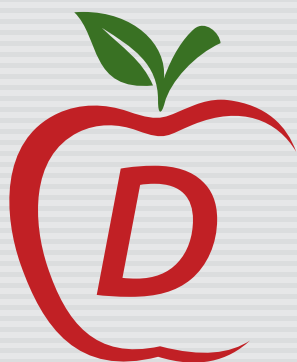
No change in national ranking of 47th for 2021.

47

Access to Care:

No change in national ranking of 42nd for 2021.

42



32/47

MISSOURI ranks 32nd 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 2021.

2021 STATE RURAL HEALTH RANKINGS

34

Mortality:

No change in national ranking of 34th for 2021.



Quality of Life:

Down one spot nationally to 33rd (32nd in 2020).



Access to Care:

Down one spot nationally to 40th (39th in 2020).

MISSOURI

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

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

96.6% of rural Missourians identify as Non-Hispanic and 3.4% identify as Hispanic. For the Non-Hispanic rural population, 89.6% identify as White, 3.2% identify as Black/African American, 0.8% identify as Asian, 0.4% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.4% identify as two or more races.

The poverty rate in rural Missouri is 15.9%, five percentage points higher than the urban rate of 10.9%.

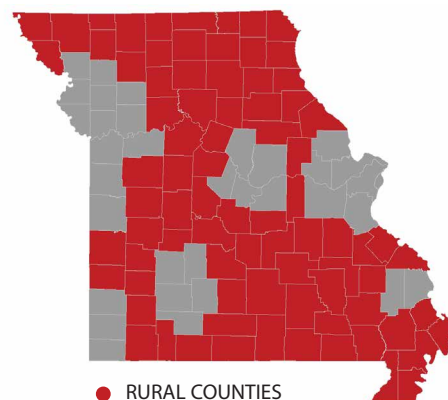
WHAT’S GOOD

The Show-Me State went up in overall rank for 2021, jumping four spots to land at 32nd nationally.

Low Birth Weight keeps its D+ for the second year in a row, ranking 29th overall.

WHAT NEEDS WORK

Mental Health Access (38th) and the Uninsured Rate (38th) dropped to Fs for 2021 from last year’s D-.



- RURAL COUNTIES
- URBAN COUNTIES

Dental Care Access earns an F for the fourth year in a row, ranking 39th nationally.

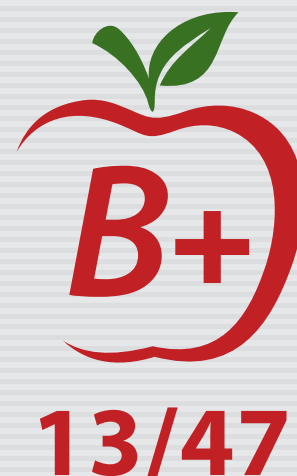
URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Missouri is higher than the urban rate. The percentage difference is 9.6%. ●



MONTANA

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



MONTANA has a population of 1.1 million people, 689,174 live in one of Montana's 51 rural counties.

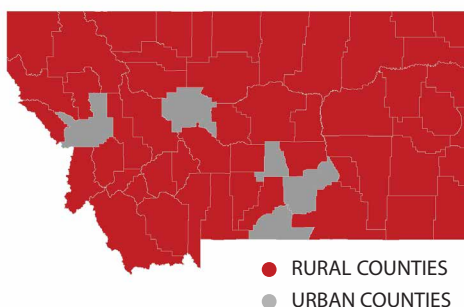
96.5% of rural Montana residents identify as Non-Hispanic and 3.5% identify as Hispanic. For the Non-Hispanic rural population, 85.1% identify as White, 0.3% identify as Black/African American, 0.6% identify as Asian, 7.5% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.9% identify as two or more races.

The poverty rate in rural Montana is 12.7%, 1.1 percentage points higher than the urban rate of 11.6%.

WHAT'S GOOD

The Treasure State's rural General Health earned an A for 2021, a big step up from last year's B. The state now ranks 7th nationally in General Health.

Mental Health (30 Days) earned a B- for 2021, and Primary Care Access and Mental Health Access both went up to As for 2021, an improvement from 2020's A- for both measures.



- RURAL COUNTIES
- URBAN COUNTIES

WHAT NEEDS WORK

Rural Quality of Life dropped to 15th overall from 2020's 11th.

Broadband Access earns another D+, with 83% of rural residents reporting access to high quality broadband. Montana dropped in national rankings, sliding to 13th overall.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Montana is lower than the urban rate. The percentage difference is 2.7%. ●

MONTANA ranks 13th 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 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 14th for 2021.

14

Quality of Life:

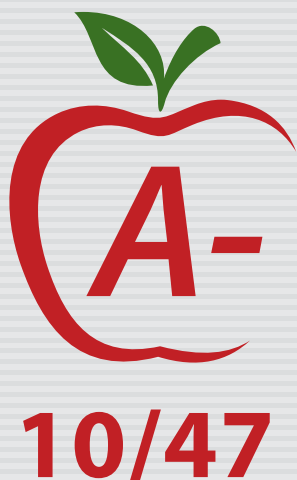
Down four spots nationally to 15th (11th in 2020).



Access to Care:

Up one spot nationally to 9th (10th in 2020).





NEBRASKA

All-Cause Mortality	B	Primary Care Access	B+
General Health	B+	Mental Health Access	F
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 ranks 10th in the nation for rural health out of 47 states with rural counties.

Nebraska is one of three states to receive a grade of “A-” for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:
No change in national ranking of 15th for 2021.

Quality of Life:
Down one spot nationally to 7th (6th in 2020).

Access to Care:
Down two spots nationally to 19th (17th in 2020).

NEBRASKA has a population of 1.9 million people, 662,397 live in one of Nebraska’s 80 rural counties.

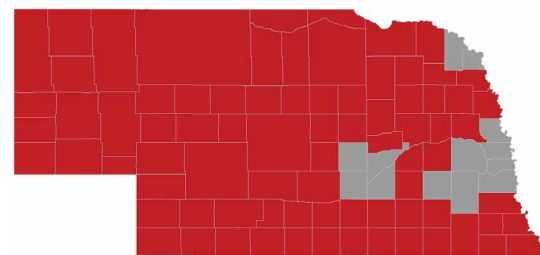
89.1% of rural Nebraskans identify as Non-Hispanic and 10.9% identify as Hispanic. For the Non-Hispanic rural population, 84.5% identify as White, 1% identify as Black/African American, 0.7% identify as Asian, 1.3% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.5% identify as two or more races.

The poverty rate in rural Nebraska is 9.9%, 1.1 percentage points higher than the urban rate of 8.8%.

WHAT’S GOOD

Nebraska makes it into the top ten in rural health measures for 2021, ranking tenth overall with a grade of A-.

Nine of the ten rural health measures for the state kept or improved their letter grades this year, with both Mental Health (30 Days) and Physical Health (30 Days) earning an A+.



● RURAL COUNTIES
● URBAN COUNTIES

WHAT NEEDS WORK

The Cornhusker State's rural Mental Health Access dropped to an F from 2020's D, and now ranks 39th overall.

Rural Access to Care also dropped to 19th overall.

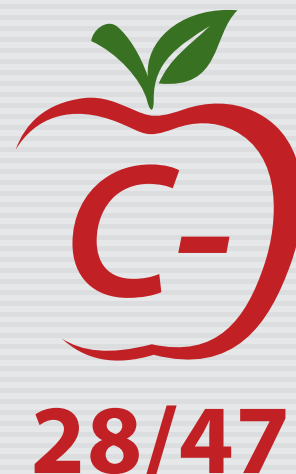
URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Nebraska is higher than the urban rate. The percentage difference is 5.2%. ●



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



NEVADA has a population of three million people, 277,903 live in one of Nevada's 13 rural counties.

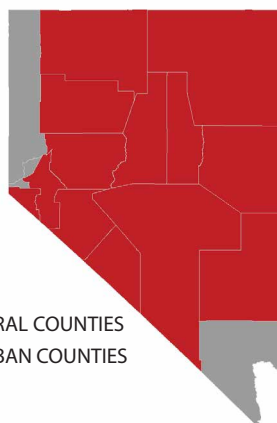
82% of rural Nevadans identify as Non-Hispanic and 18% identify as Hispanic. For the Non-Hispanic rural population, 72.4% identify as White, 1.6% identify as Black/African American, 1.5% identify as Asian, 3.2% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 2.8% identify as two or more races.

The poverty rate in rural Nevada is 11%, 1.7 percentage points lower than the urban rate of 12.7%.

WHAT'S GOOD

The Silver State rose in the national rankings for 2021, and is now 28th overall with a grade of C-.

Rural Quality of Life and Access to Care both went up in their rankings, and rural Physical Health (30 Days) made a big improvement to a C+ from 2020's D+.



WHAT NEEDS WORK

Nevada's Primary Care Access and Mental Health Access earned Fs for the second year in a row, ranking 45th and 47th, respectively.

Dental Care Access slipped to a D-, and now ranks 36th overall.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Nevada is higher than the urban rate. The percentage difference is 8.9%. ●

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

Nevada is one of three states to receive a grade of "C-" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 26th for 2021.

26

Quality of Life:

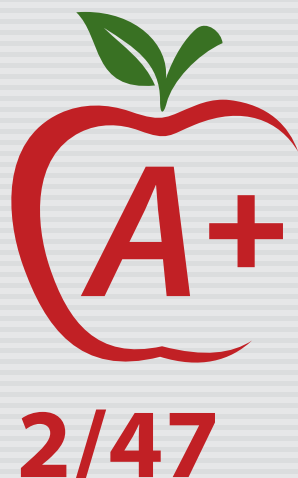
Up two spots nationally to 28th (30th in 2020).

28

Access to Care:

Up one spot nationally to 39th (40th in 2020).

39



NEW HAMPSHIRE

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

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

New Hampshire is one of three states to receive a grade of “A+” for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

10

Mortality:

No change in national ranking of 10th for 2021.



Quality of Life:

Down one spot nationally to 9th (8th in 2020).

1

Access to Care:

No change in national ranking of 1st for 2021.

NEW HAMPSHIRE has a population of 1.4 million people, 501,567 live in New Hampshire's seven rural counties.

97.9% of rural New Hampshire residents identify as Non-Hispanic and 2.1% identify as Hispanic. For the Non-Hispanic rural population, 92.9% identify as White, 1.1% identify as Black/African American, 1.7% identify as Asian, 0.3% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.9% identify as two or more races.

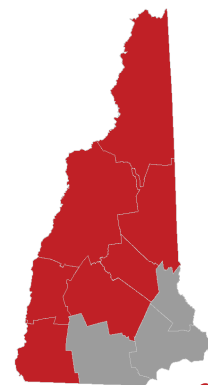
The poverty rate in rural New Hampshire is 8.1%, 1.8 percentage points higher than the urban rate of 6.3%.

WHAT'S GOOD

The Granite State keeps three A+s for Primary Care, Mental Health, and Dental Care Access.

The rural Mortality rate stays in the top ten for 2021, with rural Access to Care maintaining its number one spot.

Rural General Health also improved to an A from 2020's B+, and now ranks fourth overall.



● RURAL COUNTIES
● URBAN COUNTIES

WHAT NEEDS WORK

Mental Health (30 Days) dropped to a C+ from last year's B, and rural Quality of Life decreased as well.

The rest of New Hampshire's rural health measures either improved or kept their letter grades for 2021.

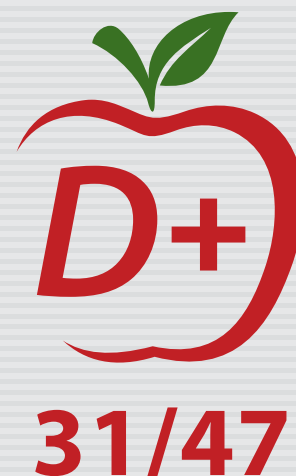
URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural New Hampshire is higher than the urban rate. The percentage difference is 3.1%. ●



NEW MEXICO

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



NEW MEXICO has a population of 2.1 million people, 687,412 live in New Mexico's 26 rural counties.

52.5% of rural New Mexicans identify as Non-Hispanic and 47.5% identify as Hispanic. For the Non-Hispanic rural population, 36.1% identify as White, 1.7% identify as Black/African American, 0.9% identify as Asian, 11.8% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 1.6% identify as two or more races.

The poverty rate in rural New Mexico is 18.7%, 2.8 percentage points higher than the urban rate of 15.9%.

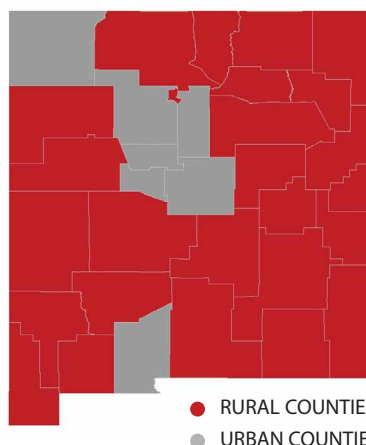
WHAT'S GOOD

The Land of Enchantment keeps its B- in rural Mental Health access, ranking 17th overall.

Despite dropping in overall rank to 31st, New Mexico also keeps its overall D+.

WHAT NEEDS WORK

Broadband Access earns an F for the fourth year in a row, with 75% of rural New Mexicans reporting access to high quality broadband.



Dental Care Access earned another F as well, ranking 41st overall.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural New Mexico is higher than the urban rate. The percentage difference is 13.5%. ●

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

New Mexico is one of three states to receive a grade of "D+" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 31st for 2021.

31

Quality of Life:

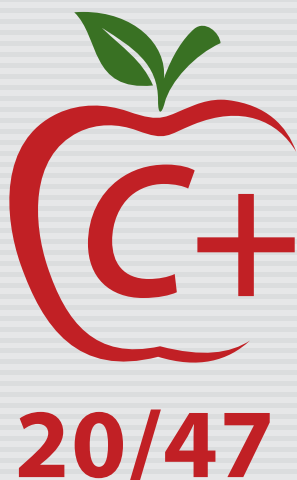
No change in national ranking of 34th for 2021.

34

Access to Care:

Down one spot nationally to 31st (30th in 2020).





NEW YORK

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

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

New York is one of three states to receive a grade of "C+" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

19

Mortality:
No change in national ranking of 19th for 2021.



Quality of Life:
Up one spot nationally to 19th (20th in 2020).

13

Access to Care:
No change in national ranking of 13th for 2021.

NEW YORK has a population of 19.5 million people, 1.4 million live in one of New York's 24 rural counties.

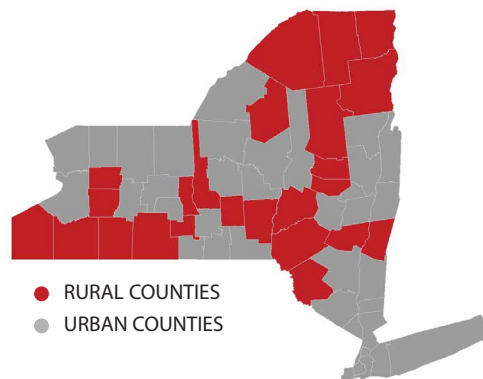
95.4% of rural New Yorkers identify as Non-Hispanic and 4.6% identify as Hispanic. For the Non-Hispanic rural population, 88.6% identify as White, 2.9% identify as Black/African American, 0.9% identify as Asian, 0.6% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2% identify as two or more races.

The poverty rate in rural New York is 12.7%, 0.1 percentage points lower than the urban rate of 12.8%.

WHAT'S GOOD

94% of rural New Yorkers have access to high quality broadband, earning the state's rural Broadband Access measure an A for the second year in a row.

New York earned an A+ for its Uninsured Rate, ranking second in the nation.



WHAT NEEDS WORK

The Empire State dropped in overall ranking, landing 20th overall from 2020's 14th.

Rural Mortality took a dip as well, earning a C+ from last year's B-. The state now ranks 19th overall.

Dental Care Access also slipped to a D+ from 2020's C-.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural New York is higher than the urban rate. The percentage difference is 21.4%. ●



NORTH CAROLINA

All-Cause Mortality	D	Primary Care Access	D+
General Health	D	Mental Health Access	C+
Mental Health (30 Days)	C	Dental Care Access	D
Physical Health (30 Days)	C	Broadband Access	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.

92.1% of rural North Carolinians identify as Non-Hispanic and 7.9% identify as Hispanic. For the Non-Hispanic rural population, 64.4% identify as White, 21.1% identify as Black/African American, 0.8% identify as Asian, 3.6% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2% identify as two or more races.

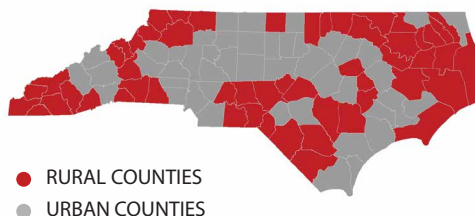
The poverty rate in rural North Carolina is 17.2%, 5.4 percentage points higher than the urban rate of 11.8%.

WHAT'S GOOD

North Carolina's rural Mental Health (30 Days) earned a C this year, a marked improvement from 2020's D.

Quality of Life also improved, going up a spot to rank 36th nationally.

The state's overall ranking stayed the same for 2021, keeping the 33rd spot nationally.



WHAT NEEDS WORK

The Tar Heel State lost ground in Primary Care Access and Mental Health Access, both dropping in letter grade to a D+ and a C+, respectively.

Low Birth Weight and the Uninsured Rate remain issues in the state, with both earning Fs for 2021.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural North Carolina is higher than the urban rate. The percentage difference is 12.2%. ●

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

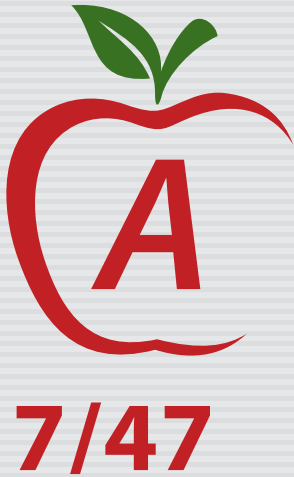
North Carolina is one of three states to receive a grade of "D" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:
No change in national ranking of 32nd for 2021. **32**

Quality of Life:
Up one spot nationally to 36th (37th in 2020). **36**

Access to Care:
No change in national ranking of 36th for 2021. **36**



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

North Dakota is one of four states to receive a grade of “A” for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

13 **Mortality:** No change in national ranking of 13th for 2021.

1 **Quality of Life:** Up three spots nationally to 1st (4th in 2020).

17 **Access to Care:** Up one spot nationally to 17th (18th in 2020).

NORTH DAKOTA

All-Cause Mortality	B+	Primary Care Access	C
General Health	A-	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 760,394 people, 377,286 live in North Dakota’s 47 rural counties.

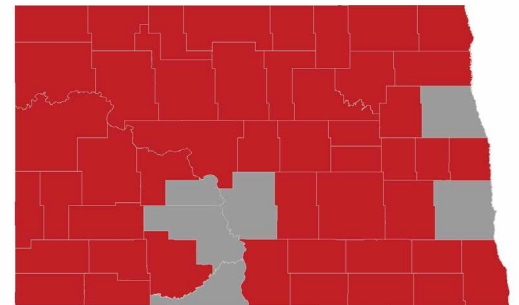
95.2% of rural North Dakotans identify as Non-Hispanic and 4.8% identify as Hispanic. For the Non-Hispanic rural population, 82.7% identify as White, 2% identify as Black/ African American, 0.8% identify as Asian, 6.9% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/ Pacific Islander, 0.2% identify as some other race, and 2.5% identify as two or more races.

The poverty rate in rural North Dakota is 10.4%, 0.3 percentage points higher than the urban rate of 10.1%.

WHAT’S GOOD

The Peace Garden State made improvements in 2021, jumping ten spots and earning the 7th spot overall.

Rural Quality of Life is now ranked first in the nation, and five of the state’s rural health measures earned As.



● RURAL COUNTIES
● URBAN COUNTIES

WHAT NEEDS WORK

North Dakota’s rural Mortality rate stays the same for 2021, and earning a B+.

Mental Health Access dipped to a B- from last year’s B, and ranks 18th overall.

URBAN-RURAL DIVIDE

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



OHIO

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

OHIO has a population of 11.7 million people, 2.4 million live in one of Ohio's 50 rural counties.

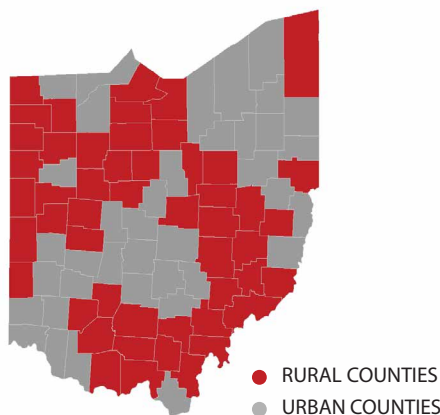
97.2% of rural Ohioans identify as Non-Hispanic and 2.8% identify as Hispanic. For the Non-Hispanic rural population, 92.2% identify as White, 2% identify as Black/African American, 0.6% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2% identify as two or more races.

The poverty rate in rural Ohio is 12.4%, 0.2 percentage points lower than the urban rate of 12.6%.

WHAT'S GOOD

The Buckeye State improved in rural Low Birth Weight, jumping to a B- from 2020's C+. The state now ranks 19th overall.

91% of rural Ohioans have access to high quality broadband, raising the Broadband Access grade to a B+ for 2021.



WHAT NEEDS WORK

Rural Mental Health (30 Days) dropped to an F.

Quality of Life also dipped to 30th overall, earning a D+.

URBAN-RURAL DIVIDE

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



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

Ohio is one of three states to receive a grade of "D+" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 36th for 2021.

36

Quality of Life:

Down two spots nationally to 30th (28th in 2020).

30

Access to Care:

Up one spot nationally to 26th (27th in 2020).

26



39/47

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

Oklahoma is one of ten states to receive a grade of "F" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

41

Mortality:

No change in national ranking of 41st for 2021.

32

Quality of Life:

Up one spot nationally to 32nd (33rd in 2020).

45

Access to Care:

No change in national ranking of 45th for 2021.

OKLAHOMA

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

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

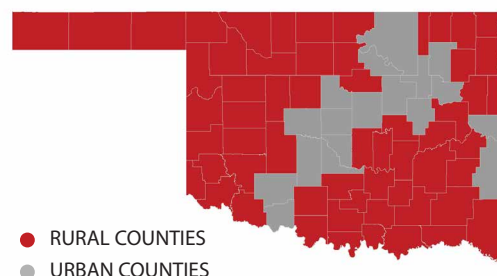
91.2% of rural Oklahomans identify as Non-Hispanic and 8.8% identify as Hispanic. For the Non-Hispanic rural population, 67.4% identify as White, 3.2% identify as Black/African American, 1% identify as Asian, 11.4% identify as American Indian/Alaska Native, 0.3% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 7.8% identify as two or more races.

The poverty rate in rural Oklahoma is 16.8%, 3.7 percentage points higher than the urban rate of 13.1%.

WHAT'S GOOD

The Sooner State made improvements in 2021 and now ranks 39th overall.

One such improvement was in rural Dental Care Access, which earned a grade of C- from 2020's D+. Four of Oklahoma's rural health measures improved to Ds for 2021.



WHAT NEEDS WORK

The rural Uninsured Rate earns another F for 2021, with 19% of rural residents going uninsured.

Rural Primary Care Access (42nd) and Mortality (41st) also earned Fs.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Oklahoma is higher than the urban rate. The percentage difference is 11.6%. ●

OREGON

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

OREGON has a population of 4.2 million people, 674,196 live in Oregon's 23 rural counties.

86.5% of rural Oregonians identify as Non-Hispanic and 13.5% identify as Hispanic. For the Non-Hispanic rural population, 78.7% identify as White, 0.6% identify as Black/African American, 0.9% identify as Asian, 2.1% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 3.8% identify as two or more races.

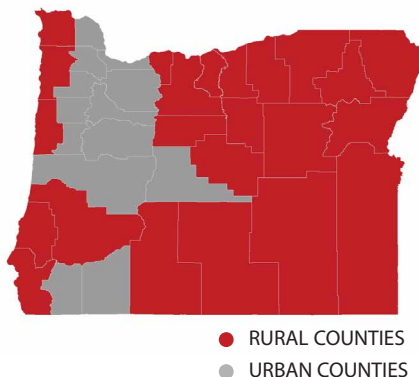
The poverty rate in rural Oregon is 13.7%, 3.2 percentage points higher than the urban rate of 10.5%.

WHAT'S GOOD

The Beaver State's rural Mental Health improved significantly, to a C- from 2020's F.

Primary Care Access keeps its A- for 2021, and ranks 8th nationally.

Quality of Life also made improvements, jumping five spots to land at 24th overall.



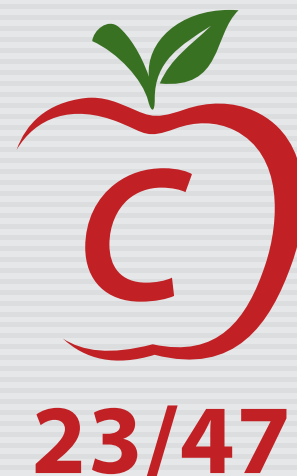
WHAT NEEDS WORK

Oregon's overall grade dropped for 2021 to a C, now ranking 23rd overall.

Most of Oregon's rural health measures stayed the same for 2021, with Broadband Access and the Uninsured Rate earning a C+ for the second year in a row.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Oregon is higher than the urban rate. The percentage difference is 14.3%. ●



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

Oregon is one of three states to receive a grade of "C" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 24th for 2021.

24

Quality of Life:

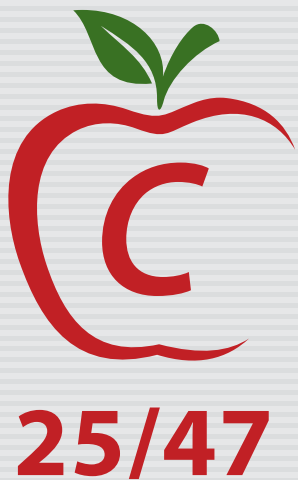
Up five spots nationally to 24th (29th in 2020).

24

Access to Care:

No change in national ranking of 12th for 2021.

12



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

Pennsylvania is one of three states to receive a grade of "C" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

- 25** **Mortality:**
No change in national ranking of 25th for 2021.
- 27** **Quality of Life:**
No change in national ranking of 27th for 2021.
- 20** **Access to Care:**
No change in national ranking of 20th for 2021.

PENNSYLVANIA

All-Cause Mortality	C	Primary Care Access	D+
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	A-

PENNSYLVANIA has a population of 12.8 million people, 1.5 million live in one of Pennsylvania's 30 rural counties.

97.7% of rural Pennsylvanians identify as Non-Hispanic and 2.3% identify as Hispanic. For the Non-Hispanic rural population, 93.2% identify as White, 2.1% identify as Black/African American, 0.5% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.6% identify as two or more races.

The poverty rate in rural Pennsylvania is 12.2%, 1.5 percentage points higher than the urban rate of 10.7%.

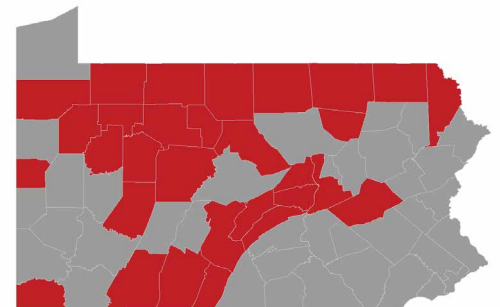
WHAT'S GOOD

The Keystone State's rural Uninsured Rate earned an A- for 2021, a step up from 2020's B+. 7% of rural Pennsylvanians have no health insurance.

Rural Mortality, Quality of Life, and Access to Care did not change for 2021.

WHAT NEEDS WORK

Six of Pennsylvania's rural health measures kept their C grades for 2021, with minimal changes.



- RURAL COUNTIES
- URBAN COUNTIES

Primary Care Access dropped to a D+ from 2020's C-.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Pennsylvania is higher than the urban rate. The percentage difference is 5.7%. ●



SOUTH CAROLINA

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



SOUTH CAROLINA has a population of 5.1 million people, 774,102 live in South Carolina's 20 rural counties.

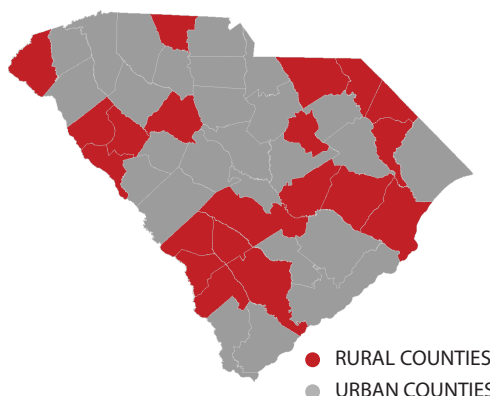
96.1% of rural South Carolinians identify as Non-Hispanic and 3.9% identify as Hispanic. For the Non-Hispanic rural population, 54.4% identify as White, 38.9% identify as Black/African American, 0.6% identify as Asian, 0.4% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 1.7% identify as two or more races.

The poverty rate in rural South Carolina is 18.1%, five percentage points higher than the urban rate of 13.1%.

WHAT'S GOOD

South Carolina's rural Primary Care Access and Mental Health Access both earned a C-, an improvement from last year's D+ for both measures.

Rural General Health and Mental Health (30 Days) also improved to a D.



WHAT NEEDS WORK

The Palmetto State's rural health rankings did not change for 2021, and all three earn Fs.

Physical Health (30 Days) also dropped to an F for 2021.

The state went down in the national rankings, landing at 44th from 2020's 40th.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural South Carolina is higher than the urban rate. The percentage difference is 17.8%. ●

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

South Carolina is one of ten states to receive a grade of "F" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 40th for 2021.

40

Quality of Life:

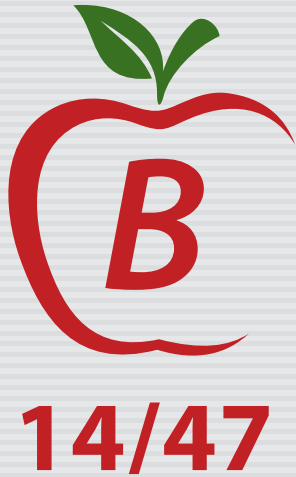
No change in national ranking of 43rd for 2021.

43

Access to Care:

No change in national ranking of 38th for 2021.

38



SOUTH DAKOTA ranks 14th 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 “B” for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

18 **Mortality:**
No change in national ranking of 18th for 2021.

6 **Quality of Life:**
Down one spot nationally to 6th (5th in 2020).

28 **Access to Care:**
Up one spot nationally to 28th (29th in 2020).

SOUTH DAKOTA

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

SOUTH DAKOTA has a population of 879,336 people, 449,761 live in South Dakota's 58 rural counties.

96.4% of rural South Dakotans identify as Non-Hispanic and 3.6% identify as Hispanic. For the Non-Hispanic rural population, 79.1% identify as White, 0.8% identify as Black/African American, 1.2% identify as Asian, 13.1% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.1% identify as two or more races.

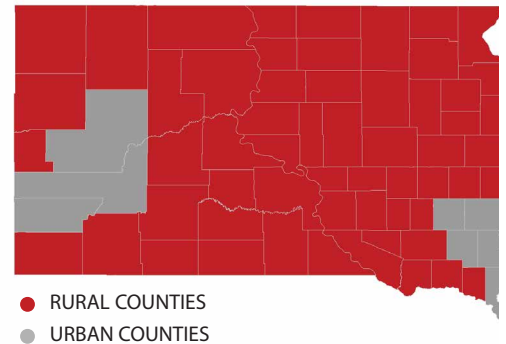
The poverty rate in rural South Dakota is 14.5%, 5.9 percentage points higher than the urban rate of 8.6%.

WHAT'S GOOD

The Mount Rushmore State rose in the national rankings, landing at 14th overall in rural health.

Rural Mental Health (30 Days) keeps its A+ for the fifth year in a row, and ranks second overall.

Primary Care Access and Mental Health Access both improved to a B letter grade from 2020's C+, and rural Access to Care moved up a spot to rank 28th nationally.



WHAT NEEDS WORK

South Dakota's Uninsured Rate dropped to a D- from last year's D, with 13% of rural residents going uninsured.

URBAN-RURAL DIVIDE

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



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.

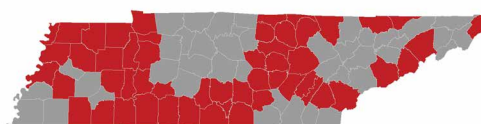
96.1% of rural Tennesseans identify as Non-Hispanic and 3.9% identify as Hispanic. For the Non-Hispanic rural population, 87% identify as White, 6% identify as Black/African American, 0.5% identify as Asian, 0.3% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2% identify as two or more races.

The poverty rate in rural Tennessee is 15.6%, 2.6 percentage points higher than the urban rate of 13%.

WHAT'S GOOD

The Volunteer State's rural Mental Health Access improved slightly to a D+ from 2020's D, and ranks 30th overall.

Broadband Access earned another C-, with 86% of rural residents reporting access to high quality broadband.



- RURAL COUNTIES
- URBAN COUNTIES

WHAT NEEDS WORK

Six of Tennessee's rural health measures earned Fs for the second year in a row, earning the state an overall ranking of 43rd nationally.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Tennessee is higher than the urban rate. The percentage difference is 11.6%. ●

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

Tennessee is one of ten states to receive a grade of "F" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 43rd for 2021.

43

Quality of Life:

Up three spots nationally to 38th (41st in 2020).

38

Access to Care:

No change in national ranking of 37th for 2021.

37



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

Texas is one of three states to receive a grade of “D-” for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

- 33 Mortality:** No change in national ranking of 33rd for 2021.
- 31 Quality of Life:** No change in national ranking of 31st for 2021.
- 47 Access to Care:** No change in national ranking of 47th for 2021.

TEXAS

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

TEXAS has a population of 28.6 million people, 3.1 million live in Texas’s 172 rural counties.

65.7% of rural Texans identify as Non-Hispanic and 34.3% identify as Hispanic. For the Non-Hispanic rural population, 55.4% identify as White, 7.5% identify as Black/African American, 0.7% identify as Asian, 0.4% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.5% identify as two or more races.

The poverty rate in rural Texas is 15.8%, 2.6 percentage points higher than the urban rate of 13.2%.

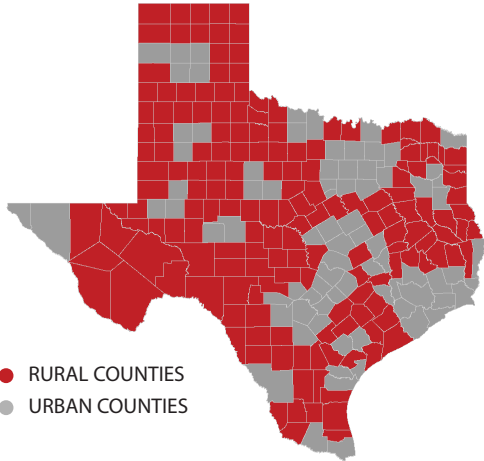
WHAT’S GOOD

The Lone Star State ranks 36th overall in rural health, an improvement from 2020’s 45th.

Rural Mental Health (30 Days) keeps its C+ for another year, and ranks 21st overall.

WHAT NEEDS WORK

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



The rural Uninsured Rate earns another F, with 22% of rural Texans going uninsured.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Texas is higher than the urban rate. The percentage difference is 18.8%. ●



UTAH

All-Cause Mortality	A	Primary Care Access	C+
General Health	B	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, 330,744 live in Utah's 19 rural counties.

90.5% of rural Utahns identify as Non-Hispanic and 9.5% identify as Hispanic. For the Non-Hispanic rural population, 83.3% identify as White, 0.5% identify as Black/African American, 0.8% identify as Asian, 4% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.7% identify as two or more races.

The poverty rate in rural Utah is 10.3%, 3.3 percentage points higher than the urban rate of 7%.

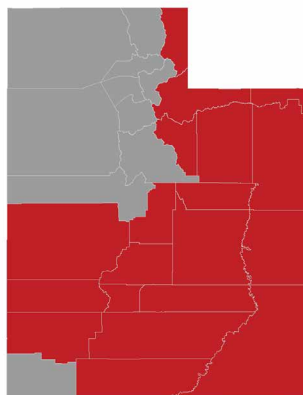
WHAT'S GOOD

Utah's rural Mortality measure keeps its 7th ranking, and improved to an A for 2021.

Dental Care Access dropped to an A- and ranks 8th overall.

WHAT NEEDS WORK

The Beehive State dropped a spot in overall rankings to 21st nationally, and earns another C+.

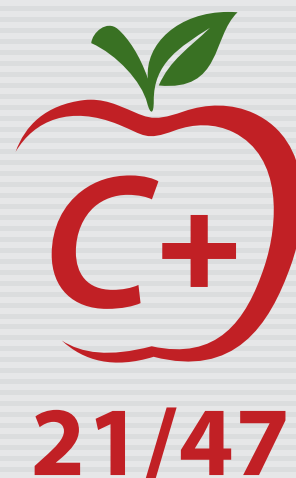


- RURAL COUNTIES
- URBAN COUNTIES

Rural General Health dropped to a B from 2020's A-, and now ranks 14th overall. The rest of Utah's rural health measures either stayed the same or decreased slightly in letter grade.

URBAN-RURAL DIVIDE

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



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

Utah is one of three states to receive a grade of "C+" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 7th for 2021.

7

Quality of Life:

No change in national ranking of 18th for 2021.

18

Access to Care:

Down one spot nationally to 27th (26th in 2020).





VERMONT ranks 3rd 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 2021.

2021 STATE RURAL HEALTH RANKINGS

- 6** **Mortality:** No change in national ranking of 6th for 2021.
- 10** **Quality of Life:** No change in national ranking of 10th for 2021.
- 2** **Access to Care:** No change in national ranking of 2nd for 2021.

VERMONT

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

VERMONT has a population of 624,340 people, 404,576 live in Vermont’s 11 rural counties.

98.1% of rural Vermonters identify as Non-Hispanic and 1.9% identify as Hispanic. For the Non-Hispanic rural population, 94% identify as White, 0.8% identify as Black/African American, 0.9% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.1% identify as two or more races.

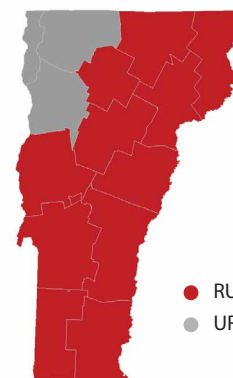
The poverty rate in rural Vermont is 9.8%, 1.2 percentage points higher than the urban rate of 8.6%.

WHAT’S GOOD

The Green Mountain State keeps its three major rural health rankings in the top ten, all earning A grades for 2021.

Seven of the ten rural health measures kept or earned As this year, with Physical Health (30 Days) rising to an A- from 2020’s B+.

The improved grade gave Vermont a push up in the overall rankings, landing at 3rd overall.



- RURAL COUNTIES
- URBAN COUNTIES

WHAT NEEDS WORK

Vermont’s Broadband Access keeps its B+ for the second year, with 91% of rural residents reporting access to high quality broadband.

Low Birth Weight also keeps its B-, ranking 17th overall.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Vermont is higher than the urban rate. The percentage difference is 10%. ●



VIRGINIA

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

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

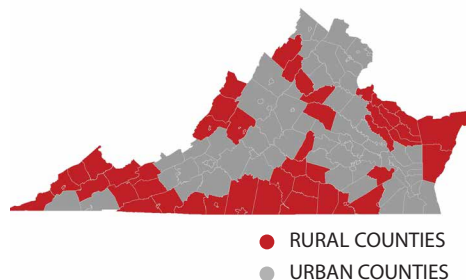
96.5% of rural Virginians identify as Non-Hispanic and 3.5% identify as Hispanic. For the Non-Hispanic rural population, 75.1% identify as White, 18.3% identify as Black/African American, 0.7% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.2% identify as two or more races.

The poverty rate in rural Virginia is 14.9%, 6.4 percentage points higher than the urban rate of 8.5%.

WHAT'S GOOD

The rural Uninsured Rate for Virginia earned a C for 2021, a big step up from 2020's D+. 10% of rural Virginians are uninsured.

With rural Access to Care also improving to 33rd, the state now ranks 34th overall.



WHAT NEEDS WORK

Rural Mortality for Old Dominion dropped to an F for 2021, joining Low Birth Weight and Primary Care Access.

Dental Care Access also gets an F, and now ranks 40th overall.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Virginia is higher than the urban rate. The percentage difference is 29.4%. ●



VIRGINIA ranks 34th 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 2021.

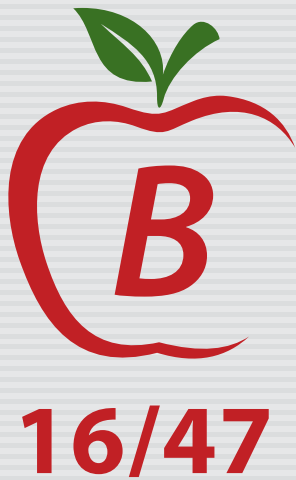
2021 STATE RURAL HEALTH RANKINGS

Mortality:
No change in national ranking of 38th for 2021. **38**

Quality of Life:
No change in national ranking of 35th for 2021. **35**

Access to Care:
Up two spots nationally to 33rd (35th in 2020).





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

Washington is one of three states to receive a grade of “B” for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

8 **Mortality:** No change in national ranking of 8th for 2021.

12 **Quality of Life:** Up one spot nationally to 12th (13th in 2020).

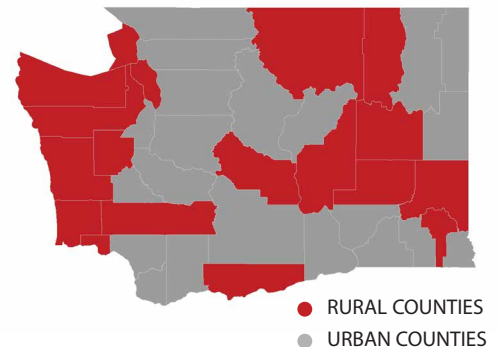
25 **Access to Care:** No change in national ranking of 25th for 2021.

WASHINGTON

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

WASHINGTON has a population of 7.5 million people, 752,203 live in one of Washington’s 18 rural counties.

85.1% of rural Washingtonians identify as Non-Hispanic and 14.9% identify as Hispanic. For the Non-Hispanic rural population, 75.3% identify as White, 1.1% identify as Black/ African American, 2% identify as Asian, 2.3% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 3.9% identify as two or more races.



The poverty rate in rural Washington is 13%, 3.9 percentage points higher than the urban rate of 9.1%.

WHAT’S GOOD

Washington jumped up the overall rankings for 2021, landing at 16th overall with a B grade.

Rural Quality of Life improved, as did Mental Health Access.

10% of rural residents are uninsured, giving the state an improved grade of B- from 2020's C+.

WHAT NEEDS WORK

The Evergreen State earned lower grades in a few of its rural health measures, including General Health, which earned a B- from last year's A-.

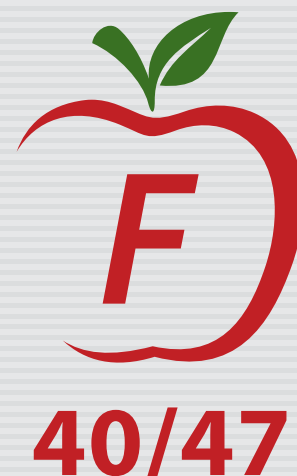
URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Washington is higher than the urban rate. The percentage difference is 6.8%. ●



WEST VIRGINIA

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



WEST VIRGINIA has a population of 1.8 million people, 688,976 live in West Virginia's 34 rural counties.

98.9% of rural West Virginians identify as Non-Hispanic and 1.1% identify as Hispanic. For the Non-Hispanic rural population, 94% identify as White, 2.2% identify as Black/African American, 0.4% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 1.9% identify as two or more races.

The poverty rate in rural West Virginia is 16.9%, 1.8 percentage points higher than the urban rate of 15.1%.

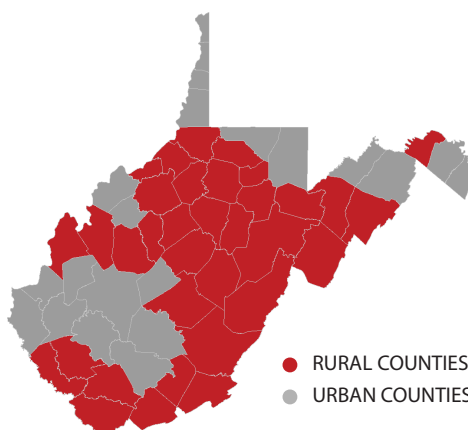
WHAT'S GOOD

The Mountain State improved in Primary Care Access, earning a B- from 2020's C+.

Mental Health Access and Dental Care Access also went up in their letter grades.

WHAT NEEDS WORK

Six of West Virginia's rural health measures earned an F for 2021, dropping the state in overall rank to 40th and earning an F.



Physical Health (30 Days) earns another F, and is ranked 47th out of the states with rural counties.

Rural Mortality and Quality of Life kept their rankings for 2021.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural West Virginia is higher than the urban rate. The percentage difference is 1.4%. ●

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

West Virginia is one of ten states to receive a grade of "F" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 42nd for 2021.

42

Quality of Life:

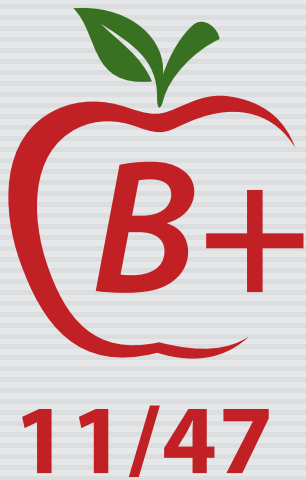
No change in national ranking of 45th for 2021.

45

Access to Care:

Up two spots nationally to 21st (23rd in 2020).





WISCONSIN ranks 11th 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 2021.

2021 STATE RURAL HEALTH RANKINGS

17

Mortality:
No change in national ranking of 17th for 2021.



Quality of Life:
Up one spot nationally to 8th (9th in 2020).

14

Access to Care:
No change in national ranking of 14th for 2021.

WISCONSIN

All-Cause Mortality	B-	Primary Care Access	B+
General Health	A	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 has a population of 5.8 million people, 1.5 million live in one of Wisconsin’s 46 rural counties.

95.9% of rural Wisconsinites identify as Non-Hispanic and 4.1% identify as Hispanic. For the Non-Hispanic rural population, 90.6% identify as White, 0.9% identify as Black/African American, 0.9% identify as Asian, 1.5% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 1.7% identify as two or more races.

The poverty rate in rural Wisconsin is 9.5%, 0.7 percentage points lower than the urban rate of 10.2%.

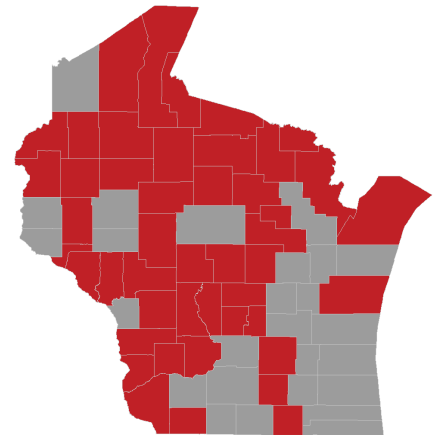
WHAT’S GOOD

Wisconsin rose a rank in overall rural health, earning a B+.

General Health earns an A, the only health measure to go up a letter grade for the state.

WHAT NEEDS WORK

The Badger State’s rural Broadband Access slipped to a D- from 2020’s D. 81% of rural residents reported access to high quality broadband.



● RURAL COUNTIES
● URBAN COUNTIES

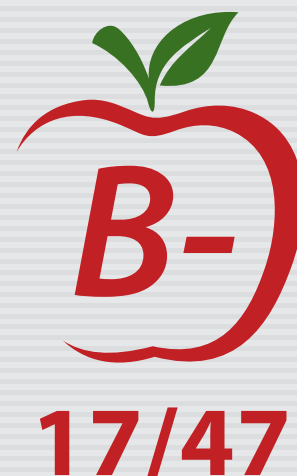
URBAN-RURAL DIVIDE

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



WYOMING

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	B
Low Birth Weight	D	Uninsured Rate	F



WYOMING has a population of 581,348 people, 402,009 live in one of Wyoming's 21 rural counties.

90.8% of rural Wyoming residents identify as Non-Hispanic and 9.2% identify as Hispanic. For the Non-Hispanic rural population, 84.3% identify as White, 0.6% identify as Black/African American, 0.8% identify as Asian, 2.6% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.3% identify as two or more races.

The poverty rate in rural Wyoming is 9.7%, 1.4 percentage points higher than the urban rate of 8.3%.

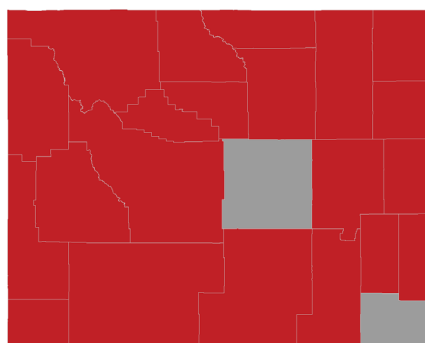
WHAT'S GOOD

Six of the Equality State's rural health measures earned As, with Primary Care Access and Dental Care Access making the biggest improvement from 2020.

Quality of Life also went up a spot, and now ranks 14th overall.

WHAT NEEDS WORK

15% of rural Wyoming residents are uninsured, dropping the Uninsured Rate to an F from 2020's D.



- RURAL COUNTIES
- URBAN COUNTIES

Rural Access to Care also dropped to 24th overall, giving Wyoming a grade of B- and a national ranking of 17th.

URBAN-RURAL DIVIDE

The age-adjusted mortality rate in rural Wisconsin is lower than the urban rate. The percentage difference is 12.1%. ●

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

Wyoming is one of three states to receive a grade of "B-" for rural health access and outcomes in 2021.

2021 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 9th for 2021.

9

Quality of Life:

Up one spot nationally to 14th (15th in 2020).

14

Access to Care:

Down two spots nationally to 24th (22nd in 2020).

24

RURAL REPORTS

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

ALABAMA //

The United States Department of Agriculture has awarded \$7.3 million in emergency rural healthcare grants to Alabama. The funds are meant to improve rural healthcare facilities across the state, bringing better equipment and care to over 200,000 rural residents.

montgomeryadvertiser.com | 11.02.22

ARIZONA //

A new pilot program by the University of Arizona is putting medical students in the kitchen. The pilot, partnering with the Regional Center for Border Health, allows the students to learn practical skills and how nutrition plays a role in overall health.

abc15.com | 11.01.22



CALIFORNIA //

In the small town of Coalinga, the water supply is running low. As the drought continues in California, Coalinga is expected to run out of water by December 1st, leaving its 17,465 residents high and dry.

The Pro-Tem Mayor has tried to purchase more water for the town, but with inflated prices, it will take lobbying the state and applying for grants to get the funds to buy. The Bureau of Reclamation is also working with Coalinga to find water. The drought in rural California is the second driest in over 128 years, according to the NOAA.

cnbc.com | 10.24.22

ALASKA //

Quana Ticket, a physician assistant, has improved healthcare access in the remote villages of her native state by training over a hundred community health aides (CHA) through the Alaska Native Tribal Health Consortium. The CHAs provide care to rural villagers who can't travel to the hospital.

aapa.org | 10.07.22

ARKANSAS //

Arkansas' Medicaid expansion program has received approval to rename and implement as ARHOME, a rural healthcare initiative that provides coverage to low-income residents. The federal government will pay for 90% of the program, with the state covering the rest.

arkansasonline.com | 11.02.22



CANADA

The Manitoba Chambers of Commerce has backed five recommendations to stop the increased shortage of physicians in the rural province.

Expanded training, financial incentives, and programs to combat burnout are a few ideas from the chamber and Doctors Manitoba, an organization aiming to lure more doctors to rural communities.

cbc.ca | 10.28.22

LEBANON

Lebanon has received a batch of vaccines from other countries to combat a rising tide of cholera outbreaks.

The outbreak started in the northern part of the country, and is now in Beirut. 1,447 cases have been recorded with 17 deaths.

The country's struggling public health has garnered criticism from France, who donated the vaccines through Sanofi, a healthcare company.

reuters.com | 11.01.22

ETHIOPIA

In Addis Ababa, construction is progressing on the new Africa Centres for Disease Control and Prevention, a project funded in part by the Chinese government.

The new Africa CDC will be the first facility of its kind in Africa, where millions have died due to lack of healthcare access. The new building will allow the continent to develop and manufacture vaccines, fight disease and pandemic outbreaks, and train healthcare professionals.

herald.co.zw | 11.04.22

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

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

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

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

FAX: (806) 743-7953

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

COLORADO //

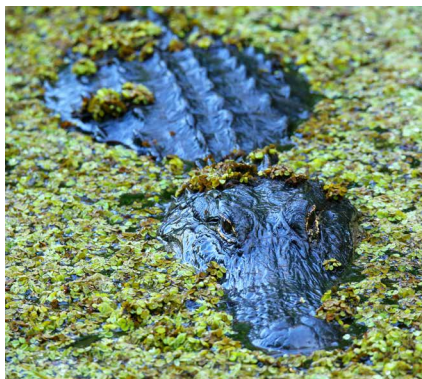
The Colorado Division of Insurance has announced new rates for 2023. Small employers will see their health insurance rates go up 7.4%. The Colorado Consumer Health Initiative noted that the increase will hit rural residents with higher premiums. cpr.org | 10.26.22

CONNECTICUT //

Yale New Haven Health has announced they will acquire three more hospitals in the state, confirming advocate fears that further consolidation will lead to higher patient costs.

Yale New Haven will now own seven of the state's acute-care hospitals, leaving another seven still independent from major hospital chains.

ctinsider.com | 10.15.22



FLORIDA //

Empower Healthcare, a new nonprofit primary care center in Pahokee, is aiming to bridge the gap for rural residents in Palm Beach County and the Everglades.

Dr. Oglesby-Brihm created the center to allow easy access to healthcare and bring women's healthcare back to the area after 20 years. Empower's next step is mental healthcare access.

wptv.com | 10.09.22

GEORGIA //

In rural Georgia, residents are struggling in the wake of hospital closures and high insurance premiums. State Democrats are pushing for Georgia to expand Medicaid after midterm elections, giving 450,000 residents insurance coverage and funds to reopen facilities.

gpb.org | 10.23.22

ILLINOIS //

In the Rural Medical Education Program at the University of Illinois College of Medicine at Rockford, medical students are sent out to farms to learn more about the healthcare needs of rural residents and farmers. Students tour the farms and discuss common injuries with farmers and how to treat them.

kivitv.com | 10.25.21

PORTUGAL

In Faro, a new pilot project is underway to control mosquito populations.

The two-year project, a collaboration between the Regional Health Administration of the Algarve and the Instituto Nacional de Saude, will monitor the local mosquito populations and test the sterile insect technique.

The one mosquito species of greatest concern is *Aedes albopictus*, known for transferring diseases such as dengue and the Zika virus.

theportugalnews.com | 11.04.22



UNITED KINGDOM

COVID-19 cases are on the rise in the U.K., as one in 37 residents now have the virus, an increase from one in 50.

Older people in England and Wales are cited as the cause for the increase, with the move into colder weather exacerbating the spread.

bbc.com | 11.04.22



CHINA

In Beijing, officials are working to reduce restrictions over the COVID-19 virus, which has caused public outcry over ongoing strict measures. With the ruling party still sticking to "Zero COVID", business and travel is greatly disrupted in the country.

abcnews.com | 11.04.22

INDIANA //

In Indiana, hospitals have reported a loss of \$3 billion since the beginning of 2021. Seven health systems in the state have spent more money than usual on travel nurses and supplies, according to the survey from the Indiana Hospital Association.

indianapublicmedia.org | 10.11.22

IOWA //

Four rural hospitals in Iowa have launched the Billion Pill Pledge program to reduce opioid use. Decatur County Hospital, Regional Medical Center, Cherokee Regional Medical Center, and Floyd Valley Healthcare have agreed to change surgery protocols and pain management in order to curb painkiller dependence.

rcreader.com | 11.03.22

KANSAS //

The North Central Kansas Medical Center is a new hospital in Concordia, opening Nov. 16. The facility also has a rural health clinic, the Family Care Center. The hospital cost \$40.3 million and has 14 beds, with a 24/7 emergency department.

bladeempire.com | 10.31.22

KENTUCKY //

Morehead State University has received \$294,600 in grant funding from the Healthcare Workforce Collaborative, to address the state's shortage in healthcare workers.

The money will be used to expand programs and get more workers on the healthcare frontline.

moreheadstate.edu | 11.04.22



LOUISIANA //

Louisiana's rural roads have received a poor rating from TRIP, a nonprofit that looks at surface transportation in the states. According to TRIP, 15% of Louisiana's rural roads are poor, with 14% of rural bridges rated as structurally deficient. \$6 billion from the Infrastructure Investment and Jobs Act could help solve the issues, with \$1 billion already marked for the bridges.

nola.com | 10.19.22

MAINE //

The MaineHealth long COVID clinic is set to close in January 2023, sparking complaints from patients still suffering from long COVID symptoms. A statement from MaineHealth says these patients are better helped by going to their PCP rather than the separate clinic.

mainebeacon.com | 11.04.22

MASSACHUSETTS //

The Attorney General of Massachusetts joined a group of 20 other AGs in urging the FDA to approve an over-the-counter birth control pill. The pill would be the first in the United States to be offered as such, and would reduce barriers to contraception and improve health outcomes.

mass.gov | 11.04.22

MICHIGAN //

In Allegan County, the health department has launched Allegan County Community Links, a free program that will connect community health workers with residents and the services they need. To contact the program, call 269.673.5411.

hollandsentinel.com | 10.31.22

MINNESOTA //

In Red Wing, volunteers drive residents with no transportation options to healthcare appointments, one of several programs that do so in rural areas of the state. However, the number of drivers has continued to decline, due to age and increased cost. Nonprofits are searching for ways to increase mileage rates and retain drivers.

khn.org | 10.24.22

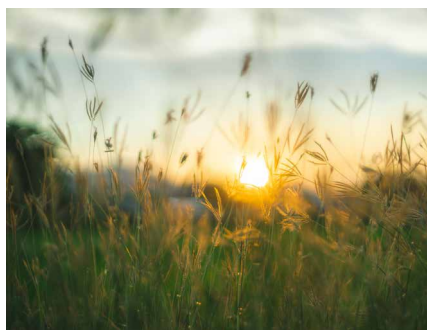


MONTANA //

Carroll College, located in Helena, has announced they will create a graduate-level physician assistant program, expanding the college and helping bring more physician assistants to Montana.

The accreditation process for the program has begun, with plans for the first class of students to start in 2025.

ktvh.com | 11.03.22



NEBRASKA //

In rural Nebraska, rural poverty rates are skyrocketing, with 20 counties reporting a child poverty rate higher than the 2020 national average.

Hastings, Nebraska City, and Red Cloud, have tackled poverty in their communities through temp jobs, childcare help, and promoting childhood literacy.

flatwaterfreepress.org | 11.14.22

NEVADA //

In rural Humboldt County, monkeypox cases popped up for the first time in the state. As it spread to other counties, public health systems struggled to stop it, with officials following CDC guidelines and monitoring community health. With vaccines readily available, awareness has been key in slowing the spread.

pbs.org | 10.30.22

NEW YORK //

Bassett Hospital in Cooperstown will receive \$229,071 in funding from the USDA to improve their facilities, part of a bigger grant release to expand healthcare services in rural areas.

The money will be used to start telehealth programs, increase staffing, and buy medical supplies.

wktv.com | 10.12.22

OKLAHOMA //

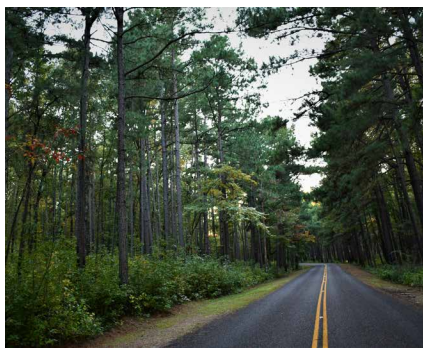
Dr. Ted Rowland was awarded the Rural Health Lifetime Achievement Award from the Rural Health Association of Oklahoma. Recognized for his work in rural parts of the state, Dr. Rowland was awarded at the Oklahoma Rural Health Conference in Edmond.

hugonews.com | 11.02.22

SOUTH DAKOTA //

Midterm elections are heating up in South Dakota, where expanding Medicaid is on the ballot. Amendment D, which would enshrine Medicaid expansion in the state's constitution, is predicted to pass, despite opposition from the governor.

nytimes.com | 11.03.22



TEXAS //

In East Texas, a mobile clinic operated by TAN Healthcare brings healthcare to rural communities in the Piney Woods.

As hospitals continue to close, leaving the state's 172 rural counties with little in accessible healthcare, mobile clinics provide access to Texans who find it hard to get to the closest hospital.

texastribune.org | 10.26.22

UTAH //

The Psychology Interjurisdictional Compact, passed by the Utah Legislature in 2017, gave practicing psychologists access to telehealth technology, allowing them to practice virtually.

The compact came in handy during the 2020 pandemic and is still being used.

sltrib.com | 11.03.22

WASHINGTON //

Washington State University continues its work on reducing the suicide rate in rural America. The university's extension office has workshops on prevention, and WSU Health Sciences recently completed a program that offered virtual mental health services to rural schools.

news.wsu.edu | 09.20.22

WEST VIRGINIA //

The West Virginia University Cancer Institute's mobile lung cancer screening unit, LUCAS, is on the road again, bringing follow-up visits to rural parts of the state. LUCAS' expenses are covered by donors, and has provided more than 800 screenings in 22 counties.

wvmedicine.org | 10.28.22

WYOMING //

Cody Regional Health hospital in Cody is set to get its own medical helicopter, a first for healthcare facilities in the state. The new partnership between Cody and St. Vincent Healthcare has given the hospital the chance to purchase its own service after years of using for-profit outfits.

ktvq.com | 11.01.22

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.

2023

2023 Annual Arizona Rural & Public Health Forum

Jan. 31, Phoenix, AZ, Virginia G. Piper Auditorium

34th Rural Health Policy Institute

Feb. 7 - 9, Washington, D.C., Hilton Washington D.C. National Mall

2023 NACo Legislative Conference

Feb. 11 - 14, Washington, D.C. Washington Hilton

36th Annual Rural Health Care Leadership Conference

Feb. 19 - 22, San Antonio, TX, JW Marriott San Antonio Hill Country

ATA 2023 Annual Conference and Expo

March 4 - 6, San Antonio, TX, Henry B. Gonzalez Convention Center

2023 Annual National Association of Community Health Centers Policy and Issues Forum

March 8 - 11, Washington, D.C. Marriott Marquis

2023 NARHC Spring Institute

March 20 - 23, San Antonio, TX Hyatt Regency San Antonio Riverwalk

2023 Alaska Tribal Conference on Environmental Management

March 21 - 24, Anchorage, AK Anchorage Hilton

2023 Rural Training Track Collaborative Annual Meeting

April 5 - 7, Missoula, MT, Holiday Inn Missoula Downtown

2023 TORCH Spring Conference and Trade Show

April 10 - 13, Dallas, TX, Hyatt Regency

2023 Annual Tribal Public Health Conference

April 11 - 13, Durant, OK Choctaw Casino & Resort



2023 NCHN Annual Educational Conference

April 11 - 13, Albuquerque, NM Hotel Andaluz

22nd Annual Institute for Rural Health Research Conference

April 12 - 13, Tuscaloosa, AL Bryant Conference Center

HIMSS23 Global Conference & Exhibition

April 17 - 21, Chicago, IL McCormick Place Convention Center

2023 Annual National Rural EMS & Care Conference

April 18 - 20, Virtual

2023 Missouri Rural Health Workforce Conference

April 20 - 21, Columbia, MO Courtyard Marriott

2023 Annual Midwest Stream Forum for Agricultural Worker Health

April 24 - 26, Austin, TX, Sheraton Austin Hotel at the Capitol

2023 JEMS Conference and Expo

April 24 - 29, Indianapolis, IN Indiana Convention Center & Lucas Oil Stadium

2023 New York State Annual Public Health Partnership Conference

April 26 - 28, White Plains, NY

Sonesta White Plains

2023 Appalachian Health Leadership Forum

April 28 - 29, Roanoke, WV Stonewall Resort & Conference Center

2023 Conference for Agricultural Worker Health

May 2 - 4, Seattle, WA Grand Hyatt Seattle

2023 Annual National Network of Public Health Institutes Conference

May 9 - 11, Washington, D.C.

7th Annual Forum on Aging in Rural Oregon

May 15 - 17, Seaside, OR Seaside Civic and Convention Center

28th Annual NRHA Health Equity Conference

May 16, San Diego, CA Sheraton San Diego Hotel & Marina

Rural Medical Education Conference

May 16, San Diego, CA Sheraton San Diego Hotel & Marina

2023 Accelerating Health Equity Conference

May 16 - 18, Minneapolis, MN Hilton Minneapolis

46th Annual Rural Health Conference

May 16 - 19, San Diego, CA
Sheraton San Diego Hotel & Marina

8th Rural Hospital Innovation Summit

May 16 - 19, San Diego, CA
Sheraton San Diego Hotel & Marina

2023 Annual gpTRAC Regional Telehealth Conference

May 23 - 24, Bloomington, MN
Radisson Blu - Mall of America

2023 National PACE Association Summer Conference

June 2 - 4, Colorado Springs, CO
Antlers Hotel

2023 Annual NASEMSO Meeting

June 11 - 15, Reno, NV
Silver Legacy Resort Casino

2023 Annual Minnesota Rural Health Conference

June 12 - 13, Duluth, MN
Duluth Entertainment Convention Center

25th Annual Indiana Rural Health Conference

June 13 - 14, French Lick, IN
French Lick Resort and Conference Center

2023 Annual Dakota Conference on Rural and Public Health

June 14 - 16, Bismarck, ND
Bismarck Event Center

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

June 26 - 28, Arlington, VA
Ritz-Carlton, Pentagon City

2023 Biennial National AHEC Organization Conference

June 27 - 30, Salt Lake City, UT
Little America Hotel

2023 AHA Leadership Summit

July 16 - 18, Seattle, WA

48th Annual USAging Conference & Tradeshow

July 16 - 19, Salt Lake City, UT
Hyatt Regency Salt Lake City

2023 Annual NACo Conference

July 21 - 24, Austin, TX
Austin Convention Center

2023 NTCA Summer Symposium

July 23 - 26, Ponte Verde Beach, FL
Sawgrass Marriott Golf Resort & Spa

2023 Annual NALBOH Conference

July 31 - August 2, Tacoma, WA
Hotel Murano

2023 Ohio Rural Health Conference

August 3 - 4, Ada, OH
Raabe College of Pharmacy
Ohio Northern University

2023 Annual National Rural ITS Conference

August 13 - 16, Portland, OR
Oregon Convention Center

2023 MetaECHO Conference

Sept. 18 - 21, Albuquerque, NM

24th Biennial NICOA American Indian Elders Conference

Sept. 25 - 29, Cherokee, NC
Harrah's Cherokee Casino Resort

21st Rural Health Clinic Conference

Sept. 26 - 27, Kansas City, MO
Sheraton Kansas City Hotel at Crown Center

22nd Critical Access Hospital Conference

Sept. 27 - 29, Kansas City, MO
Sheraton Kansas City Hotel at Crown Center

2023 National HAC Rural Housing Conference

Oct. 24 - 27, Washington, D.C.
Capitol Hilton

2024**29th Annual NRHA Health Equity Conference**

May 6, 2024, New Orleans, LA
Sheraton New Orleans Hotel

2024 Rural Medical Education Conference

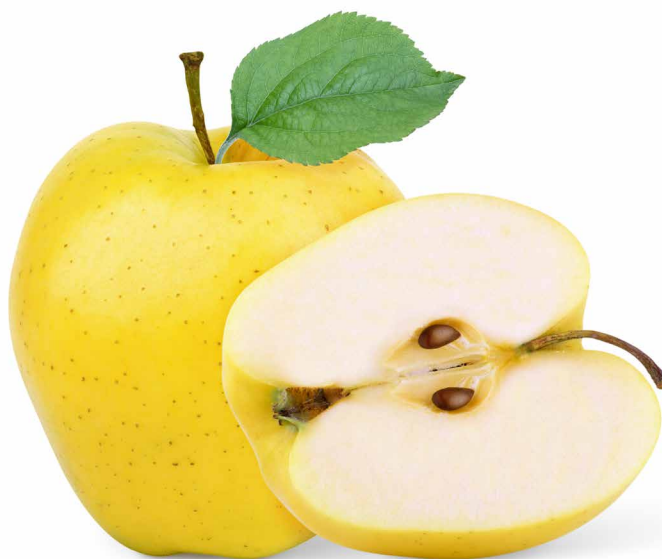
May 6, 2024, New Orleans, LA
Sheraton New Orleans Hotel

47th Annual Rural Health Conference

May 6 - 10, 2024, New Orleans, LA
Sheraton New Orleans Hotel

2024 National PACE Association Summer Conference

June 7 - 9, 2024, Grand Rapids, MI
JW Marriott ●









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