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RHQ

Rural Health Quarterly

**SPECIAL
ISSUE**



2023 U.S. Rural Health Report Card

A Publication of the F. Marie Hall Institute for Rural and Community Health

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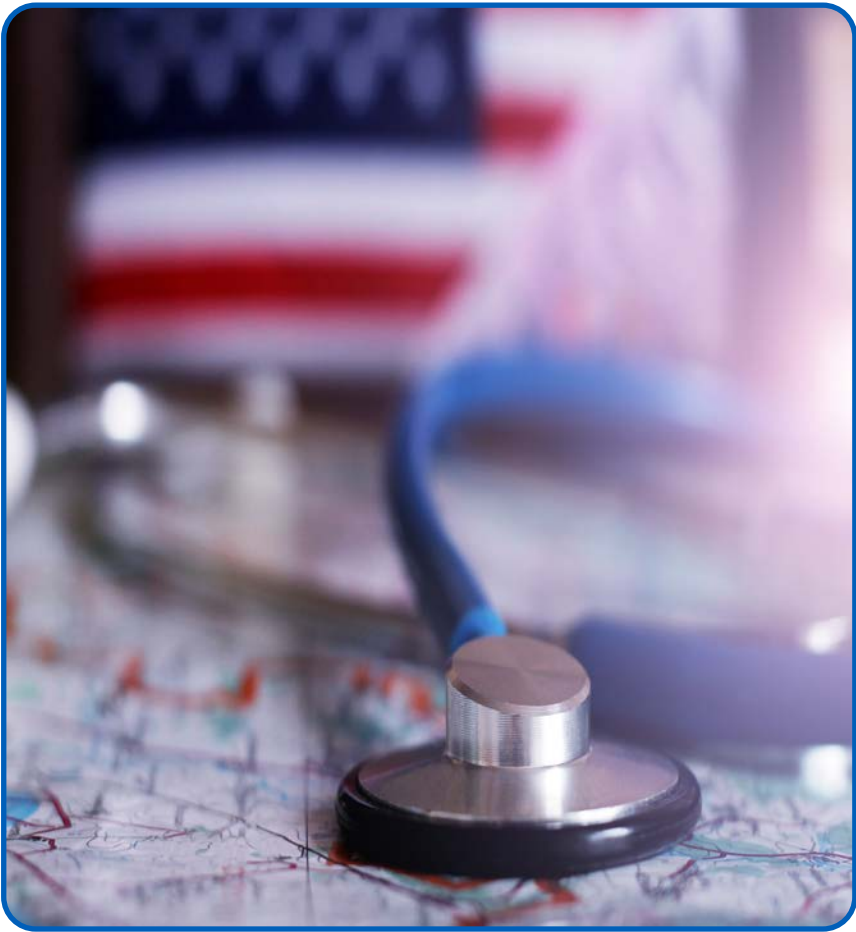
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TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.

The Rural Health Report Card: What You Need to Know



PUBLISHER

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This is a significant year for the Rural Health Quarterly as we celebrate the tenth anniversary of the Rural Health Report Card Issue. I remember the trepidation we all felt when we originally pitched the idea to the Editorial Board. There were many reservations about methodology, data sources, validity of findings, and acceptance of findings by the states that did well and those who were in danger of or had failing grades. We have perfected the methodology, learned the best sources for data, and devised various ways to check the validity of the findings, and even though there are still occasional complaints, the Rural Health Report Card has become a useful tool in policy formulation and advocacy. Our team is pleased with that and is happy that our tool has been replicated with some adaptations in the Rural Health literature.

Rural health report cards are essential tools for assessing and improving healthcare outcomes in rural areas. They are a kind of measuring stick. Rural areas often face unique challenges, such as limited healthcare facilities, workforce shortages, higher rates of chronic diseases, and health disparities. Evaluating and addressing these issues through well-structured report cards can play an important role in enhancing the quality of healthcare provided to rural populations. According to the National Rural Health Association, rural populations are older, poorer, and sicker and the impact of non-medical determinants of health is more pronounced.

We have never overpromised on the Rural Report Card that we publish. At their core, rural health report cards provide a comprehensive evaluation of the healthcare services offered in rural areas. We have avoided making too much of that since we would need to develop a much finer sieve to assay particular factors or programs. In other words, we would need to provide a much more detailed assessment of various indicators like accessibility, quality, patient satisfaction, health outcomes, and cost-benefit estimation. Our team hopes that those with the capability ought to begin documenting these metrics, working with stakeholders to gain a clearer understanding of the healthcare system's strengths and weaknesses in their particular rural communities.

Texas Tech University Health Sciences Center has undertaken a bold plan to "Transform Health Care through Innovation and Partnership," and that will require many things. Most importantly, we must increase access to health care. Many areas in west Texas are classified as frontier (ten people per square mile is the easiest definition) and all of our counties suffer from a lack of primary care providers, specialists, and medical facilities like hospitals and clinics, and people living out here often travel long distances for care. Report cards can help identify needs and gaps in services; they might even prompt policymakers to implement solutions such as telemedicine initiatives, mobile health clinics, and incentives for healthcare providers to practice in underserved areas. However, many report cards on rural health do not tell the human side of the story.

To illustrate my point, we recently conducted a town hall meeting in a small Texas town just off the interstate. In the discussion on health needs, we learned that dialysis patients must travel nearly two hours to get services in another larger town. They had to leave their homes around four in the morning in the rural transit van to get to their appointment. When they finished almost 12 hours later, they had to wait on a bench at Walmart for the transit van to pick them up for the 90-minute drive home. That really hurts my heart because people who need dialysis are old and sick, and the fatigue of the trip, never mind the process of dialysis, leaves many people so exhausted they barely have the stamina to continue. Is it any wonder that people in those circumstances give up and die? That should not happen, so if you are considering doing a report card be sure to tell the human story.

Think about the last report card that you received and the grades you earned. Now, imagine going through school or life without any objective way to chart your progress. If you are like me, you might recall that parent(s) were the real audience for your report card. It usually led to a parent-teacher conference, a plan for improvement (in my case), and for those who always did well, then a hearty well-done (encouragement). My point is that by identifying gaps and tracking progress, rural health report cards enable informed decision-making and focused interventions to ensure that rural residents receive the quality care they deserve and the outcomes that make for a healthy life. Out in West Texas, we often remind our constituents that our communities provide the food, fuel, and fiber for those who live elsewhere. No matter where you live, everyone has a stake in that.

Please remember that collaborations, innovations, and commitments rest on a tool (a report card) in the hands of the right people who lead efforts to improve rural health outcomes and overall well-being. That's why we continue to publish the annual report card issue of the Rural Health Quarterly. What we think is important we name, and what we name, we measure, and what we measure leads to change.

When I am gone, I hope this report card continues on and is augmented with more ways to work with communities to measure and change that which is important. ●

STANDING FOR SIX WEEK PERIODS

Beginning.....19.....Ending.....19.....

STUDIES	1	2	3	Sem Gr	4	5	6	Sem Fin'l Gr	Avg.
Number Days Present	26	26	26		29				
Number Days Absent	2	1	0		2				
Number Days Membership	28	27	27		30				
Number Times Tardy									
Effort					AA				
Conduct	AA	AA	AA		AA				
Citizenship									
Art		AA	AA		AA				
Writing		AA	AA		AA				
English									
Oral									
Written									
Geography									
Health									
History									
Music									
Physical Ed.									
Reading		AA	AA		AA				
Ability to Understand									
Ability to Read Aloud									
Spelling		AA	AA		AA				
Arithmetic		AA	AA		AA				

Explanation of Grading System

A

E

Excellent. Indicates that your child is making commendable progress.

B

S

Satisfactory. Indicates that your child is making satisfactory progress.

C

U

Unsatisfactory. Indicates that your child is not doing satisfactory work, that he is capable of doing better, and that more and harder work is essential.

I

Incomplete. Indicates that your child has missed some work which must be made up before a grade can be given.

Character Traits	1st Semester			2nd Semester		
	1	2	3	1	2	3
Cooperation	✓		✓			
Courtesy	✓		✓			
Effort	✓		✓			
Friendliness	✓		✓			
Health Habits	✓		✓			
Industry	✓		✓			
Leadership	✓		✓			
Orderliness	✓		✓			
Reliability	✓		✓			
Respects Property	✓		✓			
Self Control	✓		✓			
Sportsmanship	✓		✓			
A - Excellent						
B - Good						
C - Average						
D - Poor						
F - Failure						



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

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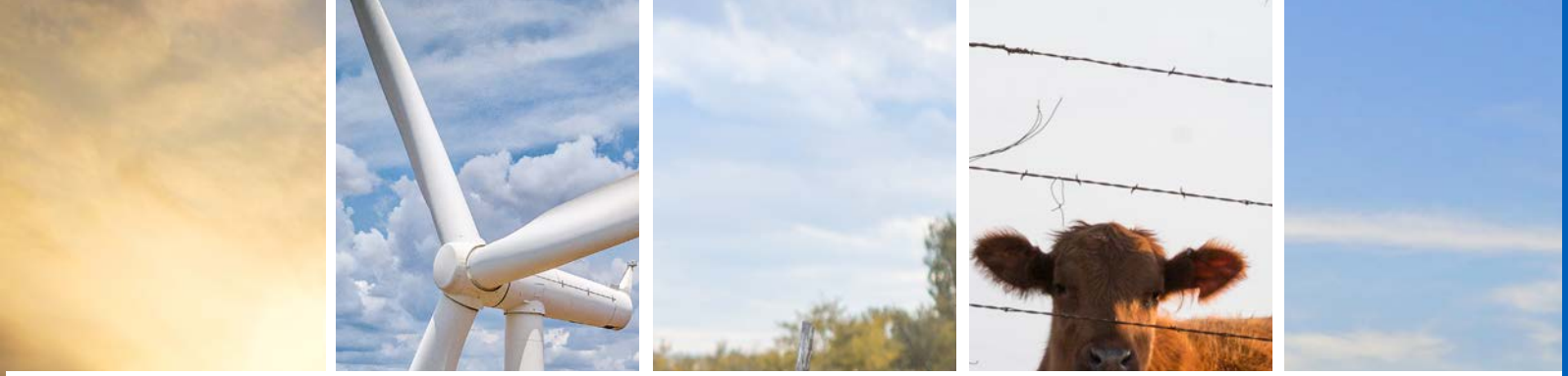
Select the issues, locations, and types of information most relevant to you, and receive daily or weekly notifications of all RHIhub additions on those topics.

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

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The State of Rural Health in the U.S.



2023 RURAL HEALTH REPORT CARD

RHQ is pleased to present our seventh 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 at last year's rankings or declined.

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 preparation of the 2023 U.S. Rural Health Report Card, including Billy U. Philips, PhD, MPH, Grace Fosu, MA, MS, Diana Vargas-Gutierrez, PhD, Jessica Alexander, and Miguel Carrasco.

Amber C. Parker
RHQ Editor-in-Chief

METHODOLOGY

Traditionally, counties have served as the RHQ's standard unit for delineating rurality. This enables us to leverage on well-established and reliable data sources crucial for our analysis. However, by adopting this conventional measurement and using the 2013 Rural Urban Continuum Codes (RUCC) to designate rural counties, three states (Delaware, New Jersey, Rhode Island) and Washington D.C would have to be excluded from our study. These three states, similar to D.C., are predominantly urbanized, and despite having small pockets of rurality, 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 U.S. counties are either metropolitan (urban) or nonmetropolitan (rural). RUCC forms a classification scheme that distinguishes metropolitan counties by the population size of their metro area and nonmetropolitan counties by degree of urbanization and adjacency to a metro area.

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

Mortality includes age-adjusted mortality rates (2021)¹ for all causes of death in all rural counties

in a state. Mortality accounts for a third 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 (2016-2022), the percentage of rural residents who reported having poor general health (2021), the number of poor physical health days reported by rural residents in the past 30 days (2021), and the number of poor mental health days reported by rural residents in the past 30 days (2021). Each state's combined Quality of Life score accounts for a third 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 2021 per 100,000 population, the number of non-federal psychiatrists practicing in rural counties in 2021 per 100,000 population, the number of dentists practicing in rural counties in 2021 per 100,000 population, the percentage of uninsured rural residents under 65 years of age in 2021, and the percentage of rural residents with access to "high-quality" broadband in 2021. Each state's combined Access to Care score accounts for a third of that state's final composite score.

¹ 2021 data for age-adjusted mortality rates was not directly available at the CDC-WONDER's database. Due to this, the 2021 age-adjusted mortality rates were estimated following CDC-WONDER's methodology using the 2021 data on number of deaths and population, and the 2000 standard population weights.

TABLE 1: Final Rural Health State Rankings And Grades

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

*DE, NJ, and RI excluded.

"High-quality" broadband access, a metric added to the report cards in 2018, was defined by Congress as the capability that allows users to "originate and receive high-quality voice, data, graphics, and video" services. The Federal Communications Commission (FCC) announced a new speed benchmark of 100 Mbps download/20 Mbps upload (100 Mbps/20 Mbps) for "high-quality" fixed services in March 2024. This report retained the previous speed benchmark of 25 Mbps download/3 Mbps upload (100 Mbps/20 Mbps) due to the years of data analyzed on the various measures covered in the report.

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 representation of the state of rural health across the nation. Other well-known national health rankings, like the County Health Rankings and Roadmaps (CHR&R) model produced by the Robert Wood Johnson Foundation, rely heavily on a more holistic view of population health, but the RHQ U.S. Rural Health Report Card focuses instead on a narrow band of data related specifically to rural health outcomes and access. This choice should not be interpreted as a criticism of other models. Rather, the RHQ's approach considers the significant and powerful influence of social and economic factors on health. The RHQ U.S. Rural Health Report Card seeks to illuminate a limited set of key variables in an attempt to paint a clear picture of state and regional disparities in rural health care delivery.

GRADING SYSTEM

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

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

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

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 ten differently weighted rural health measures. Below the final grade for each state, numbers and arrows indicate each state's 2023 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.² 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 given as:

$$\% D = (|n1 - n2|) / ((n1 + n2) / 2) * 100 \text{ (where: } n1 = \text{urban age-adjusted mortality rate, } n2 = \text{rural age-adjusted mortality rate).}$$

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 ten health variables) are detailed in Table 3. The map in Figure 3 color codes each state individually and provides their final 2023 rankings at a glance.

DATA SOURCES & TOOLS

1. United States Department of Agriculture, 2013 and 2023 Rural-Urban Continuum Codes.
2. United States Census Bureau, 2010 Census Regions and Divisions of the United States.
3. Centers for Disease Control and Prevention, National Center for Health Statistics, CDC Wonder, 2021.
4. Robert Wood Johnson Foundation, County Health Rankings and Roadmap Report 2024.
5. Health Resources and Services Administration of U.S. Department of Health and Human Services, Area Health Resources File (AHRF) 2022-2023 Release.
6. United States Census Bureau. American Community Survey, American Factfinder, 2022 5-year Estimates Data Profiles.
7. Federal Communications Commission, Fixed Broadband Deployment, 2021
8. State Guides, Rural Health Information Hub
9. IBM SPSS Statistics 29.0
10. Microsoft Excel 2019 16.0 ●

2 Census Bureau, ACS Demographics - Ethnicity Categorization

The ACS population data has an ethnicity category of Hispanic/Latino and Non-Hispanic/Latino. Non-Hispanic/Latino includes White alone, Black or African American alone, American Indian and Alaska native alone, Asian alone, Native Hawaiian and Other Pacific Islander alone, some other race alone, and two or more races. The sum of the rural Hispanic/Latino population and the rural Non-Hispanic/Latino population is the total population for the rural area of a state in this report. The rural demographics estimations were based on the 2023 Rural Urban Continuum Codes (RUCC) due to the updates in the RUCC for county designations by the USDA.

FIGURE 1 : Rural Health Ranking System - Categories And Weights

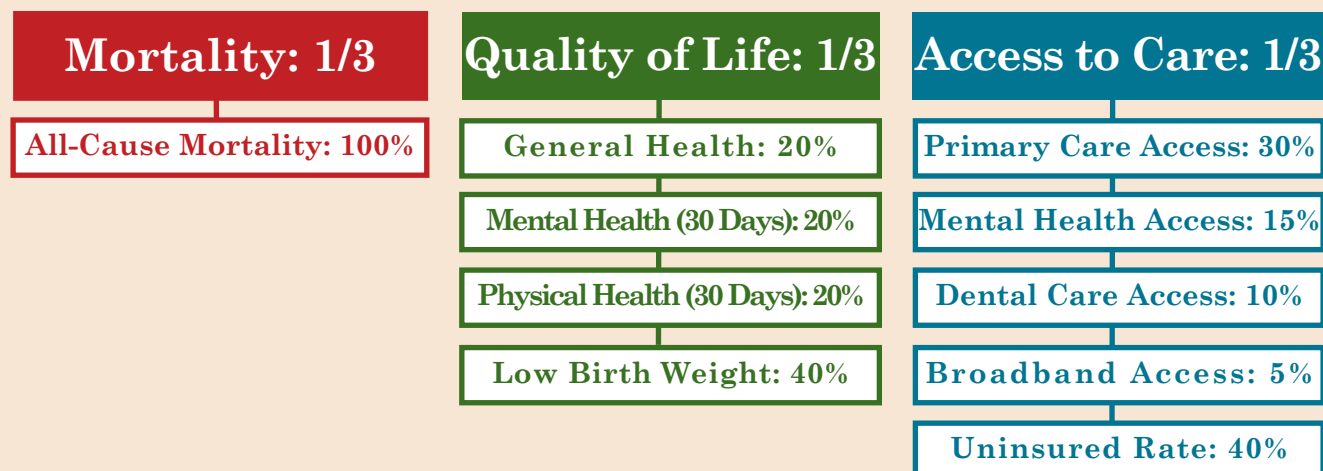


TABLE 2: U.S. Rural Health Rankings By State - All Categories

STATE RANK	ALL-CAUSE MORTALITY	GENERAL HEALTH	MENTAL HEALTH DAYS	PHYSICAL HEALTH DAYS	LOW BIRTH WEIGHT	PRIMARY ACCESS	MENTAL ACCESS	DENTAL ACCESS	BROADBAND ACCESS	UNINSURED RATE
1. New Hampshire	4	4	14	7	7	1	1	2	14	8
2. Massachusetts	1	3	27	2	1	15	9	13	33	1
3. Connecticut	3	1	7	1	4	20	3	15	1	4
4. Hawaii	2	14	10	5	32	5	4	1	17	3
5. Vermont	8	2	24	4	18	4	2	6	13	2
6. Minnesota	5	11	4	8	5	10	17	16	2	7
7. North Dakota	7	13	1	9	9	23	25	18	6	25
8. Nebraska	10	7	3	6	12	11	44	8	12	20
9. Iowa	12	9	5	10	6	21	28	22	7	6
10. Wisconsin	11	5	8	12	8	12	18	17	29	12
11. Maine	22	12	26	15	22	3	8	19	5	17
12. South Dakota	18	10	2	3	11	14	13	21	4	30
13. Montana	16	6	9	13	23	7	6	9	28	26
14. Colorado	6	16	13	17	39	6	11	5	21	31
15. New York	21	17	20	18	17	28	7	33	8	5
16. Alaska	20	27	18	30	2	2	12	3	47	41
17. Maryland	17	18	19	16	29	13	5	10	23	15
18. California	13	26	40	25	10	18	10	11	19	14
19. Washington	9	22	32	27	3	24	29	23	26	24
20. Idaho	14	23	15	28	13	22	38	12	16	33
21. Michigan	23	20	30	20	16	25	16	20	27	9
22. Utah	15	15	22	24	24	19	26	4	37	28

STATE RANK	ALL-CAUSE MORTALITY	GENERAL HEALTH	MENTAL HEALTH DAYS	PHYSICAL HEALTH DAYS	LOW BIRTH WEIGHT	PRIMARY ACCESS	MENTAL ACCESS	DENTAL ACCESS	BROADBAND ACCESS	UNINSURED RATE
23. Wyoming	19	8	6	11	34	9	15	7	15	42
24. Oregon	26	24	36	22	15	8	22	14	31	18
25. Kansas	25	21	11	14	14	16	41	24	3	32
26. Illinois	24	19	12	19	25	36	45	30	10	10
27. Pennsylvania	27	25	23	23	20	30	14	32	20	13
28. Indiana	29	28	28	26	21	39	36	34	11	23
29. Ohio	30	29	31	31	19	38	30	36	9	19
30. Nevada	28	30	38	37	31	46	47	35	39	29
31. New Mexico	32	37	21	29	35	26	23	38	40	35
32. North Carolina	34	31	16	21	42	32	20	29	22	39
33. Missouri	31	33	34	40	28	33	40	40	32	38
34. Virginia	35	32	35	34	41	43	21	41	36	21
35. Arkansas	37	44	43	45	37	27	39	37	43	27
36. Florida	33	34	25	36	38	47	31	46	42	45
37. West Virginia	45	42	47	46	40	17	19	25	38	16
38. Kentucky	46	45	44	47	36	34	27	26	18	11
39. Texas	36	40	29	33	27	45	37	42	25	47
40. Tennessee	42	35	46	42	33	44	34	43	24	36
41. Oklahoma	41	39	39	38	26	41	42	27	30	46
42. Georgia	38	38	33	39	44	37	24	39	35	44
43. South Carolina	39	36	37	35	46	29	32	44	34	37
44. Alabama	40	41	42	41	43	42	46	45	41	34
45. Arizona	47	43	41	43	30	31	35	31	46	43
46. Louisiana	43	46	45	44	45	40	43	47	45	22
47. Mississippi	44	47	17	32	47	35	33	28	44	40

TABLE 3: U.S. Rural Health Rankings By U.S. Census Regional Division - All Categories

CENSUS DIVISION	ALL-CAUSE MORTALITY	GENERAL HEALTH	MENTAL HEALTH DAYS	PHYSICAL HEALTH DAYS	LOW BIRTH WEIGHT	PRIMARY ACCESS	MENTAL ACCESS	DENTAL ACCESS	BROADBAND ACCESS	UNINSURED RATE
1. New England	1	1	3	1	2	1	1	1	1	1
2. West North Central	3	2	1	2	3	4	7	4	2	5
3. Pacific	2	5	7	6	1	2	3	2	5	4
4. Mid-Atlantic	5	3	4	3	5	5	2	6	3	2
5. East North Central	6	4	5	4	4	6	6	5	4	3
6. Mountain	4	6	2	5	6	3	4	3	6	7
7. South Atlantic	7	7	6	7	8	7	5	8	7	8
8. West South Central	8	8	8	8	7	9	9	9	8	9
9. East South Central	9	9	9	9	9	8	8	7	9	6

FIGURE 2: U.S. Census Regional Divisions (Ranked Averages)

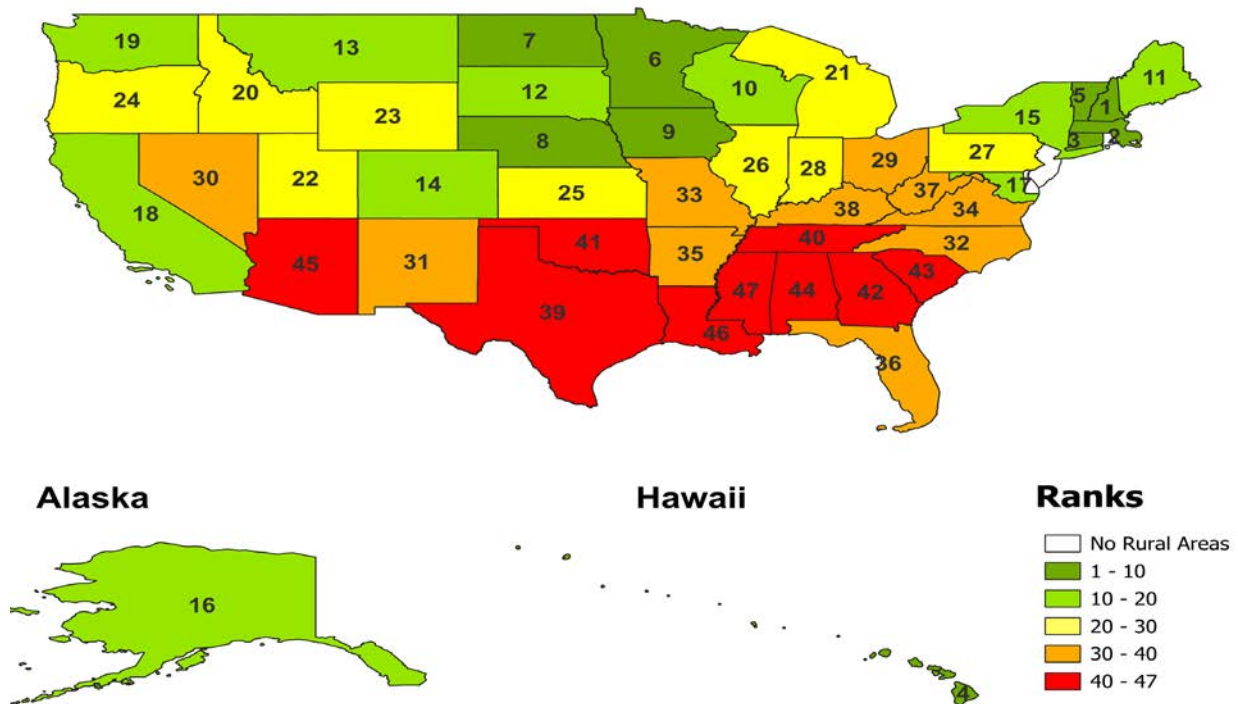
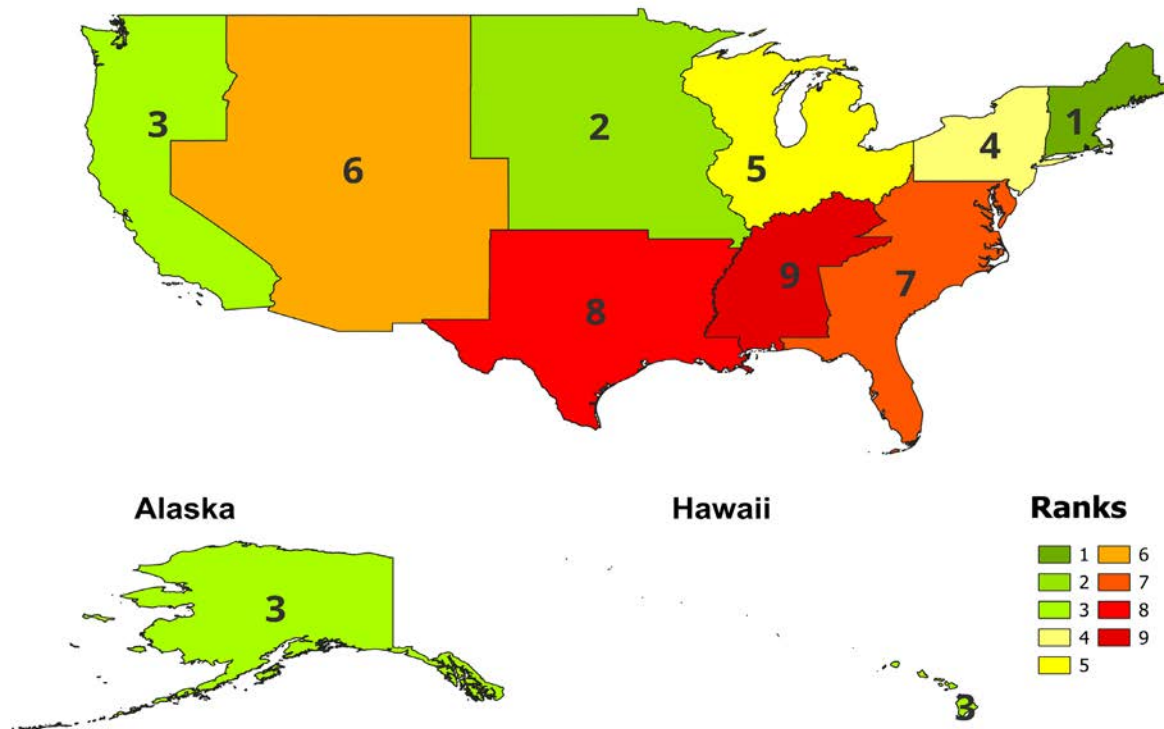


FIGURE 3: Final State Rankings



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

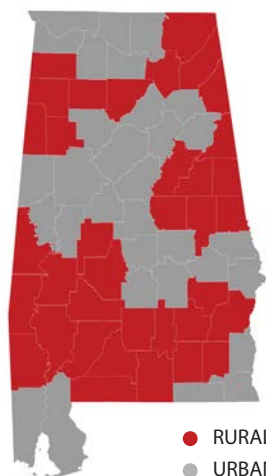
Alabama has a population of five million people, with 1.1 million living in the state's 36 rural counties.

94.6% of rural Alabamans identify as Non-Hispanic and 5.4% identify as Hispanic. For the Non-Hispanic rural population, 69.2% identify as White, 21.7% identify as Black/African American, 0.5% identify as Asian, 0.5% identify as American Indian, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.5% identify as two or more races.

The poverty rate in rural Alabama is 19.2%, 4.3 percentage points higher than the urban rate of 14.9%.

What's Good

Alabama's ranking for General Health improved four spots, going from 45th to 41st. The Yellowhammer State's ranking for Low Birth Weight inched up from 44th to 43rd, and the state's ranking for Dental Care Access also improved, going from 46th to 45th.



● RURAL COUNTIES
● URBAN COUNTIES

What Needs Work

Alabama needs work on Primary Care Access and its Uninsured Rate, among other areas. The state's ranking for Primary Care Access dropped from 39th to 42nd.

The state's Uninsured Rate ranking dipped from 33rd to 34th.

Urban-Rural Divide

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



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

Alabama is one of nine states to receive a grade of F for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Up five spots to 40th for 2023 (45th in 2022).



Quality of Life:

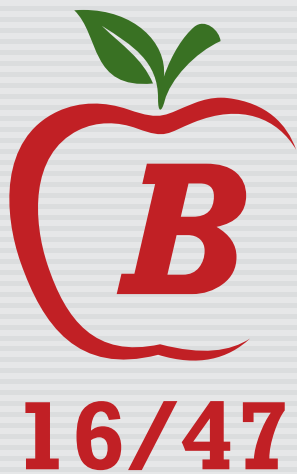
Improved one spot to 43rd for 2023.



Access to Care:

No change in national ranking of 41st for 2023.

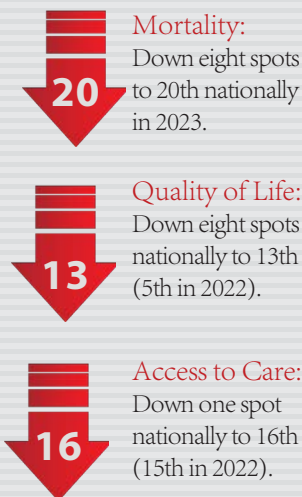
41



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

Alaska is one of four states to receive a grade of "B" for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Alaska

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

Alaska has a population of 734,821 people, 239,187 residents live in the state's 27 rural counties.

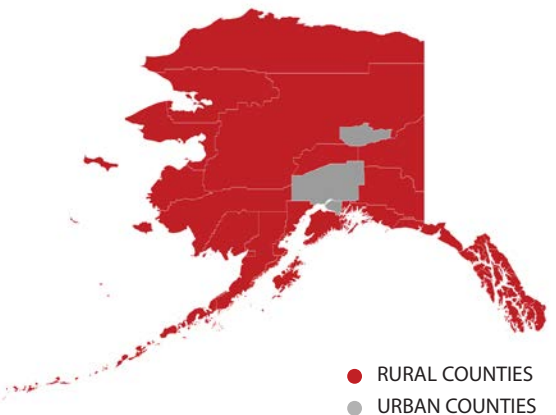
Of Alaska's rural residents, 94.7% of them identify as Non-Hispanic and 5.3% identify as Hispanic. Half of Alaska's Non-Hispanic rural population identify as White. As for the rest, one percent identify as Black/African American, 5.8% identify as Asian, 28.9% identify as American Indian/Alaska Native, 0.6% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 8.1% identify as two or more races.

The poverty rate in rural Alaska is 13.5%, 4.3 percentage points higher than the urban rate of 9.2%.

What's Good

Alaska's Primary Care Access ranks second in the nation, and earned an A+ again in 2023.

The Last Frontier State also stayed steady in other areas including Low Birth Weight, which earned an A+. It improved in Dental Care Access, going from fifth to third.



What Needs Work

The state dropped to the very bottom or 47th in Broadband Access. It also declined in several categories, including General Health, which went from 19th to 27th nationally. Physical Health dipped to 30th from 21st.

The state earned an F for the Rural Uninsured rate, ranking 41st overall.

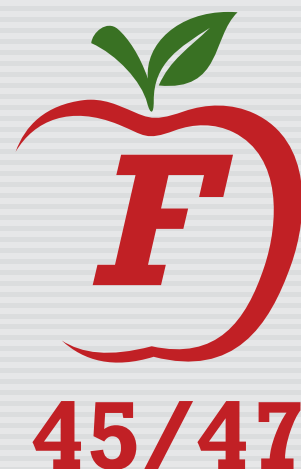
Urban-Rural Divide

The age-adjusted mortality rate in rural Alaska is lower than the urban rate. The percentage difference is 0.1%. ●



Arizona

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)	F	Broadband Access	F
Low Birth Weight	D+	Uninsured Rate	F



A **Arizona** has a population of 7.2 million people, with 339,038 living in Arizona's seven rural counties.

73.6% of rural Arizonans identify as Non-Hispanic and 26.4% identify as Hispanic. For the Non-Hispanic rural population, 38.3% identify as White, 0.9% identify as Black/African American, 0.5% identify as Asian, 31.6% identify as American Indian/Alaska Native, 0.1% 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 Arizona is 22%, 9.9 percentage points higher than the urban rate of 12.2%.

What's Good

The Grand Canyon State improved in several categories. It rose eight spots to 30th in Low Birth Weight ranking jumped up three ranks overall, nine spots in Mental Health Access to 35th, and three spots in Primary Care Access to 31st.



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

Arizona's rural Mortality Rate was down four spots from 43rd in 2022 to very last, 47th in 2023.

The ranking for General Health dropped three spots to 43rd in the nation. Broadband Access and the Uninsured Rate both received Fs for again in 2023.

Urban-Rural Divide

The age-adjusted mortality rate in rural Arizona is higher than the urban rate. The percentage difference is 9.4%. ●

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

Arizona is one of nine states to receive a grade of F for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Dropped four spots to 47th in 2023.



Quality of Life:

Increased two spots nationally to 38th (40th in 2022).



Access to Care:

No change in national ranking of 43rd for 2023.

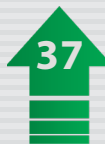
43



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

Arkansas is one of four states to receive a grade of D for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Up two spots to 37th nationally for 2023.



Quality of Life:
Down three spots in national ranking 41st for 2023.



Access to Care:
Down two spots nationally to 33rd (31st for 2022).

Arkansas

All-Cause Mortality	D-	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	D-	Uninsured Rate	C-

Arkansas has a population of three million people, with 1.2 million living in Arkansas's 58 rural counties.

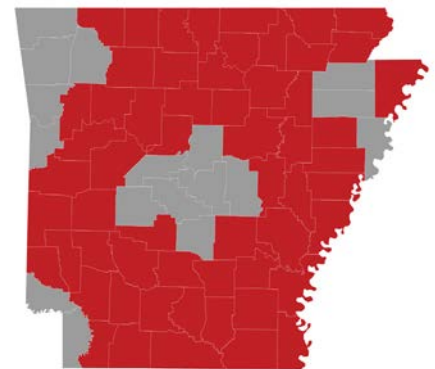
94.4% of rural Arkansans identify as Non-Hispanic and 5.6% identify as Hispanic. For the Non-Hispanic rural population, 73.9% identify as White, 16% identify as Black/African American, 0.6% identify as Asian, 0.3% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 3.4% identify as two or more races.

The poverty rate in rural Arkansas is 18.1%, four percentage points higher than the urban rate of 14.1%.

What's Good

Arkansas' Mental Health Care Access ranking improved for 2023, increasing three spots to 39th. It also improved its ranking for Broadband Access to 43rd from 44th.

Primary Care Access ranking remained the same at 27th in the nation.



● RURAL COUNTIES
● URBAN COUNTIES

What Needs Work

Arkansas ranks near the bottom in four categories, including General Health, which dropped two spots to 44th in the nation.

The Natural State plummeted nine spots in the Low Birth Weight ranking, going from 28th in 2022 to 37th in 2023. The Uninsured rate ranking also declined to 27th in 2023 from 24th in 2022.

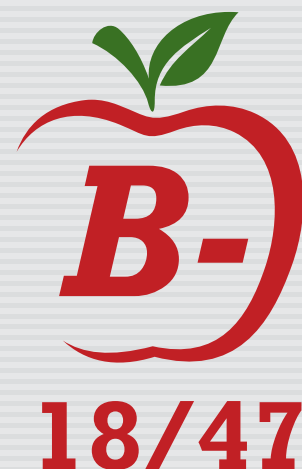
Urban-Rural Divide

The age-adjusted mortality rate in rural Arkansas is higher than the urban rate. The percentage difference is 2.9%. ●



California

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



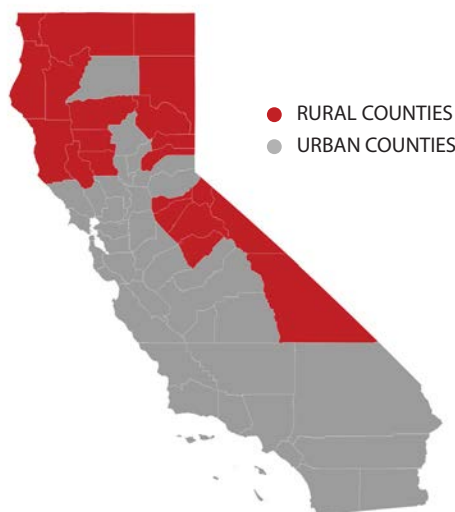
California has a population of 39.4 million people, and 856,002 live in the state's 21 rural counties.

80.9% of rural Californians identify as Non-Hispanic and 19.1% identify as Hispanic. For the Non-Hispanic rural population, 70.1% identify as White, 1.4% identify as Black/African American, 2.0% identify as Asian, 2.1% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.5% identify as some other race, and 4.7% identify as two or more races.

The poverty rate in rural California is 15%, three percentage points higher than the urban rate of 12%.

What's Good

California's Uninsured Rate improved in 2023, going from 18th to 14th, earning a B grade. It's rankings for General Health and Physical Health both increased to 26th and 25th respectively.



What Needs Work

The Golden State dropped in both Quality of Life and Access to Care. It earned a C- in Quality of Life and a B for Access to Care.

California's ranking for Low Birth Weight dropped, but it is still in the top 10 nationally.

Urban-Rural Divide

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

CALIFORNIA ranks 18th 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 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Down two spots to 13th in nation in 2023.



Quality of Life:

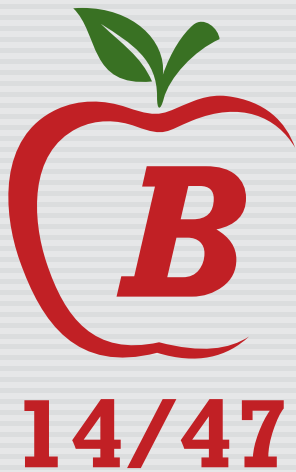
Down three spots nationally to 26th (23rd in 2022).



Access to Care:

Stayed at 13th nationally for 2023.

13



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

It is one of four states to receive a grade of B for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Down three spots to sixth nationally in 2023.



Quality of Life:
Down four spots nationally to 29th (25th in 2022).



Access to Care:
Up one spot nationally to 15th (16th in 2022).

Colorado

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

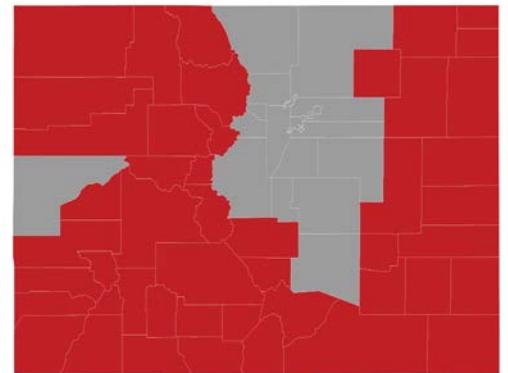
Colorado has a population of 5.8 million people, with 712,570 who live in Colorado's 47 rural counties.

78% of rural Coloradans identify as Non-Hispanic and 22% identify as Hispanic. For the Non-Hispanic rural population, 71.1% identify as White, 1.0% identify as Black/African American, 0.8% identify as Asian, 1.3% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 3.2% identify as two or more races.

The poverty rate in rural Colorado is 11.7%, 2.5 percentage points higher than the urban rate of 9.2%.

What's Good

The Centennial State improves its ranking for Access to Care to 15th nationally. Access to Primary Care ranked in the top ten overall, coming in sixth again in 2023. Broadband Access also stayed steady at 21st, earning a C+.



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

The state dropped out of the Top Ten in General Health, coming in at 16th nationally in 2023. Low Birth Weight is still a concern for rural Colorado with a ranking of 39th nationally.

A few of the state's rural health measures remain unchanged from last year, but Quality of Life went down to a D+, as well as the Uninsured Rate ranking dropping to 31st in the nation.

Urban-Rural Divide

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



Connecticut

All-Cause Mortality	A+	Primary Care Access	C+
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 208,383 residents living in Connecticut's two rural counties.

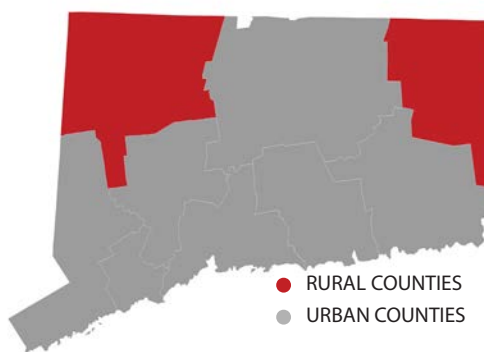
88.7% of rural Connecticut residents identify as Non-Hispanic and 11.3% identify as Hispanic. For the Non-Hispanic rural population, 79.5% identify as White, 3.0% identify as Black/African American, 2.0% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 3.7% identify as two or more races.

The poverty rate in rural Connecticut is 8.5%, 1.5 percentage points lower than the urban rate of 9.9%.

What's Good

The Constitution State improves to second nationally in Quality of Life ranking, up from sixth in 2022, earning an A+.

The state ranked in the Top Ten in eight categories, including General Health, Physical Health, and Broadband Access all coming in first in the nation.



Connecticut's ranking for Primary Care access earned a C+ for the second year in a row, ranking 20th in the nation.

Urban-Rural Divide

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



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

Connecticut is one of three states to receive a grade of A+ for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Up five spots to third nationally in 2023.



Quality of Life:

Improves to 2nd nationally (sixth for 2022).



Access to Care:

No change in national ranking of fifth for 2023.

5



Florida

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

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

Florida is one of three states to receive a grade of D- for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Down five spots to 33rd in nation for 2023.



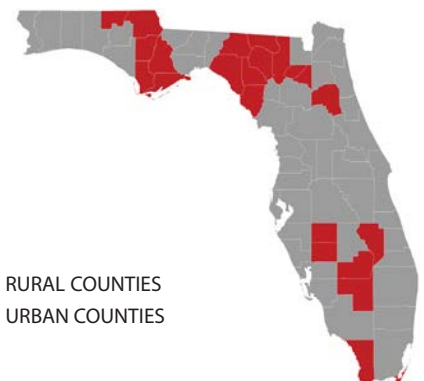
Quality of Life:
Increased three spots to 36 in national ranking for 2023.

46

Access to Care:
No change in national ranking of 46th for 2023.

Florida has a population of 21.6 million people, 658,149 live in Florida's 22 rural counties.

83.3% of rural Floridians identify as Non-Hispanic and 16.7% identify as Hispanic. For the Non-Hispanic rural population, 65% identify as White, 14.1% identify as Black/African American, 0.6% identify as Asian, 0.3% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 2.8% identify as two or more races.



The poverty rate in rural Florida is 18.5%, 5.7 percentage points higher than the urban rate of 12.8%.

What's Good

Florida now ranks 34th overall for General Health, jumping up seven spots.

It also improved in Mental Health and Physical Health rankings, going up 12 spots in Mental Health, and six for Physical Health.

What Needs Work

The Sunshine State ranks near the bottom or dead last in several categories, including Primary Care Access (47th), Uninsured Rate (45th), and Broadband Access (42nd).

Urban-Rural Divide

The age-adjusted mortality rate in rural Florida is higher than the urban rate. The percentage difference is 7.5%.



Georgia

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

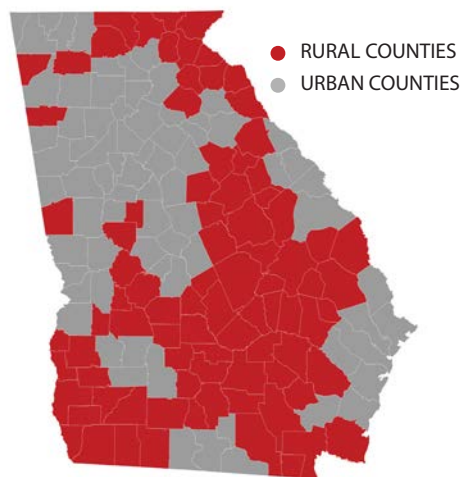
Georgia has a population of 10.7 million people, 1.8 million live in Georgia's 85 rural counties.

92.6% of rural Georgians identify as Non-Hispanic and 7.4% identify as Hispanic. For the Non-Hispanic rural population, 64.1% identify as White, 24.9% identify as Black/African American, 0.9% identify as Asian, 0.1% 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 Georgia is 18.5%, 5.6 percentage points higher than the urban rate of 12.9%.

What's Good

The Peach State improved its Quality of Life ranking, up one spot to 40th nationally. Mental Health Access and Dental Care Access also improved, to 24th and 39th, respectively.



What Needs Work

Georgia's rural Primary Care Access dropped two spots to 37, earning a D-. The state's Low Birth Rate ranks near the bottom, going from 43 to 44.

Rural Broadband Access also decreased to 35, down from last year's 33.

Urban-Rural Divide

The age-adjusted mortality rate in rural Georgia is higher than the urban rate. The percentage difference is 5.8%. ●



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

Georgia is one of nine states to receive a grade of "F" for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 38th for 2023.

38

Quality of Life:

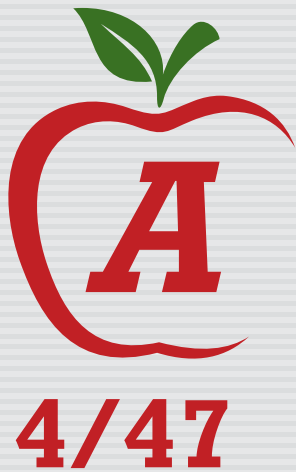
Up one spot nationally to 40th (41st in 2022).

40

Access to Care:

No change in national ranking of 44th for 2023.

44



Hawaii

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

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

Hawaii is one of three states to receive a grade of A for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Down one spot to second nationally in 2023.



Quality of Life:
Up four spots nationally to 16th (20th in 2022).

3

Access to Care:
No change in national ranking of 3rd for 2023.

Hawaii has a population of 1.5 million people, 275,674 live in one of Hawaii's two rural counties.

86.9% of rural Hawaiians identify as Non-Hispanic and 13.1% identify as Hispanic. For the Non-Hispanic rural population, 29.4% identify as White, 0.7% identify as Black/ African American, 23% identify as Asian, 0.1% identify as American Indian/Alaska Native, 10.6% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 22.9% identify as two or more races.

The poverty rate in rural Hawaii is 13.6%, 3.7 percentage points higher than the urban rate of 9.9%.

What's Good

The Aloha State improved its Quality of Life ranking, going from 20 to 16, earning a B, up from last year's C+. The Uninsured Rate ranking stayed at third overall, earning an A+.



What Needs Work

Hawaii's rural Broadband Access dropped ten spots from seven to 17, and going from an A to a B-.

The state's ranking for Low Birth Weight dropped two spots to 32nd, and went from a D+ to a D.

Urban-Rural Divide

The age-adjusted mortality rate in rural Hawaii is higher than the urban rate. The percentage difference is 2.1%. ●



Idaho

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

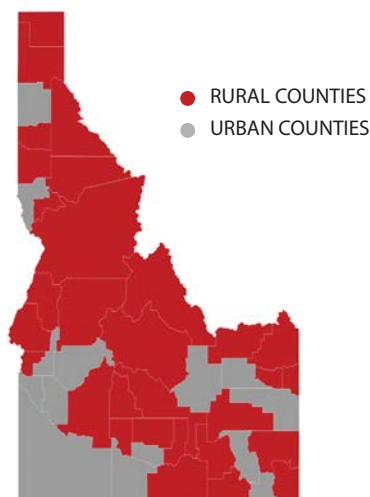
Idaho has a population of 1.9 million people, 491,557 live in Idaho's 30 rural counties.

86.5% of rural Idahoans identify as Non-Hispanic and 13.5% identify as Hispanic. For the Non-Hispanic rural population, 80.2% identify as White, 0.5% identify as Black/ African American, 0.8% identify as Asian, 1.4% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 3.1% identify as two or more races.

The poverty rate in rural Idaho is 12.4%, 2.6 percentage points higher than the urban rate of 9.8%.

What's Good

Idaho's Uninsured Rate ranking improved to 33rd nationally, up from 37th last year. The state's Broadband Access ranking was up one spot to 16th. Access to Care rose one spot to 29th overall, earning a D+ for the state.

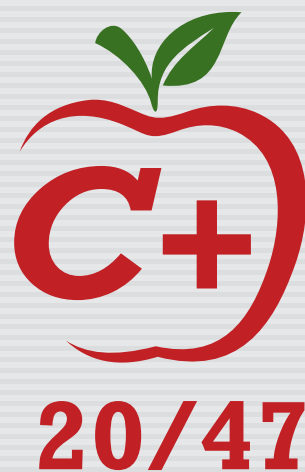


What Needs Work

Many of the Gem State's rural health measures had lower rankings this year, including General Health, which dipped three spots to 23rd. Primary Care Access was down two spots to 22nd nationally, and earning a C+.

Urban-Rural Divide

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



IDAHO ranks 20th 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 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Down four spots to 14th nationally in 2023.



Quality of Life:

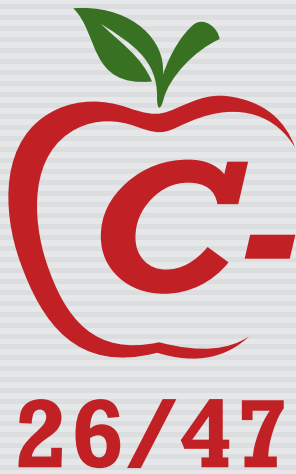
Down two spots nationally to 15th (13th in 2022).



Access to Care:

Up one spots nationally to 29th (30th in 2022).





ILLINOIS ranks 26th 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 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Up five spots to 24th in nation in 2023.



Quality of Life:
Down six spots in national ranking for 2023 (14th in 2022).



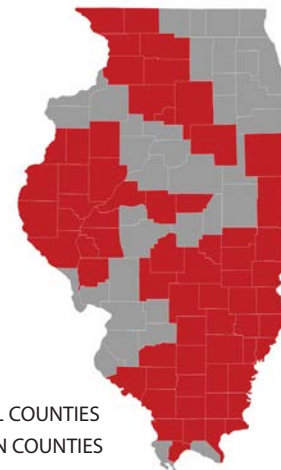
Access to Care:
Up one spot nationally to 22nd (23rd in 2022).

Illinois

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

Illinois has a population of 12.8 million people, 1.6 million live in Illinois's 65 rural counties.

95.4% of rural Illinoisans identify as Non-Hispanic and 4.6% identify as Hispanic. For the Non-Hispanic rural population, 87.7% identify as White, 4.1% identify as Black/African American, 0.8% 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 2.4% identify as two or more races.



The poverty rate in rural Illinois is 12.7%, one percentage point higher than the urban rate of 11.7%.

What's Good

The Prairie State's rural General Health ranking improved to 19th from 22nd last year, going from a C+ to a B-.

Primary Care went up a spot to rank 36th nationally. Illinois is now in the top ten for Broadband Access, with 96.8% of rural residents having access to high quality broadband.

What Needs Work

The rankings for Mental Health (30 Days) and Physical Health (30 Days) both dipped to 12th and 19th, respectively.

Illinois' rural Mental Health Access earned an F, and is now ranked 45th in the nation.

Urban-Rural Divide

The age-adjusted mortality rate in rural Illinois is higher than the urban rate. The percentage difference is 4.7%. ●



Indiana

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

Indiana has a population of 6.8 million people, 1.5 million live in Indiana's 48 rural counties.

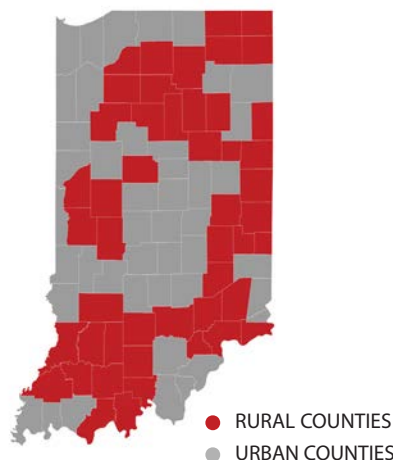
95.1% of rural Indiana residents identify as Non-Hispanic and 4.9% identify as Hispanic. For the Non-Hispanic rural population, 90.3% identify as White, 1.4% identify as Black/African American, 0.7% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 2.3% identify as two or more races.

The poverty rate in rural Indiana is 11.5%, 0.3 percentage points lower than the urban rate of 11.8%.

What's Good

The Hoosier State improved its rankings in many of the rural health measures, including General Health, going from 30th to 28 in 2023. It also improved its Low Birth Weight ranking two spots to 21st nationally, and earning a C+.

The rankings for Broadband Access and Uninsured Rate also increased to 11th and 23rd, respectively.

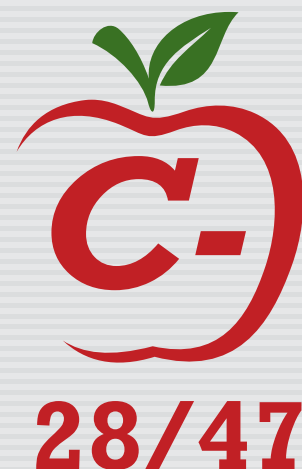


What Needs Work

Indiana's ranking for Mental Health Access dropped to 36th in the nation, earning a D-. While its ranking improved to 39th for Primary Care Access, the state still earned an F.

Urban-Rural Divide

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



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

Indiana is one of three states to receive a grade of C- for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Up three spots to 29th overall in 2023.



Quality of Life:

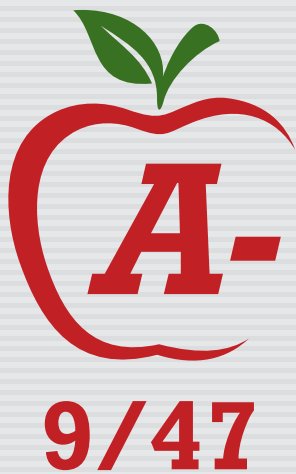
Up two spots nationally to 27th (29th in 2022).



Access to Care:

Up three spots nationally to 31st (34th in 2022).





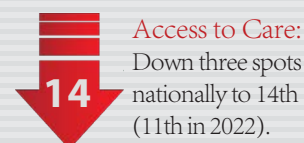
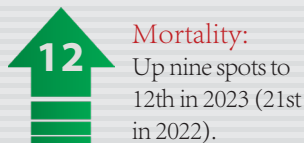
Iowa

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

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

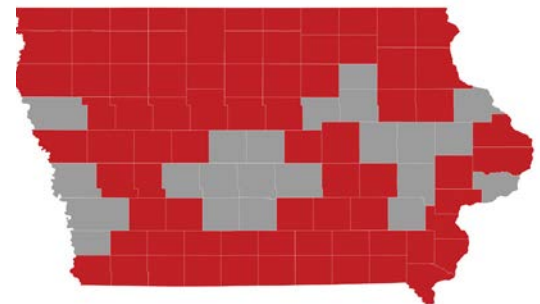
Iowa is one of three states to receive a grade of A- for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Iowa has a population of 3.2 million people, 1.2 million live in Iowa's 77 rural counties.

93.5% of rural Iowans identify as Non-Hispanic and 6.5% identify as Hispanic. For the Non-Hispanic rural population, 88.1% identify as White, 1.4% identify as Black/African American, 1.1% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.3% identify as two or more races.



- RURAL COUNTIES
- URBAN COUNTIES

The poverty rate in rural Iowa is 10.6%, 0.1 percentage points lower than the urban rate of 10.7%.

What's Good

The Hawkeye State improved its rural Mortality rate, going from 21st in 2022 to 12th in 2023.

The state was in the top ten in several Rural Health measures in 2023, including General Health, which went from 13th last year to ninth in 2023. It also improved its ranking for rural Broadband Access one spot to seventh in the nation.

What Needs Work

Iowa's ranking for rural Access to Care dropped three spots to 14th in 2023.

The state's rankings for Primary Care Access and Mental Health Access each stayed steady, and again earned a C+ and a C-, respectively.

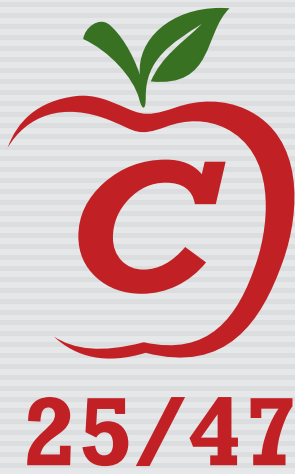
Urban-Rural Divide

The age-adjusted mortality rate in rural Iowa is higher than the urban rate. The percentage difference is 2%. ●



Kansas

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



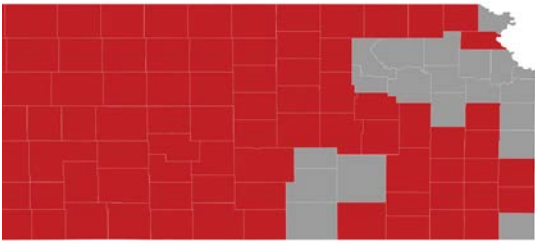
Kansas has a population of 2.9 million people, 871,535 residents live in Kansas's 85 rural counties.

85.8% of rural Kansans identify as Non-Hispanic and 14.2% identify as Hispanic. For the Non-Hispanic rural population, 79.1% identify as White, 1.8% identify as Black/African American, one percent 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 3.2% identify as two or more races.

The poverty rate in rural Kansas is 12.5%, 1.7 percentage points higher than the urban rate of 10.8%.

What's Good

Kansas' rating for Broadband Access improved drastically in 2023, going from 20th overall to third in the nation. The state's Quality of Life ranking improved to 11th, up from 12th.



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

The Sunflower State's Mental Health access earned an F again, staying at 40th out of 47 states. The Uninsured Rate ranking dropped from 28th to 32nd in 2023.

Urban-Rural Divide

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

KANSAS ranks 25th 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 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Up two spots to 25th in national ranking in 2023.



Quality of Life:

Up one spot nationally to 11th (12th in 2022).



Access to Care:

Down two spots nationally to 30th (28th in 2022).

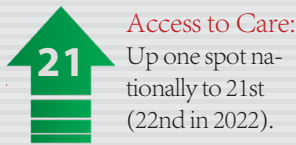




KENTUCKY ranks 38th in the nation for rural health out of 47 states with rural counties.

Kentucky is one of three states to receive a grade of D- for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Kentucky

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

Kentucky has a population of 4.5 million people, and 1.7 million people live in one of Kentucky's 81 rural counties.

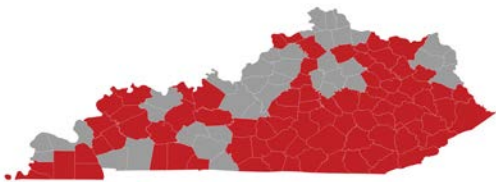
97.7% of rural Kentuckians identify as Non-Hispanic and 2.3% identify as Hispanic. For the Non-Hispanic rural population, 91.6% identify as White, 3% identify as Black/African American, 0.5% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.3% identify as two or more races.

The poverty rate in rural Kentucky is 20.1%, 7.2 percentage points higher than the urban rate of 12.8%.

What's Good

The Bluegrass State improved its Uninsured rate to 11th in the nation, up from 13th.

The rankings for both Quality of Life and Access to Care each improved, Kentucky was 42nd in Quality of Life, up from 45th, and 21st in Access to Care,



- RURAL COUNTIES
- URBAN COUNTIES

up from 22nd in 2022.

What Needs Work

While some improvement was made, four out of the ten rural health measures for Kentucky earned Fs for 2023.

The rural Primary Care Access dipped to 34th nationally, down three spots from the previous year.

Urban-Rural Divide

The age-adjusted mortality rate in rural Kentucky is higher than the urban rate. The percentage difference is 6%. ●



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+

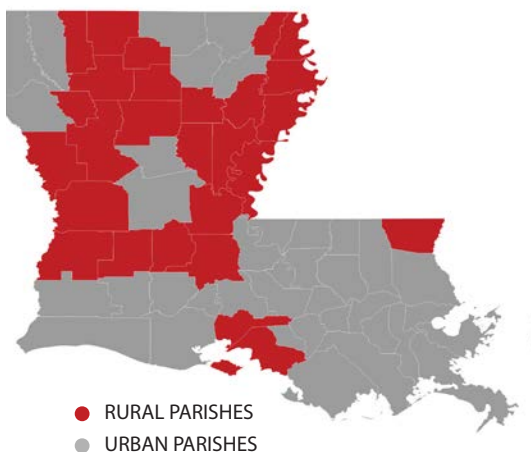
Louisiana has a population of 4.6 million people, 738,220 residents live in one of Louisiana's 27 rural parishes.

96.2% of rural Louisianans identify as Non-Hispanic and 3.8% identify as Hispanic. For the Non-Hispanic rural population, 60.8% identify as White, 30.2% identify as Black/African American, 0.8% identify as Asian, 0.6% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 3.4% identify as two or more races.

The poverty rate in rural Louisiana is 22.7%, 4.4 percentage points higher than the urban rate of 18.3%.

What's Good

The Pelican State improved its rankings for General Health, going from dead last in the nation to 46th. While the Access to Care rating stayed at 35th, the state improved to a D from last year's D-.

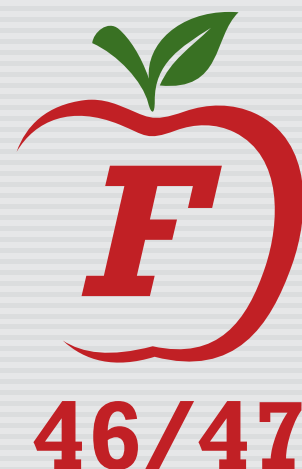


What Needs Work

Nine of Louisiana's rural health measures earned Fs again in 2023, and its overall rank held steady at 46. It ranked last in Quality of Life again in 2023.

Urban-Rural Divide

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



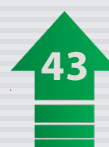
LOUISIANA ranks 46th in the nation for rural health out of 47 states with rural counties.

Louisiana is one of nine states to receive a grade of F for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Improved to 43rd in 2023 (46th in 2022).



Quality of Life:

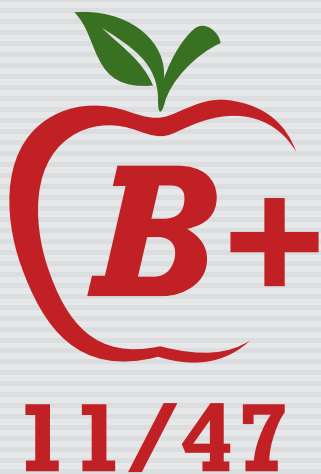
No change in national ranking of 47th for 2023.

47

Access to Care:

No change in national ranking of 35th for 2023.

35



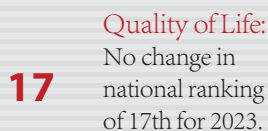
MAINE ranks 11th in the nation for rural health out of 47 states with rural counties.

Maine is one of three states to receive a grade of B+ for rural health access and outcomes in 2023.

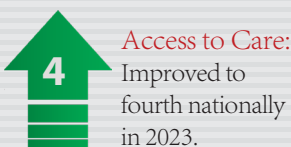
2023 STATE RURAL HEALTH RANKINGS



Mortality:
Down nine spots to 22nd for 2023 (13th in 2022).



Quality of Life:
No change in national ranking of 17th for 2023.



Access to Care:
Improved to fourth nationally in 2023.

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

Maine has a population of 1.4 million people, 549,861 residents live in Maine's 11 rural counties.

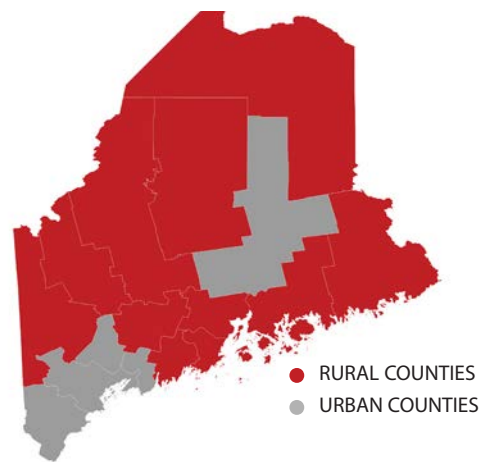
98.3% of rural Mainers identify as Non-Hispanic and 1.7% identify as Hispanic. For the Non-Hispanic rural population, 93.3% identify as White, 0.6% identify as Black/African American, 0.6% identify as Asian, 0.7% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 2.9% identify as two or more races.

The poverty rate in rural Maine is 12.6%, 2.8 percentage points higher than the urban rate of 9.8%.

What's Good

The Pine Tree State ranked in the top ten in three measures in 2023, Primary Care Access (third), Mental Health Access (eighth), and rural Broadband Access (fifth).

The Uninsured Rate ranking improved ten spots from 27th in 2022 to 17th in 2023.



What Needs Work

Rural Mortality rate dropped to 22nd in the nation in 2023 (13th in 2022). Low Birth Weight dropped a spot to 22nd but kept its C+ grade.

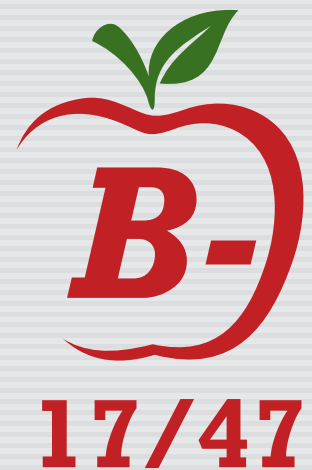
Urban-Rural Divide

The age-adjusted mortality rate in rural Maine is higher than the urban rate. The percentage difference is 2.8%. ●



Maryland

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



Maryland has a population of 6.2 million people, and 272,673 residents live in Maryland's seven rural counties.

95.5% of rural Marylanders identify as Non-Hispanic and 4.5% identify as Hispanic. For the Non-Hispanic rural population, 79.4% identify as White, 11.6% identify as Black/African American, 1.0% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 3% identify as two or more races.

The poverty rate in rural Maryland is 11.9%, 1.9 percentage points higher than the urban rate of 10%.

What's Good

The Old Line State improved in three rural health measures, with the ranking for Low Birth Weight up several spots to 29th in 2023. Primary Care Access also improved to 13th nationally in 2023.



What Needs Work

Maryland dropped out of the top ten for its Uninsured Rate, landing at 15th in 2023.

The Access to Care ranking dropped a spot to eighth overall in 2023.

Urban-Rural Divide

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

MARYLAND ranks 17th 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 2023.

2023 STATE RURAL HEALTH RANKINGS

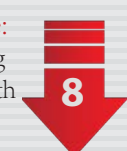
Mortality:
Improved three spots to 17th for 2023.



Quality of Life:
Up two spots nationally to 24th (26th in 2022).



Access to Care:
National ranking dropped to eighth for 2023.





Massachusetts

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

MASSACHUSETTS ranks second 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 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Up three spots to First in national ranking for 2023.



Quality of Life:
Down four spots nationally to sixth (second in 2022).



Access to Care:
Down two spots in national ranking to sixth for 2023.

Massachusetts has a population of 7.0 million people, with 105,588 who live in the state's three rural counties.

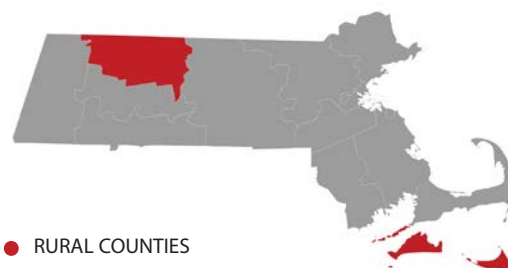
94.2% of rural Massachusetts residents identify as Non-Hispanic and 5.8% identify as Hispanic. For the Non-Hispanic rural population, 85% identify as White, 2.6% identify as Black/African American, 1.8% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.9% identify as some other race, and 3.8% identify as two or more races.

The poverty rate in rural Massachusetts is 9.3%, 0.8 percentage points lower than the urban rate of 10.1%.

What's Good

The Bay State took the top spot in two rural health measures in 2023, Low Birth Weight and Uninsured Rate.

General Health and Physical Health (30 Days) each earned an A+ in 2023.



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

Rural Broadband Access dropped six spots to 33rd in the nation with 90.5% of rural residents having access to high-quality broadband.

Mental Health (30 Days) also declined to 27th in 2023 (18th in 2022).

Urban-Rural Divide

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



Michigan

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

Michigan has a population of 10.1 million people, and 1.7 million live in its 53 rural counties.

95.6% of rural Michiganians identify as Non-Hispanic and 4.4% identify as Hispanic. For the Non-Hispanic rural population, 88.8% identify as White, 1.6% identify as Black/African American, 0.6% identify as Asian, 1.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 3.3% identify as two or more races.

The poverty rate in rural Michigan is 12.5%, 0.3 percentage points lower than the urban rate of 12.8%.

What's Good

The Great Lakes State improved in five rural health measures, including Mental Health (30 Days), which increased eight spots to 30th in 2023. The state also improved its Mental Care Access ranking to 16th.



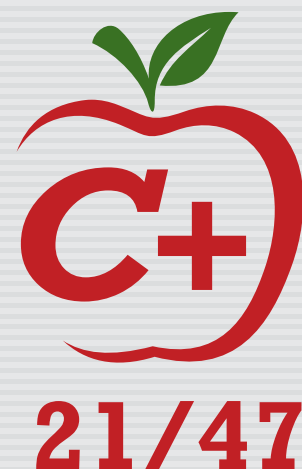
What Needs Work

Primary Care Access dropped a spot to 25th nationally, but its C grade remained unchanged.

Rural broadband Access dropped two spots to 27th, and dipped to a C- (C in 2022).

Urban-Rural Divide

The age-adjusted mortality rate in rural Michigan is higher than the urban rate. The percentage difference is 0.5%. ●



MICHIGAN ranks 21st 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 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Down one spot to 23rd nationally in 2023.



Quality of Life:

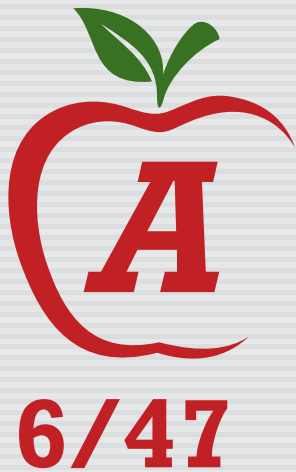
Up three spots to 21st (24th in 2022).



Access to Care:

Unchanged at 18th nationally.

18



Minnesota

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

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

Minnesota is one of three states to receive a grade of A for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Up one spot to fifth for 2023 (sixth in 2022).



Quality of Life:
Up two spots nationally to fifth (seventh in 2022).



Access to Care:
Up one spot to seventh for 2023 (eighth in 2022).

Minnesota has a population of 5.7 million people, and 1.3 million live in one of its 60 rural counties.

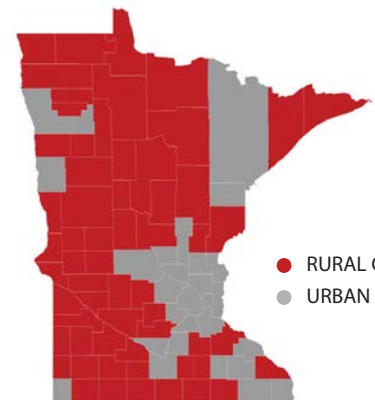
94.3% of rural Minnesotans identify as Non-Hispanic and 5.7% identify as Hispanic. For the Non-Hispanic rural population, 86.5% identify as White, 1.5% identify as Black/African American, 1.2% identify as Asian, 1.9% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 2.9% identify as two or more races.

The poverty rate in rural Minnesota is 10.4%, 1.7 percentage points higher than the urban rate of 8.7.

What's Good

The majority of the North Star State's rural health measures improved for 2023 rankings, including in Quality of Life and Access to Care.

The rankings for Uninsured Rate and rural Broadband Access both improved to seventh and second, respectively.



● RURAL COUNTIES
● URBAN COUNTIES

What Needs Work

Minnesota ranking for Primary Care Access dipped to tenth nationally in 2023 (ninth in 2022). It also slipped to fifth for Low Birth Weight (third in 2022).

Urban-Rural Divide

The age-adjusted mortality rate in rural Minnesota is higher than the urban rate. The percentage difference is 1.9%. ●



Mississippi

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

Mississippi has a population of three million people, 1.5 million live in the state's 62 rural counties.

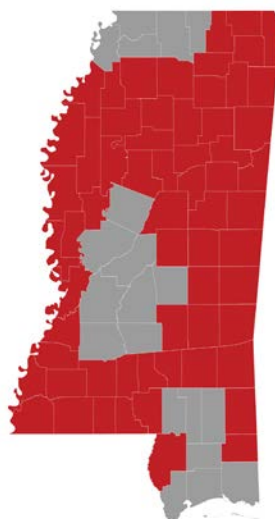
97.5% of rural Mississippi residents identify as Non-Hispanic and 2.5% identify as Hispanic. For the Non-Hispanic rural population, 56% identify as White, 38.2% identify as Black/African American, 0.6% identify as Asian, 0.6% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 1.8% identify as two or more races.

The poverty rate in rural Mississippi is 20.7%, 4.5 percentage points higher than the urban rate of 16.3%.

What's Good

Mississippi's Primary Care Access ranking improved to 35th nationally (36th in 2022). It also edged up two spots in its Uninsured Rate ranking, from 42nd in 2022 to 40th in 2023.

- RURAL COUNTIES
- URBAN COUNTIES



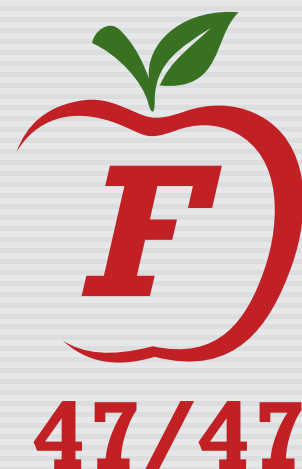
What Needs Work

The Magnolia State stayed at 47th nationally, which is dead last in the survey of the states with rural counties.

It slid to 47th for its General Health ranking in 2023 (44th in 2022). It was also 47th in Low Birth Weight ranking again in 2023.

Urban-Rural Divide

The age-adjusted mortality rate in rural Mississippi is higher than the urban rate. The percentage difference is 2.9%. ●



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

Mississippi is one of nine states to receive a grade of F for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Up three spots to 44th in 2023 (47th in 2022).



Quality of Life:

Down four spots to 46th for 2023. (42nd in 2023).



Access to Care:

No change in national ranking of 42nd for 2023.

42



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

MISSOURI ranks 33rd 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 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Up two spots to 31st in 2023.



Quality of Life:
Down three spots to 34th (31st in 2022).



Access to Care:
Up two spots nationally to 38th (40th in 2022).

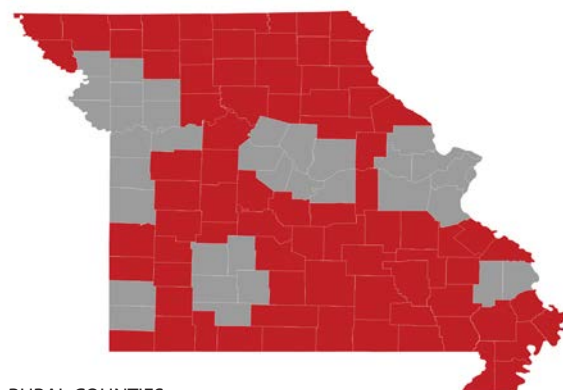
Missouri has a population of 6.2 million people, 1.5 million live in Missouri's 80 rural counties.

96.2% of rural Missourians identify as Non-Hispanic and 3.8% identify as Hispanic. For the Non-Hispanic rural population, 88.2% identify as White, 3% identify as Black/African American, 0.7% identify as Asian, 0.3% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 3.7% identify as two or more races.

The poverty rate in rural Missouri is 15.6%, 4.3 percentage points higher than the urban rate of 11.4%.

What's Good

The Show-Me State improved its rankings in several rural health measures in 2023, including Access to Care, which went up two spots to 38th in the nation. The rural Mortality Rate ranking also increased to 31st (33rd in 2022). The state's Low Birth Weight ranking was also up to 28th.



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

Quality of Life dropped three spots to 34th, and earned a D. Missouri's ranking for Mental Health Access also dipped to 40th (36th in 2022).

The rankings for both Mental Health (30 Days) and Physical Health (30 Days) fell in 2023 to 34th and 40th, respectively.

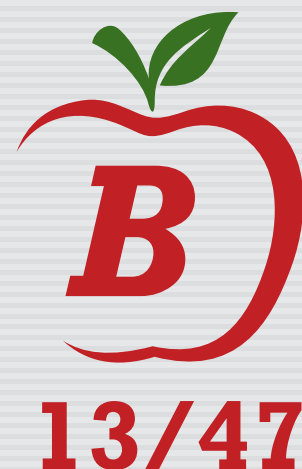
Urban-Rural Divide

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



Montana

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



Montana has a population of 1.1 million people, 488,655 live in one of Montana's 46 rural counties.

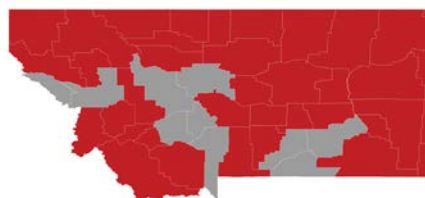
96.3% of rural Montana residents identify as Non-Hispanic and 3.7% identify as Hispanic. For the Non-Hispanic rural population, 81.6% identify as White, 0.3% identify as Black/African American, 0.5% identify as Asian, 9.8% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 3.8% identify as two or more races.

The poverty rate in rural Montana is 11.7%, 0.1 percentage points lower than the urban rate of 11.9%.

What's Good

The Treasure State improved its rankings in several rural health measures in 2023, including Quality of Life (12th in 2023 and Broadband Access (up to 28th in 2023).

Both Mental Health (30 Days) and Physical Health (30 Days) improved to



- RURAL COUNTIES
- URBAN COUNTIES

ninth and 13th, respectively. Access to Mental Health (sixth) and Primary Care (seventh) were ranked in the Top Ten again in 2023.

What Needs Work

The Rural Uninsured Rate ranking increased to 26th overall (25th in 2022). The state's Low Birth Weight rate slightly dipped to 23rd nationally, and earned a C.

Urban-Rural Divide

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

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

Montana is one of four states to receive a grade of B for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

No change in national ranking of 16th for 2023.

16

Quality of Life:

Up three spots nationally to 12th (15th in 2022).



Access to Care:

Stayed steady at ninth nationally in 2023.

9



Nebraska

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

NEBRASKA ranks eighth 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 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Up eight spots to tenth in national ranking for 2023.

4

Quality of Life:
Stayed steady at fourth in the nation in 2023.



Access to Care:
Up two spots nationally to 17th in 2023.

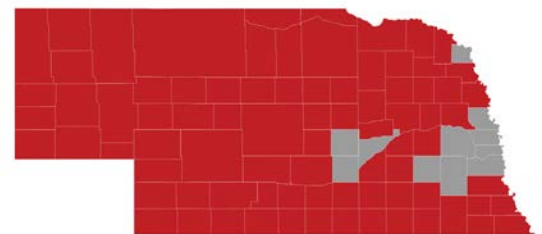
Nebraska has a population of 2.0 million people, with 677,281 living in one of Nebraska's 82 rural counties.

88.6% of rural Nebraskans identify as Non-Hispanic and 11.4% identify as Hispanic. For the Non-Hispanic rural population, 83.4% identify as White, 1% identify as Black/African American, 0.7% identify as Asian, 1.2% 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 Nebraska is 10.5%, 0.3 percentage points higher than the urban rate of 10.2%.

What's Good

Nebraska is in the top ten in several rural health measures for 2023, including Quality of Life with a ranking of fourth overall. It earned an A+ for Mental Health (30 Days) again in 2023, ranking third.



● RURAL COUNTIES
● URBAN COUNTIES

The state's rural Mortality Rate ranking improved to tenth in 2023, up from 18th in 2022.

What Needs Work

The Cornhusker State's rural Mental Health Access dropped to 44th overall, down from 40th in 2022, earning another F.

Urban-Rural Divide

The age-adjusted mortality rate in rural Nebraska is higher than the urban rate. The percentage difference is 2.2%. ●



Nevada

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

Nevada has a population of 3.1 million people, and 230,438 who live in one of Nevada's 12 rural counties.

Of those living in rural Nevada, 81.3% identify as Non-Hispanic and 18.7% identify as Hispanic. Among the Non-Hispanic rural population, 70.1% identify as White, 1.7% identify as Black/African American, 1.7% identify as Asian, 2.8% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.5% identify as some other race, and 4.3% identify as two or more races.

The poverty rate in rural Nevada is 10.7%, 3.4 percentage points lower than the urban rate of 14.1%.

What's Good

The Silver State had improvements in just a few rural health measures. The ranking for Mental Health (30 Days) rose six spots to 38th, and the grade went from an F to a D-.

The ranking for the Rural Uninsured Rate improved to 29th overall (31st in 2022), and rural Nevada's Quality of Life improved to 33rd, up from 34th in



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

Nevada's Access to Care ranking slipped a spot to 40th, and the rural Mortality Rate dropped three spots to 28th in 2023. Primary Care Access slipped to 46th (45th in 2022) and Mental Health Access was 47th again in 2022.

Urban-Rural Divide

The age-adjusted mortality rate in rural Nevada is higher than the urban rate. The percentage difference is 2.5%. ●



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

Nevada is one of four states to receive a grade of D for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Down three spots to 28th in 2023 (25th in 2022).



Quality of Life:

Up one spot nationally to 33rd (34th in 2022).



Access to Care:

Down one spot nationally to 40th (39th in 2022).





New Hampshire

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

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

It is one of three states to receive a grade of A+ for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Up one spot to fourth in national ranking for 2023.



Quality of Life:
Up three spots to eighth in 2023 (11th in 2022).

1

Access to Care:
No change in national ranking of first for 2023.

New Hampshire has a population of 1.4 million people, and 510,743 live in New Hampshire's seven rural counties.

97.8% of rural New Hampshire residents identify as Non-Hispanic and 2.2% identify as Hispanic. For the Non-Hispanic rural population, 92.1% identify as White, 1% identify as Black/African American, 1.6% identify as Asian, 0.2% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.7% identify as two or more races.

The poverty rate in rural New Hampshire is 8.5%, 2.2 percentage points higher than the urban rate of 6.4%.

What's Good

The Granite State improved in several rural health measures in 2023. Mental Health (30 Days) rose 14 spots to 14th in 2023 and Physical Health (30 Days) was up seven spots to seventh.

The rural Mortality rate ranking edged up one spot to fourth overall in 2023. The state earned an A- for its rural Low Birth Weight, up from B+ in 2022.

- RURAL COUNTIES
- URBAN COUNTIES



What Needs Work

Broadband Access dropped eight spots to 14th in 2023.

The rest of New Hampshire's rural health measures either improved or kept their letter grades for 2023.

Urban-Rural Divide

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



New Mexico

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



New Mexico has a population of 2.1 million people, and 700,346 live in New Mexico's 26 rural counties.

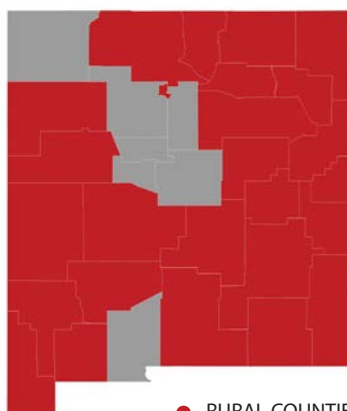
51.7% of rural New Mexicans identify as Non-Hispanic and 48.3% identify as Hispanic. For the Non-Hispanic rural population, 35% identify as White, 1.8% identify as Black/African American, 1% identify as Asian, 11.6% identify as American Indian/Alaska Native, 0.0% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 2.0% identify as two or more races.

The poverty rate in rural New Mexico is 20.7%, 5.0 percentage points higher than the urban rate of 15.7%.

What's Good

The Land of Enchantment gained four spots to 32nd for its ranking for rural Mortality Rate.

It also kept its ranking for rural Low Birth Weight at 35th overall, and improved its grade to D.



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

New Mexico declined in both Quality of Life and Access to Care to 31st and 34th, respectively.

Uninsured Rate ranking dropped six spots to 35th in 2023. It also declined seven spots for Mental Health (30 Days) to 21st, and slipped three spots in Mental Health Access to 23rd.

Urban-Rural Divide

The age-adjusted mortality rate in rural New Mexico is higher than the urban rate. The percentage difference is 4.2%. ●

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

It is one of three states to receive a grade of D+ for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Up four spots to 32nd in national ranking for 2023.



Quality of Life:

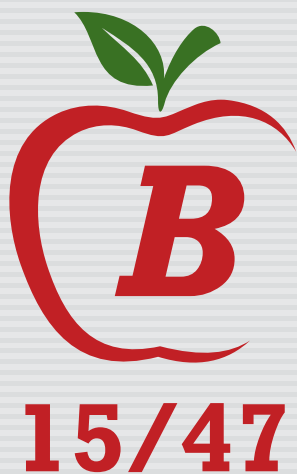
Down one spot nationally to 31st (30th in 2022).



Access to Care:

Down two spots nationally to 34th (32nd in 2022).





New York

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

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

New York is one of three states to receive a grade of B for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:
Down seven spots to 21st in 2023 (14th in 2022).

Quality of Life:
Up four spots nationally to 14th (18th in 2022).

Access to Care:
Down two spots to 12th for 2023 (10th in 2022).

New York has a population of 20 million people, with 1.4 million living in one of New York's 25 rural counties.

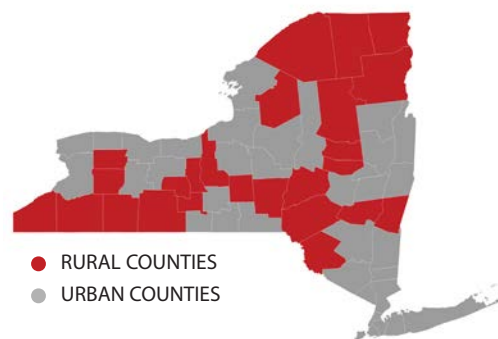
95.1% of rural New Yorkers identify as Non-Hispanic and 4.9% identify as Hispanic. For the Non-Hispanic rural population, 87.8% identify as White, 2.6% identify as Black/ African American, 1% identify as Asian, 0.6% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 2.8% identify as two or more races.

The poverty rate in rural New York is 13.4%, 0.2 percentage points lower than the urban rate of 13.6%.

What's Good

Rural New Yorkers have improved access to Primary Care and Mental Health, with the rankings for both up in 2023, up to 28th and seventh, respectively.

The rural Quality of Life ranking also improved four spots to 14th in 2023, earning a grade of B.



What Needs Work

The Empire State's rural Mortality Rate ranking dropped seven spots to 21st in 2023, and going from a B to a C+.

The ranking for New York's rural Uninsured Rate slipped to fifth in 2023, while Broadband Access fell four spots to eighth overall.

Urban-Rural Divide

The age-adjusted mortality rate in rural New York is higher than the urban rate. The percentage difference is 7.3%. ●



North Carolina

All-Cause Mortality	D	Primary Care Access	D
General Health	D+	Mental Health Access	C+
Mental Health (30 Days)	B	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 10.5 million people, and 2.2 million live in the state's 55 rural counties.

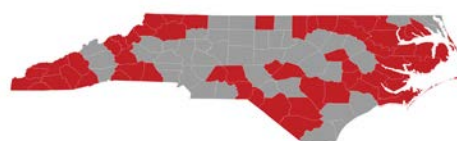
91.7% of rural North Carolinians identify as Non-Hispanic and 8.3% identify as Hispanic. For the Non-Hispanic rural population, 64.5% identify as White, 20.2% identify as Black/African American, 0.8% identify as Asian, 3.2% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.7% identify as two or more races.

The poverty rate in rural North Carolina is 17.3%, 5.3 percentage points higher than the urban rate of 12%.

What's Good

The Tar Heel State improved its Quality of Life ranking, from 32nd in 2022 to 30th in 2023. The state's rankings for Mental Health (30 Days) and Physical Health (30 Days) each improved to 16th and 21st, respectively.

The state's overall ranking stayed the same for 2023, keeping the 32nd spot nationally.



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

North Carolina's rural Mortality rate ranking dropped four spots to 34th in 2023.

Low Birth Weight and the Uninsured Rate remain issues in North Carolina, with both earning Fs again for 2023.

While the state's Access to Care rating remained steady at 36th, the ranking for Mental Health Access dipped a spot to 20th in 2023.

Urban-Rural Divide

The age-adjusted mortality rate in rural North Carolina is higher than the urban rate. The percentage difference is 4.9%. ●

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

It is one of four states to receive a grade of D for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:
Down four spots to 34th nationally for 2023.



Quality of Life:
Up two spots nationally to 30th (32th in 2022).



Access to Care:
No change in national ranking of 36th for 2023.

36



North Dakota

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

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

North Dakota is one of three states to receive a grade of A- for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Up 16 spots to seventh in nation for 2023.



Quality of Life:
Up two spots nationally to first (3rd in 2022).



Access to Care:
Down six spots nationally to 23rd (17th in 2022).

North Dakota has a population of 776,874 people, with 307,012 who live in the state's 45 rural counties.

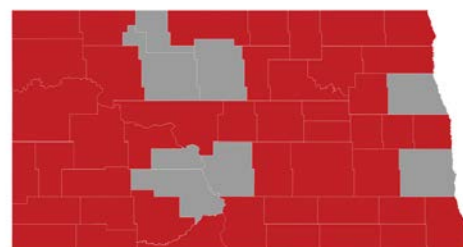
Among those who live in rural North Dakota, 95.1% identify as Non-Hispanic and 4.9% identify as Hispanic. For the Non-Hispanic rural population, 81.2% identify as White, 1.6% identify as Black/African American, 0.7% identify as Asian, 8.5% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.8% identify as two or more races.

The poverty rate in rural North Dakota is 10.8%, 0.3 percentage points higher than the urban rate of 10.5%.

What's Good

The Peace Garden State's rural Mortality rate ranking dramatically increased in 2023, going from 23rd in 2022 to seventh overall.

The state is now ranked first in Quality of Life and Mental Health (30 Days).



● RURAL COUNTIES
● URBAN COUNTIES

What Needs Work

North Dakota's ranking for the rural Uninsured Rate dropped ten spots to 25th in 2023. The state's ranking for Primary Care Access remained the same at 23rd in the nation.

Urban-Rural Divide

The age-adjusted mortality rate in rural North Dakota is higher than the urban rate. The percentage difference is 1.9%. ●



Ohio

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



Ohio has a population of 11.8 million people, including 2.1 million who live in one of Ohio's 47 rural counties.

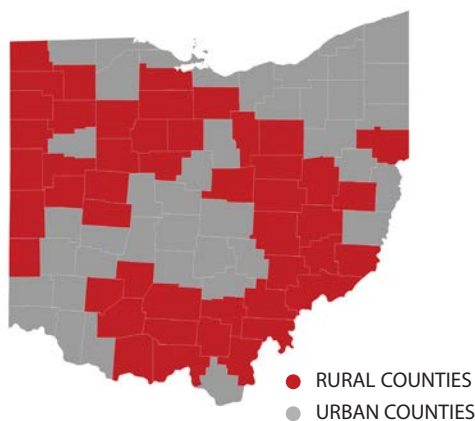
Among those who live in rural Ohio, 97.2% identify as Non-Hispanic and 2.8% identify as Hispanic. For the Non-Hispanic rural population, 92.1% identify as White, 1.7% identify as Black/African American, 0.6% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.4% identify as two or more races.

The poverty rate in rural Ohio is 13.0%, 0.1 percentage point lower than the urban rate of 12.9%.

What's Good

The Buckeye State improved its ranking for rural Mental Health (30 Days), jumping five spots to 31st overall.

97.1% of rural Ohioans have access to high quality broadband, raising the Broadband Access grade to an A-



for 2023, and putting the ranking in the top ten.

What Needs Work

The state's Access to Care dropped a spot to 28th nationally, but maintained a C-. The state's Rural Mental Health (30 Days) ranking earned a D+.

Urban-Rural Divide

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

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 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Up one spot to 30th nationally for 2023.



Quality of Life:

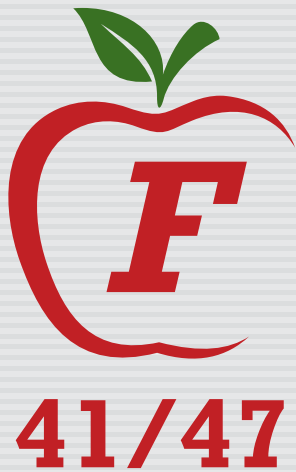
No change in national ranking of 28th for 2023.

28

Access to Care:

Down one spot nationally to 28th (27th in 2022).





Oklahoma

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

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

It is one of nine states to receive a grade of F for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Down one spot to 41st in nation in 2023.



Quality of Life:
Up one spot nationally to 35th (36th in 2022).

45

Access to Care:
No change in national ranking of 45th for 2023.

Oklahoma has a population of four million people with 1.3 million living in one of the state's 59 rural counties.

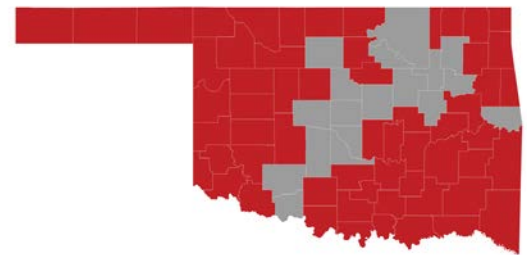
90.9% of rural Oklahomans identify as Non-Hispanic and 9.1% identify as Hispanic. For the Non-Hispanic rural population, 66.2% identify as White, 3.1% identify as Black/ African American, 1% identify as Asian, 11.6% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 8.8% identify as two or more races.

The poverty rate in rural Oklahoma is 16.8%, 2.7 percentage points higher than the urban rate of 14.1%.

What's Good

The Sooner State improved in several rural health measures in 2023, including Primary Care Access, which it's now ranked 41st overall.

Oklahoma also rose in the ranking for Physical Health (30 Days), which is up three spots to 38th, and up to a D-.



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

The rural Uninsured Rate earns another F for 2023, with 19% of rural residents going without health insurance.

Rural Access to Care (45th) and Mortality (41st) also earned Fs in 2023.

Urban-Rural Divide

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



Oregon

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

Oregon has a population of 4.2 million people, and 640,829 are living in Oregon's 21 rural counties.

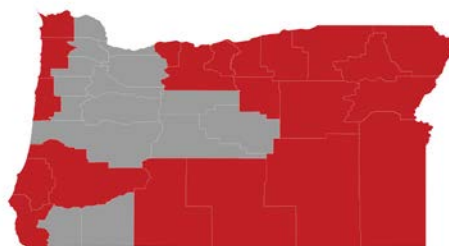
85.9% of rural Oregonians identify as Non-Hispanic and 14.1% identify as Hispanic. For the Non-Hispanic rural population, 77.6% identify as White, 0.6% identify as Black/ African American, 1% identify as Asian, 1.5% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 4.8% identify as two or more races.

The poverty rate in rural Oregon is 15.2%, 3.9 percentage points higher than the urban rate of 11.3%.

What's Good

The Beaver State now ranks in the top ten for rural Access to Care, jumping two spots to land at tenth in 2023.

Rural Mental Health Access slightly improved its ranking, from 24th in 2022 to 22nd in 2023, and the Uninsured Rate ranking jumped two spots to 18th



- RURAL COUNTIES
- URBAN COUNTIES

overall, and earning a B- up from last year's C+.

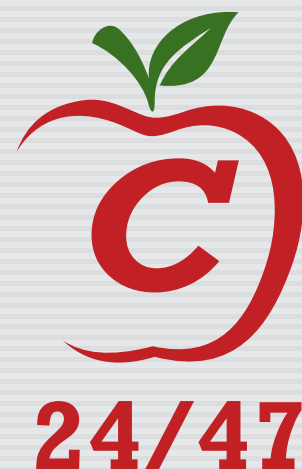
What Needs Work

Oregon's rural Mortality Rate ranking dropped significantly, going from 19th in 2022 to 26th in 2023.

The state's rural Broadband Access dropped nine spots to 31st in 2023, down from 22nd.

Urban-Rural Divide

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



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

Oregon is one of three states to receive a grade of C for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Down seven spots to 26th for 2023.



Quality of Life:

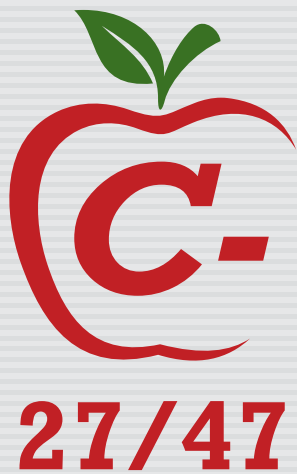
Down three spots nationally to 25th (22nd in 2022).



Access to Care:

Up two spots nationally to tenth for 2023.





Pennsylvania

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

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

Pennsylvania is one of three states to receive a grade of C- for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Down three spots to 27th for 2023 (24th in 2022).



Quality of Life:
Up four spots to 23rd for 2023 (27 in 2022).



Access to Care:
Up one spot in national ranking to 20th for 2023.

Pennsylvania has a population of 13 million people and 1.8 million live in one of the state's 34 rural counties.

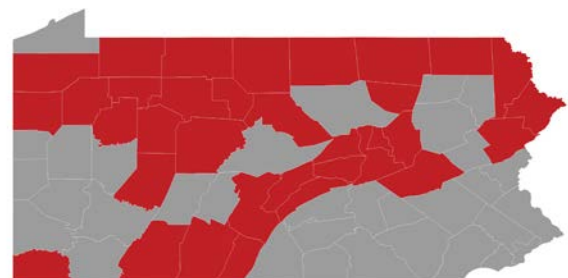
95.7% of rural Pennsylvanians identify as Non-Hispanic and 4.3% identify as Hispanic. For the Non-Hispanic rural population, 88.9% identify as White, 3.3% identify as Black/ African American, 0.8% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 2.3% identify as two or more races.

The poverty rate in rural Pennsylvania is 12.3%, 0.8 percentage points higher than the urban rate of 11.5%.

What's Good

The Keystone State improved its Mental Care Access, which is up four spots in 2023 to 14th overall. It also improved nine spots in Mental Health (30 Days) to 23rd.

With 94.2% of rural Pennsylvanians who have high-speed internet access, the commonwealth improved its ranking for rural Broadband



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

Pennsylvania's rural Primary Care Access dropped two spots to 30th in 2023, and dropping to a D+.

The Uninsured Rate ranking fell to 13th overall, down from ninth in 2022, with 7.6% of rural Pennsylvanians who have no insurance.

Urban-Rural Divide

The age-adjusted mortality rate in rural Pennsylvania is higher than the urban rate. The percentage difference is 3.6%. ●



South Carolina

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



South Carolina has a population of 5.1 million people, 729,610 live in South Carolina's 20 rural counties.

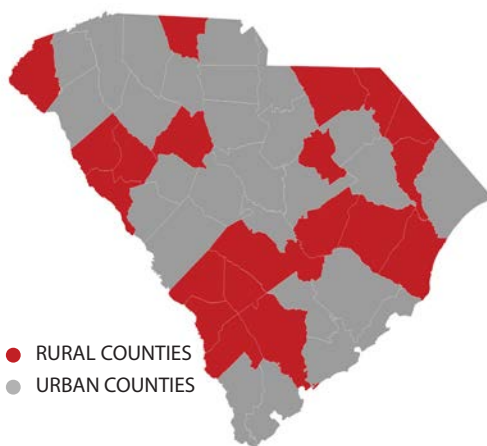
95.8% of rural South Carolinians identify as Non-Hispanic and 4.2% identify as Hispanic. For the Non-Hispanic rural population, 54.4% identify as White, 37.9% identify as Black/African American, 0.5% identify as Asian, 0.4% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 2.3% identify as two or more races.

The poverty rate in rural South Carolina is 19.8%, 6.6 percentage points higher than the urban rate of 13.3%.

What's Good

South Carolina's rural Physical Health (30 Days) gained five spots to 35th and improved to a D, up from 2022's F.

Rural Broadband Access increased five spots to 34th, and went from a F to a D. In rural South Carolina, 89% of homes have high-speed internet access.



What Needs Work

The Palmetto State's rural Mental Health (30 Days) dropped significantly in the rankings, going from 27th in 2022 to 37th in 2023.

The state's ranking for rural Low Birth Weight didn't change, and is still at 46th in the nation.

Urban-Rural Divide

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

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

South Carolina is one of nine states to receive a grade of F for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Up three spots to 39th for 2023 (42nd in 2022).



Quality of Life:

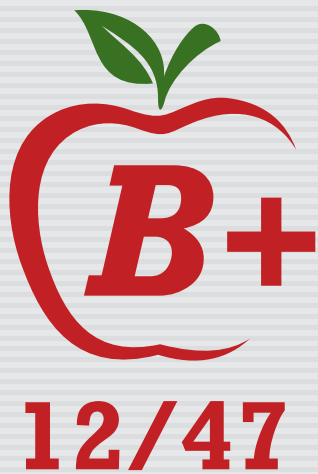
Down two spots to 45th in national ranking in 2023.



Access to Care:

No change in national ranking of 37th for 2023.

37



SOUTH DAKOTA ranks 12th 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 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Up eight spots to a national ranking of 18th for 2023.



Quality of Life:
Down two spots nationally to third (first in 2022).



Access to Care:
Up four spots nationally to 25th (29th in 2022).

South Dakota

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

South Dakota has a population of 890,342 people with 446,827 living in the state's 58 rural counties.

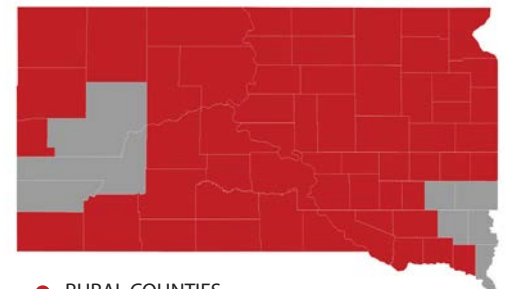
96.1% of rural South Dakotans identify as Non-Hispanic and 3.9% identify as Hispanic. For the Non-Hispanic rural population, 78.6% identify as White, 0.8% identify as Black/African American, 1.4% identify as Asian, 12.4% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.8% identify as two or more races.

The poverty rate in rural South Dakota is 14.3%, 5.4 percentage points higher than the urban rate of 8.8%.

What's Good

The Mount Rushmore State rose dramatically in the national rankings, going from 21st in 2022 to 12th overall in rural health in 2023. It also improved in rural Access to Care, going from 29th to 25th.

Rural Physical Health (30 Days) bumped up to A+ and ranks third overall. It also improved its rankings for General Health (tenth in 2023) and Primary Care Access (14th in 2023).



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

South Dakota's ranking for Low Birth Weight dropped to 11th, earning a B+.

The state maintained 13th in Mental Health Access again in 2023.

Urban-Rural Divide

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



Tennessee

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

Tennessee has a population of 6.9 million people with 1.5 million who live in one of the state's 51 rural counties.

95.7% of rural Tennesseans identify as Non-Hispanic and 4.3% identify as Hispanic. For the Non-Hispanic rural population, 86.5% identify as White, 5.4% 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, 0.2% identify as some other race, and 2.9% identify as two or more races.

The poverty rate in rural Tennessee is 15.2%, 2.3 percentage points higher than the urban rate of 12.9%.

What's Good

The Volunteer State's rural Low Birth Weight rate improved slightly to 33rd, up from 34th in 2022.

Broadband Access earned an improved C, with 93% of rural residents reporting access to high-quality broadband.



- RURAL COUNTIES
- URBAN COUNTIES

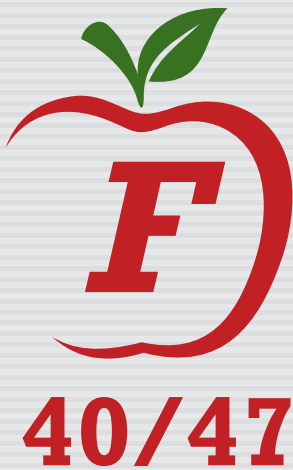
What Needs Work

Five of Tennessee's rural health measures earned Fs, earning the state an overall ranking of 40th nationally (38th in 2022).

Physical Health (30 Days) dropped seven spots from 35th in 2022 to 42nd in 2023.

Urban-Rural Divide

The age-adjusted mortality rate in rural Tennessee is higher than the urban rate. The percentage difference is 3.6%. ●



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

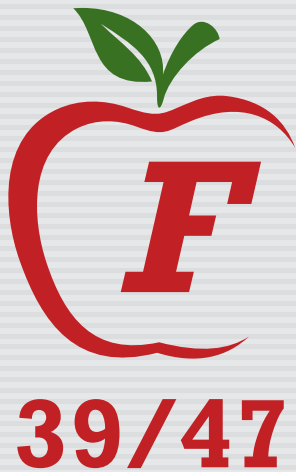
Tennessee is one of nine states to receive a grade of F for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:
Down one spot in national ranking to 42nd for 2023.

Quality of Life:
Down two spots nationally to 39th (37th in 2022).

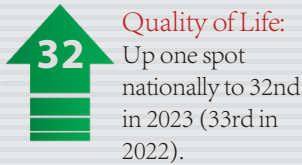
Access to Care:
Down one spot to 39th in national ranking for 2023.



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

It is one of nine states to receive a grade of F for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Texas

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

Texas has a population of 29.2 million people, and 2.9 people live in the state's 168 rural counties.

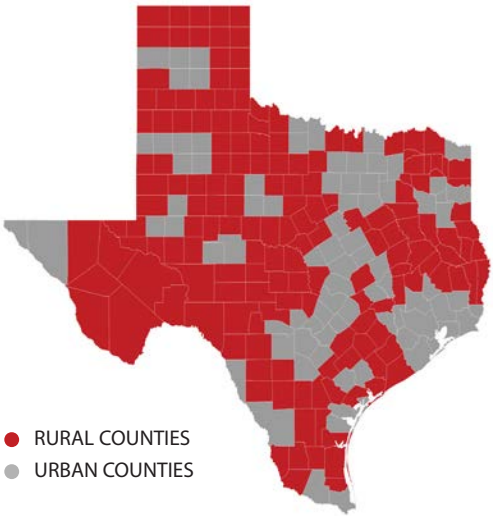
66.7% of rural Texans identify as Non-Hispanic and 33.3% identify as Hispanic. For the Non-Hispanic rural population, 56% identify as White, 7% identify as Black/African American, 0.7% identify as Asian, 0.3% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.4% identify as two or more races.

The poverty rate in rural Texas is 16.5%, 2.8 percentage points higher than the urban rate of 13.7%.

What's Good

The Lone Star State improved slightly in Primary Care Access, going from 46th overall to 45th in 2023.

The state also improved its rural Broadband Access, up five spots to 25th. In rural Texas, 93% of households have access to high-speed internet.



What Needs Work

For the seventh 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 also remains ranked at 47th, with 22.8% 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 5.8%. ●



Utah

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

Utah has a population of 3.3 million people, and 395,086 live in Utah's 20 rural counties.

90.2% of rural Utahns identify as Non-Hispanic and 9.8% identify as Hispanic. For the Non-Hispanic rural population, 83.1% identify as White, 0.5% identify as Black/African American, 0.9% identify as Asian, 3% identify as American Indian/Alaska Native, 0.3% 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 Utah is 10.9%, 2.6 percentage points higher than the urban rate of 8.3%.

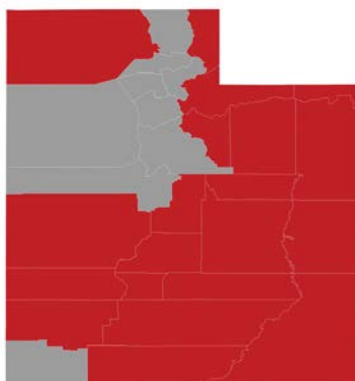
What's Good

Utah improved its Low Birth Weight ranking two spots to 24th in the nation, earning a C.

The Beehive State also improved its ranking for the rural Uninsured Rate, going from 32nd to 28th in 2023.

What Needs Work

Utah dropped a spot in Quality of Life rankings to 22nd nationally, and earns



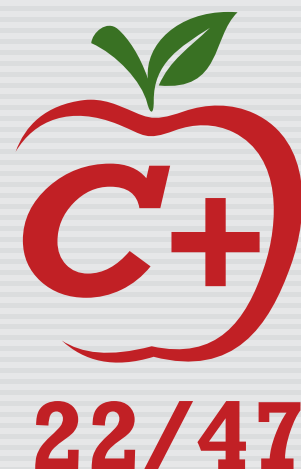
- RURAL COUNTIES
- URBAN COUNTIES

a C+.

The Physical Health (30 Days) ranking dropped five spots from 19th to 24th, while rural Primary Care Access remained at 19th.

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 22nd 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 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Down six spots to 15th in nation for 2023.



Quality of Life:

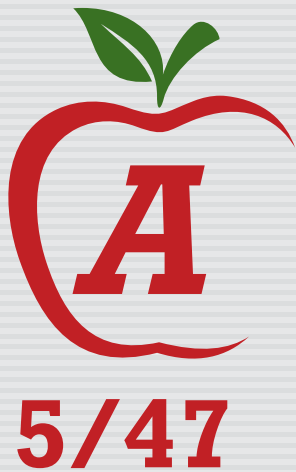
Down one spot in national ranking to 22nd for 2023.



Access to Care:

Up two spots nationally to 24th (26th in 2022).





Vermont

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

VERMONT ranks fifth 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 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Down one spot to eighth for 2023.

10

Quality of Life:
No change in national ranking of tenth for 2023.

2

Access to Care:
No change in national ranking of second for 2023.

Vermont has a population of 643,816 people with 418,071 living in the state's 11 rural counties.

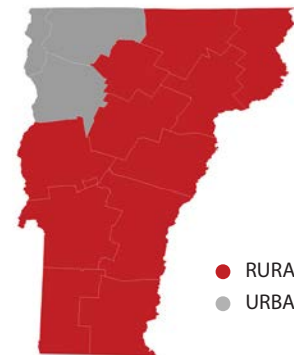
98% of rural Vermonters identify as Non-Hispanic and 2% identify as Hispanic. For the Non-Hispanic rural population, 93% identify as White, 0.8% identify as Black/African American, 0.9% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.9% identify as two or more races.

The poverty rate in rural Vermont is 10.1%, 0.8 percentage points higher than the urban rate of 9.3%.

What's Good

The Green Mountain State keeps six major rural health rankings in the top ten, all earning grades of A or A+ for 2023.

Four of the health measures improved its ranking, including General Health, which ranked second in the nation in 2023, and the rural Uninsured Rate,



● RURAL COUNTIES
● URBAN COUNTIES

which is also ranked second. In rural Vermont, 4.73% of people do not have insurance.

What Needs Work

Vermont's rural Mortality Rate dropped one spot to eighth, earning an A-.

Low Birth Weight keeps its B-, but dropped in the rankings to 18th overall (17th in 2022).

Urban-Rural Divide

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



Virginia

All-Cause Mortality	D	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 8.6 million people, and 1.1 million who live in the commonwealth's 53 rural counties.

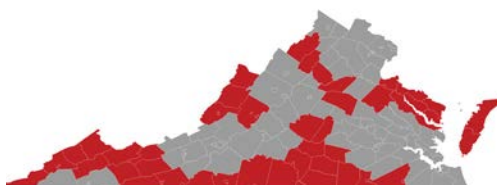
96% of rural Virginians identify as Non-Hispanic and 4% identify as Hispanic. For the Non-Hispanic rural population, 73.9% identify as White, 18.2% identify as Black/African American, 0.7% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.3% identify as some other race, and 2.8% identify as two or more races.

The poverty rate in rural Virginia is 15.2%, 5.9 percentage points higher than the urban rate of 9.3%.

What's Good

The rural Uninsured Rate ranking for Virginia improved to 21st overall, up from 23rd in 2022, as 9.52% of rural Virginians are uninsured.

Old Dominion's General Health ranking improved one spot to 32nd overall, while keeping its grade of D. The Access to Care rating was up to 32nd.



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

Many of the rural health measures either declined in 2023 or remained the same for Virginia.

The biggest decline was in Mental Health (30 Days) ranking, which went from 24th in 2022 to 35th in 2023.

The rural Quality of Life declined two spots to 37th, while the Primary Care Access ranking also dropped to 43rd.

Urban-Rural Divide

The age-adjusted mortality rate in rural Virginia is higher than the urban rate. The percentage difference is 8.1%. ●



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

Virginia is one of four states to receive a grade of D for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Down one spot nationally to 35th in 2023.



Quality of Life:

Down two spots to 37th in nation for 2023.



Access to Care:

Up one spot nationally to 32nd (33rd in 2022).





B-
19/47

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

It is one of three states to receive a grade of B- for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Down seven spots nationally to ninth in 2023.



Quality of Life:
Up one spot nationally to 18th (19th in 2022).



Access to Care:
Down two spots nationally to 26th in 2023.

Washington

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

Washington has a population of 7.7 million people, with 781,667 who live in one of Washington's 20 rural counties.

84.7% of rural Washingtonians identify as Non-Hispanic and 15.3% identify as Hispanic. For the Non-Hispanic rural population, 74% identify as White, 1.1% identify as Black/African American, 1.9% identify as Asian, 1.9% identify as American Indian/Alaska Native, 0.2% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 5.1% identify as two or more races.

The poverty rate in rural Washington is 12.4%, 2.9 percentage points higher than the urban rate of 9.5%.

What's Good

Washington's best improvement was in Physical Health (30 Days), which jumped four spots to 27th overall, and going from a D+ to a C- in 2023. The state's ranking for Primary Care Access ticked up one spot to 24th.



● RURAL COUNTIES
● URBAN COUNTIES

What Needs Work

The Evergreen State dropped seven spots in rural Mortality rate, going from second overall in 2022 to ninth in 2023, but it still earned an A- in 2023.

It also earned lower ratings in the rural Uninsured Rate, dropping five spots to 24th, and going from a B- to a C in 2023.

Urban-Rural Divide

The age-adjusted mortality rate in rural Washington is higher than the urban rate. The percentage difference is 2.1%. ●



West Virginia

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



D-
37/47

West Virginia has a population of 1.8 million people, with 702,730 living in the state's 35 rural counties.

98.6% of rural West Virginians identify as Non-Hispanic and 1.4% identify as Hispanic. For the Non-Hispanic rural population, 93% identify as White, 2.2% identify as Black/African American, 0.3% identify as Asian, 0.1% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.1% identify as some other race, and 2.8% identify as two or more races.

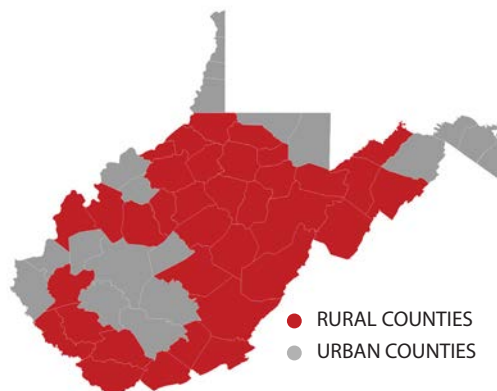
The poverty rate in rural West Virginia is 18.3%, 3.1 percentage points higher than the urban rate of 15.2%.

What's Good

The Mountain State improved its ratings for several rural health measures, including rural Uninsured Rate ranking, which was up to 16th in 2023, with 8.39% of rural West Virginians without insurance.

What Needs Work

West Virginia's ranking for rural Mor-



tality rate dropped eight spots to 45th. The state ranks 47th for Mental Health (30 Days) and 46th for Physical Health (30 Days). That is out of the 47 states with rural counties.

It also declined in the rankings for Mental Health Access to 19th, down three from 2022.

Urban-Rural Divide

The age-adjusted mortality rate in rural West Virginia is higher than the urban rate. The percentage difference is 2%. ●

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

It is one of three states to receive a grade of D- for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:
Down eight spots overall to 45th for 2023.

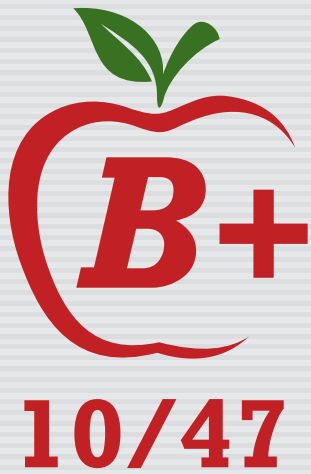


Quality of Life:
Up two spots in national ranking to 44th for 2023.



Access to Care:
Up one spot nationally to 19th (20th in 2022).





Wisconsin

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

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

The state is one of three states to receive a grade of B+ for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS



Mortality:
Up six spots to 11th in 2023 (17th in 2022).

9

Quality of Life:
No change in national ranking of ninth for 2023.



Access to Care:
Up three spots to 11th for 2023 (14th in 2022).

Wisconsin has a population of 5.9 million people, including 1.5 million who live in one of the state's 45 rural counties.

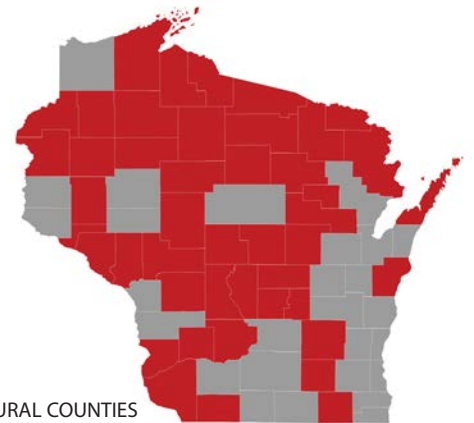
95.6% of rural Wisconsinites identify as Non-Hispanic and 4.4% identify as Hispanic. For the Non-Hispanic rural population, 89.7% identify as White, 0.9% identify as Black/African American, 0.9% identify as Asian, 1.4% identify as American Indian/Alaska Native, 0% identify as Native Hawaiian/Pacific Islander, 0.2% identify as some other race, and 2.4% identify as two or more races.

The poverty rate in rural Wisconsin is 10.5%, 0.1 percentage point lower than the urban rate of 10.6%.

What's Good

Wisconsin rose three spots in rural Access to Care to 11th in 2023, earning a B+.

It also improved its Broadband Access ranking to 29th in 2023 (35th in 2022), with 92% of rural residents having high-quality internet access.



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

The Badger State's ranking for rural Low Birth Weight dropped a spot to eighth, and is now down to A-.

The Uninsured Rate ranking dipped to 12th overall, but kept its B+ grade.

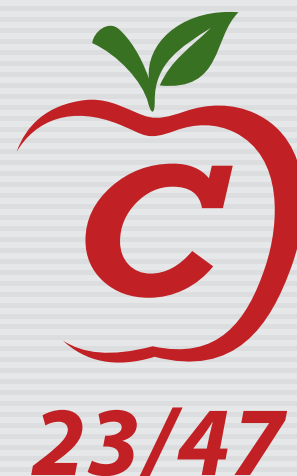
Urban-Rural Divide

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



Wyoming

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



Wyoming has a population of 577,929 people, and a majority, or 398,107, live in one of the state's 21 rural counties.

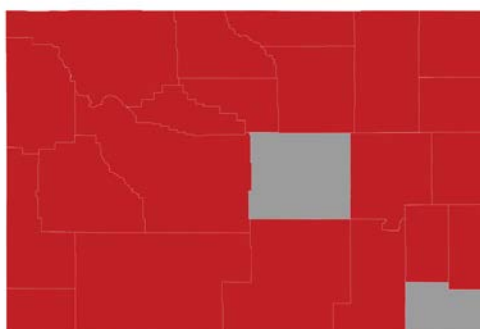
90.5% of rural Wyoming residents identify as Non-Hispanic and 9.5% identify as Hispanic. For the Non-Hispanic rural population, 83.3% identify as White, 0.5% identify as Black/ African American, 0.8% identify as Asian, 2.4% identify as American Indian/Alaska Native, 0.1% identify as Native Hawaiian/Pacific Islander, 0.4% identify as some other race, and 3% identify as two or more races.

The poverty rate in rural Wyoming is 10.6%, 0.5 percentage points higher than the urban rate of 10%.

What's Good

Primary Care Access and Dental Care Access are the only two rural health measures that increased in ratings in 2023, up to ninth and seventh overall, respectively.

In addition, two other measures, General Health and Mental Health (30 Days) ranked in the top ten overall.



- RURAL COUNTIES
- URBAN COUNTIES

What Needs Work

16.25% of rural Wyoming residents are uninsured, dropping the Uninsured Rate ranking to 42nd overall in 2023. The state's rural Low Birth Rate ranking dropped a spot to 34th overall in 2023.

Wyoming's rankings for the Quality of Life and rural Access to Care both dropped in 2023 to 19th (16th in 2022) and 27th (25th in 2022) respectively.

Urban-Rural Divide

The age-adjusted mortality rate in rural Wisconsin is lower than the urban rate. The percentage difference is 2.9%.

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

Wyoming is one of three states to receive a grade of C for rural health access and outcomes in 2023.

2023 STATE RURAL HEALTH RANKINGS

Mortality:

Down four spots nationally to 19th (15th in 2022).



Quality of Life:

Down three spots nationally to 19th (16th in 2022).



Access to Care:

Down two spots nationally to 27th (25th in 2022).



Rural *REPORTS*

Rural Health Reporting

from Across the Nation

and Around the World

ALABAMA //

Rural health services in Alabama to receive \$5 million from the Department of Health and Human Services to help treat opioid addiction and recovery services and strengthen maternal health care.

mynbc15.com | 09.24.24

ARIZONA //

Arizona Center for Rural Health receives \$4.4 million in federal grants to boost services in outlying communities. The grants will help support rural hospitals and boost paramedic training programs in rural areas.

healthsciences.arizona.edu | 09.03.24

CALIFORNIA //

Many rural counties still lack access to reproductive health care. Health advocates are hoping nurse practitioners and midwives to help alleviate the shortages.

calhealthreport.org | 10.24.24

ALASKA //

From 2012 to 2021, pregnancy-associated deaths in rural Alaska almost tripled, dramatically outpacing the increase seen in urban areas. Alarming, almost half of these deaths were linked to barriers in accessing health care.

alaskapublic.org | 09.27.24

ARKANSAS //

Mobile clinics help shrink that gap in rural care, but they can be expensive to operate. But one program from the University of Arkansas for Medical Sciences is working to resolve some of the issues for when it comes to long-term birth control.

kffhealthnews.org | 10.16.24

COLORADO //

New laws to support rural health care and increase availability of telehealth services are now in effect throughout Colorado.

theprowersjournal.com | 10.18.24



CANADA

More rural communities in Ontario are turning to cold hard cash to recruit doctors and nurses, but the strategy comes with a warning. Health experts say the incentives could put pressure on already cash-strapped local governments.

cbc.ca | 08.05.24

GERMANY

Authorities in Germany are finding it increasingly difficult to attract medical professionals to work in rural communities.

According to one study, 11,000 family doctor positions are expected to be unfilled by the year 2035. In rural Germany, 40% don't have a doctor, and the problem is only getting worse. Every third family doctor in Germany is currently older than 60 and could soon retire. To add to the problem, few young doctors want to practice in rural communities.

dw.com | 05.22.24

AUSTRALIA

Many new moms in rural Australia are feeling neglected when it comes to mental health services.

A recent study published in the Australian Journal of Rural Health shows rural women with depression and other mental issues are more likely to experience significantly higher parenting stress due to limited access to specialist services.

One new mom says there's simply not enough access to help and says the waitlists are completely unacceptable.

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.

CONNECTICUT //

After years of fighting to keep their birthing unit open, a rural CT hospital in Sharon celebrates a new merger agreement to keep it open for at least another five years.

www.registercitizen.com | 08.21.24



GEORGIA //

Parts of rural Georgia will soon be getting new funding to strengthen opioid addiction treatment.

The \$2.5 million will help improve access to treatment and recovery services, strengthen the behavioral health workforce, and help coordinate social services in rural Georgia.

www.ossoff.senate.gov |

HAWAII //

Waimea clinic aims to overcome health disparities among Native Hawaiians.

The Kīpuka o ke Ola (KOKO) Native Hawaiian Rural Health Clinic plans to break ground for a new clinic that will double in size on a seven-acre property.

www.hawaiinewsnow.com | 09.17.24

FLORIDA //

Over the last decade, more than 100 rural hospitals have closed. A new report shows that financial losses could cause more than a dozen rural Florida hospitals to close as early as 2026.

www.businessobserverfl.com | 09.25.24

IDAHO //

A new partnership between the Idaho State University and Umpqua Community College looks to help ease the shortage of social workers in rural areas.

www.bigcountrynewsconnection.com | 10.29.24

CHINA

The most populous country in the world is looking to boost its population. China, which hit a record low birth rate last year, had two consecutive years of shrinking population.

The government recently announced new measures including maternity insurance, subsidies and medical resources for children, and increased protection for pregnant women and new mothers among workers.

www.reuters.com | 10.28.24

THE PHILLIPINES

Several health clinics in rural areas of the Philippines are now running on solar power thanks to a donation from the World Health Organization, the U.S., and the European Union.

The clinics are located in an area with frequent power outages. The boosted power supply will ensure the safe storage of life-saving medicines, safer childbirth at night and during disasters, powered and better sterilized medical equipment, availability of hot water, and less risk of damage to medical devices.

pna.gov.ph

ARGENTINA

Health authorities in Argentina are dealing with an explosion of syphilis cases.

The Health Ministry says data shows cases have hit a three-decade high, going from 12,000 in 2021 to more than 32,000 in 2023. Experts say cases are up 42% since 2018.

The age group with the highest increase is people aged 15 to 34, with 88 cases reported each day.

www.batimes.com.ar | 11.08.24

INDIANA //

Ten communities and organizations will receive state funding from a new program to help combat loneliness in rural areas.

The Building Socially Connected Communities program funds projects that enhance social connections within communities.

insideindianabusiness.com
| 10.10.24

IOWA //

A new report from Common Sense Institute Iowa found that over a third of Iowa's hospitals operated at a loss in 2022.

wqad.com | 09.11.24

KANSAS //

Rural residents have limited access to genetic testing that's often required to detect rare diseases.

A new research program at the Genomic Medicine Center at Children's Mercy Kansas City is looking to help families overcome those barriers.

kcur.org | 09.10.24

KENTUCKY //

The University of Kentucky College of Medicine launches a new program aimed at training future physicians to provide care to people living in rural settings.

uknow.uky.edu | 09.16.24

LOUISIANA //

Heart disease is rampant in parts of the rural South, and now researchers are hitting the road to learn why.

Louisiana is one of four southern states where they aim to test the heart and lung function of roughly 4,600 residents of ten counties and parishes.

medicalxpress.com |
08.17.24

MAINE //

At Maine EMS, a debate over funding and process is brewing over how to spend millions of dollars allocated by the state legislature.

Lawmakers are trying to determine how to spend the remaining \$19.3 million of the \$31 million allocated.

Some members of Maine EMS want the funds to go to EMS agencies, while others say it should go to training programs.

themaineonitor.org |
10.19.24

MARYLAND //

A new program at the University of Maryland School of Medicine focuses on training and placing incoming medical students in healthcare practices on the rural Eastern Shore.

www.hcinnovationgroup.com | 10.24.24

MASSACHUSETTS //

Heywood Hospital in Gardner successfully emerged from bankruptcy proceedings and now eyes adding new programs.

thegardnernews.com |
10.03.24

MINNESOTA //

A new program at the University of Minnesota Medical School introduces students to rural health care giving them a chance to gain valuable hands-on experience.

The program director says 42% of students who go through the program end up returning to rural areas after completing their education.

mndaily.com | 10.28.24

MICHIGAN //

High blood pressure is a problem in rural and urban areas, but one program in rural Michigan is seeing promising results.

The program enrolled 45 patients to receive blood pressure monitoring and visits with health care providers all by remote.

At the start of the program, just 39% of the people had their blood pressure under control. But after six months, that number had doubled.

gandernewsroom.com |
10.29.24

MISSISSIPPI //

Mississippi State University and the Mississippi State Department of Health are partnering to support rural hospitals throughout the state.

Representatives from 11 hospitals participated in Healthcare Lean Certificate training, which offers ways to improve ways to enhance the safety and quality of patient care. It also helps improve organizational efficiency.

msstate.edu | 10.25.24

NEBRASKA //

A majority of rural Nebraska hospitals report financial hardship caused by Medicare Advantage (MA) plans.

A new study by the Nebraska Rural Health Association found many of the plans require prior authorization for treatment, causing lengthy delays.

healthexec.com | 10.02.24

NEW HAMPSHIRE //

The Dartmouth Health Advance Response Team will be getting two new ambulances and six new EMTs to help people in rural New England thanks to a generous donation.

Les Haynes of Meredith in the Lakes Region left \$6.7 million in his will to Dartmouth Hitchcock Medical Center as a thank you for the health care he'd received over the years.

www.unionleader.com | 10.15.24

NEW YORK //

NY children will soon have healthy, locally sourced foods available in schools thanks to \$1.5 million from the State Agriculture Commission.

agriculture.ny.gov | 10.09.24

NORTH CAROLINA //

Three organizations in rural North Carolina are awarded millions in federal grants to expand drug treatment programs.

The \$9 million federal funds will be awarded over the next four years, and will target areas with some of the highest rates of opioid abuse.

northcarolinahealthnews.org | 09.25.24

OKLAHOMA //

The mental health crisis hitting American farmers affects everyone, but a new study shows black farmers face specific challenges.

Not only do producers of color deal with the stressors like weather and commodity prices, they also deal with racism, which adds to the risks of mental health issues like depression.

kosu.org | 09.23.24

SOUTH DAKOTA //

A majority of the firefighters in South Dakota are volunteer, and now a study is underway at South Dakota State University to improve their health and well-being.

sdsu.edu | 09.19.24

TEXAS //

Many Texas counties are seeking state funding to keep their EMS running as they deal with population booms.

While counties are not required to provide ambulance services, leaders in many counties are getting creative to pay for their own fleet, including contracting the services out to larger cities.

texastribune.org | 11.11.24

VERMONT //

The 1,000 residents of Caledonia County will soon have more reliable access to high-speed internet.

The USDA awarded \$2.8 million grant to NEK Broadband through its Community Connect Grant.

vermontbiz.com | 10.30.24

VIRGINIA //

Virginia's rural healthcare committee considers unique challenges, including maternal health gap, insufficient broadband infrastructure, and lack of transportation.

virginiamercury.com | 09.18.24

WASHINGTON //

New state funding will help rural dentist education grow in Spokane.

The University of Washington School of Dentistry has a partnership with the Eastern Washington University to prepare future dentists to work in rural and underserved parts of the state.

spokesman.com | 10.26.24

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.

2025

Meeting of the Medicare Payment Advisory Commission (MedPAC) Jan 16 - 17, 2025 **Virtual**

ASTP/ONC Health Information Technology Advisory Committee (HITAC) Jan 23, 2025 **Virtual**

Medicaid and CHIP Payment and Access Commission (MACPAC) Public Meeting Jan 23 - 24, 2025 **Virtual**

2025 35th Annual National Leadership Forum & SAMHSA's 21st Prevention Day Feb 3 - 6, 2025 Gaylord National Hotel and Convention Center, National Harbor, MD

2025 Annual National Association of Community Health Centers Policy and Issues Forum Feb 5 - 8, 2025 Marriott Marquis, Washington, DC

2025 National PACE Association Virtual Winter Conference Feb 10 - 14, 2025 **Virtual**

2025 36th Annual Rural Health Policy Institute Feb 11 - 13, 2025 Renaissance Arlington Capital View Hotel, Washington, DC

ASTP/ONC Health Information Technology Advisory Committee (HITAC) Feb 13, 2025 **Virtual**

2025 Annual Arizona Rural & Public Health Policy Forum Feb 18, 2025 Virginia G. Piper Auditorium, Phoenix, AZ

Health Center Preparedness & Response Forum: Extreme Heat Feb 19, 2025 **Virtual**

2025 38th Annual Rural Health Care Leadership Conference Feb 23 - 26, 2025 JW Marriott San Antonio Hill Country, San Antonio, TX 2025

2025 Annual 340B Coalition Winter Conference Feb 24 - 26, 2025 Marriott Marquis San Diego Marina, San Diego, CA

2025 Rural Health Association of Arkansas Legislative & Annual Summit Feb 27 - 28, 2025 Clinton Presidential Center, Little Rock, AR

Medicaid and CHIP Payment and Access Commission (MACPAC) Public

Meeting Feb 27 - 28, 2025 **Virtual**

HIMSS25 Global Conference & Exhibition March 3 - 6, 2025 The Venetian Convention & Expo Center, Caesars Forum, and Wynn Las Vegas, Las Vegas, NV

Meeting of the Medicare Payment Advisory Commission (MedPAC) March 6 - 7, 2025 **Virtual**

2025 VCOM National Rural Medicine Conference March 7 - 9, 2025 Grand Hyatt Nashville, Nashville, TN

2025 Annual NADO and DDAA Washington Conference March 9 - 12, 2025 Crystal Gateway Marriott, Arlington, VA

2025 National PACE Association Spring Policy Forum March 17 - 18, 2025 Mayflower Hotel, Washington, DC

2025 NARHC Spring Institute March 17 - 19, 2025 Omni Oklahoma City, Oklahoma City, OK

ASTP/ONC Health Information Technology Advisory Committee (HITAC) March 20, 2025 **Virtual**

2025 Annual North Dakota Mind Matters Conference March 20 - 21, 2025 Baymont by Wyndham, Mandan, ND

2025 AgrAbility National Training Workshop March 24 - 27, 2025, New Mexico Farm and Ranch Heritage Museum, Las Cruces, NM

Being an Ally in Indian Country March 25 - 26, 2025 **Virtual**

2025 43rd Annual Protecting Our Children Conference March 30 - April 2, 2025 DoubleTree by Hilton at the Entrance to Universal Orlando, Orlando, FL

2025 Missouri Rural Health Resource and Career Expo April 1, 2025 Holiday Inn Executive Inn Center, Columbia, MO

2025 Missouri Rural Health Workforce Development Conference April 1 - 2, 2025 Holiday Inn Executive Inn Center, Columbia, MO

2025 Annual Tribal Public Health Conference April 1 - 3, 2025 Choctaw Casino & Resort, Durant, OK

2025 JEMS at FDIC April 7 - 12, 2025 Indiana Convention Center & Lucas Oil Stadium, Indianapolis, IN

2025 Rural Medical Training Collaborative (RMTC) Annual Meeting April 9 - 11,

2025 Santa Fe Community Convention Center, Santa Fe, NM

ASTP/ONC Health Information Technology Advisory Committee (HITAC) April 10, 2025 **Virtual**

Medicaid and CHIP Payment and Access Commission (MACPAC) Public Meeting April 10 - 11, 2025 **Virtual**

Meeting of the Medicare Payment Advisory Commission (MedPAC) April 10 - 11, 2025 **Virtual**

2025 NCHN Annual Educational Conference April 15 - 17, 2025 Omni Severin Hotel, Indianapolis, IN

Health Center Preparedness & Response Forum: Workforce Supports April 16, 2025 **Virtual**

2025 Colorado Rural Health Center Forum and Annual Conference April 16 - 18, 2025 Location: TBD, Broomfield, CO

2025 Rx and Illicit Drug Summit April 21 - 24, 2025 Gaylord Opryland Hotel, Nashville, TN

2025 NTCA Legislative & Policy Conference April 27 - 29, 2025 Hyatt Regency Washington on Capitol Hill, Washington, DC

2025 Preparedness Summit April 29 - May 2, 2025 Henry B. Gonzalez Convention Center, San Antonio, TX

Wisconsin Rural Partners 2025 Rural Summit April 30 - May 1, 2025 RiverStone, Fort Atkinson, WI

2025 New York State Annual Public Health Partnership Conference April 30 - May 2, 2025 Ithaca Downtown Conference Center, Ithaca, NY

2025 Appalachian Health Leadership Forum May 1 - 2, 2025 Stonewall Resort & Conference Center, Roanoke, WV

2025 52nd Annual NARMH Conference May 1 - 3, 2025 Hotel Captain Cook, Anchorage, AK

ATA Nexus 2025 Annual Conference May 3 - 6, 2025 New Orleans Convention Center, New Orleans, LA

2025 National Council for Behavioral Health NATCON Conference May 5 - 7, 2025 Pennsylvania Convention Center, Philadelphia, PA

2025 Northwest Tribal Public Health Emergency Preparedness Training & Conference May 5 - 9, 2025 Muckleshoot Casino Resort, Auburn, WA

ASTP/ONC Health Information Technology Advisory Committee (HITAC) May 8, 2025 Virtual

2025 Annual NASEMSO Meeting May 12 - 16, 2025 Amway Grand Plaza Hotel, Grand Rapids, MI

2025 Oregon Forum on Rural Population Health & Health Equity May 19 - 21, 2025 Seaside Civic & Convention Center, Seaside, OR

2025 48th Annual NRHA Rural Health Conference May 20 - 23, 2025 Atlanta Marriott Marquis, Atlanta, GA

2025 30th NRHA Health Equity Conference May 19 - 20, 2025 Atlanta Marriott Marquis, Atlanta, GA

2025 Accelerating Health Equity Conference May 19 - 22, 2025 Atlanta Marriott Marquis, Atlanta, GA

2025 Rural Medical Education Conference May 20, 2025 Atlanta Marriott Marquis, Atlanta, GA

2025 10th Annual Rural Hospital Innovation Summit May 20 - 23, 2025 Atlanta Marriott Marquis, Atlanta, GA

2025 International Rural Nursing Conference May 27 - 30, 2025 University of Texas at Arlington - Bluebonnet Ballroom, Arlington, TX

2025 Annual Western Region Flex Conference June 4 - 6, 2025 High Country Conference Center, Flagstaff, AZ

2025 National PACE Association Summer Conference June 6 - 8, 2025 JW Marriott Indianapolis, Indianapolis, IN

2025 Annual Minnesota Rural Health Conference June 9 - 10, 2025 Duluth Entertainment Convention Center (DECC), Duluth, MN

2025 27th Annual Indiana Rural Health Conference June 10 - 11, 2025 French Lick Resort, French Lick, IN

Being Trauma & Healing Informed June 10 - 11, 2025 Virtual

2025 Annual National Network of Public Health Institutes Conference June 10 - 12, 2025 Location: TBD, Minneapolis, MN

ASTP/ONC Health Information Technology Advisory Committee (HITAC) June 12, 2025 Virtual

2025 GIH Annual Conference on Health Philanthropy June 16 - 20, 2025 Hyatt Regency New Orleans, New Orleans, LA

2025 Annual Dakota Conference on Rural and Public Health June 17 - 19, 2025 Bismarck Event Center, Bismarck, ND

2025 Biennial National AHEC Organization Conference June 17 - 20, 2025 Location: TBD Lexington, KY

2025 Annual Council for Affordable and Rural Housing Meeting & Legislative Conference June 23 - 25, 2025 Ritz-Carlton, Pentagon City, Arlington, VA

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





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Bridge to Excellence CHW Workforce Development

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Program is certified by the Texas Department of State Health Services (DSHS) and provides **160 contact hours towards certification.**



Participants will learn the basic **eight core competencies of a community health worker** and applications of these competencies in a community and healthcare environment.



CHWs will acquire skills in outreach, patient navigation, follow-up services, community health education, informal counseling, social support, advocacy, and participation in clinical research.



Who can become a Community Health Worker?

- Someone who wants to make a difference in their community
- Must be at least 18 years old
- Texas resident

REGISTRATION INFORMATION

To register, visit: westtexasahec.org

- \$500 per Participant
- Discounts available to employers training multiple employees.



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To request
information:



 ruralhealth@ttuhsc.edu

 ttuhsc.edu/rural-health/

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