

RHQ

Rural Health Quarterly

Fall 2017

**SPECIAL
DOUBLE ISSUE**

2017 RURAL HEALTH REPORT CARD







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RHQ

Rural Health Quarterly

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RURAL REPORTS

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

ALABAMA //

The only hospital in rural Winston County, Lakeland Community Hospital in Haleyville, is closing its doors, adding to a growing list of rural hospital closures in Alabama. Lakeland will bring the number of hospital closures in the state to seven within the past eight years.

[al.com](#) | 11.20.17

ARIZONA //

The Arizona Telemedicine Program and the University of Arizona Center for Rural Health have partnered to create a program in the state that will train rural primary care providers to treat rheumatic diseases.

[arizona.edu](#) | 08.08.17



COLORADO //

The rising cost of health insurance in the rural Western Region of Colorado has become a crisis for those who purchase insurance on the individual market.

The Colorado Division of Insurance is projecting a potential 37 percent increase in premiums for the Western Region in 2018, compared to just 24 percent in the rest of the state.

[summitdaily.com](#) | 11.07.17

ALASKA //

54 percent of Alaska's sexual assault victims are Alaska Native, even though Alaska Native people comprise only 20 percent of the state's population, according to the state's Department of Public Safety.

[alaskapublic.org](#) | 06.28.17

ARKANSAS //

The USDA has awarded more than \$320,000 to the University of Arkansas Agricultural Extension Service to fund rural chronic pain self management and exercise programs as well as education on alternatives to opioids.

[arkansasmatters.com](#) | 11.16.17



INDIA

About five women die every hour in India from complications developed during childbirth. A main reason cited for maternal mortality is unattended births; India has a severe shortage of doctors in rural areas.

[globalvoices.org](#) | 11.15.17

SCOTLAND

Doctors working in the Scottish countryside say their funding could be cut by as much as 69 percent by a newly proposed government contract, which is being put to a vote over Christmas.

The Rural G.P. Association of Scotland said that the impact of working in a rural community, often serving elderly patients, had not been factored into a new formula for allocating money.

[www.thetimes.co.uk](#) | 11.30.17

AUSTRALIA

Nurses and health workers in rural Australian communities will no longer be allowed to work alone after new legislation passed through parliament. The new law means that single nurse postings in rural areas will be abolished and all call outs will require a minimum of two medical personnel.

The law was named after nurse Gayle Woodford who was raped and murdered while working in the remote community of Fregon in April 2016.

[www.adelaidenow.com.au](#) | 11.28.17

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

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

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

FLORIDA //

Two bills filed in the Florida House and Senate would create a student loan repayment plan for dentists who practice in rural areas of the state. Eligible dentists must serve Medicaid recipients and low-income patients.

29 rural counties in Florida lack sufficient access to a dentist.

wusfnews.wusf.usf.edu | 11.15.17

GEORGIA //

Georgia Southern University School of Nursing has received a \$1.6 million grant to prepare students to provide mental health services to rural populations in South Georgia.

dailynurse.com | 10.13.17



IDAHO //

A controversial \$70 million state contract to drive Idaho Medicaid patients to non-emergency doctor and therapy appointments will end early, amid disputes between the state and the provider, Veyo.

Veyo, an Uber-like ridesharing company that specializes in patient transportation, began brokering Medicaid rides in Idaho on July 1, 2016. The state plans to transition to a new provider in 2018.

spokesman.com | 10.31.17

ILLINOIS //

The late Dr. George Bark, a family practitioner at Gibson Area Hospital & Health Services' Paxton Clinic, received the 2017 Physician of Excellence Award from the Illinois Rural Health Association.

paxtonrecord.net | 11.21.17

INDIANA //

Amish people living in a part of rural Indiana have a rare genetic mutation that protects them from Type 2 diabetes and appears to extend their life spans. The findings shed light on the processes underlying aging and could lead to new chronic disease therapies.

nytimes.com | 11.15.17

MADAGASCAR

Madagascar is facing the worst outbreak of plague in 50 years. There have been more than 1,800 cases and 127 deaths since the start of August, according to new figures.

The island off the south-east coast of Africa is used to seeing about 400 cases of mostly bubonic plague in the same rural areas every year. This year it has developed into the deadlier pneumonic version and spread to much more populated areas.

www.bbc.com | 11.03.17



CANADA

Young rural men are at the greatest risk for suicide in Canada, researchers say. Reasons cited as contributing factors include isolation, lack of resources, drug and alcohol use and a pressure to uphold masculine norms.

www.huffingtonpost.ca | 11.08.17



CHINA

In a new study conducted in China, researchers found that patients with symptoms of tuberculosis (TB) in rural China – where the disease remains all too prevalent – are not being diagnosed or treated quickly enough.

contagionlive.com | 11.13.17

IOWA //

Hy-Vee Pharmacy has acquired two telepharmacy locations in rural Iowa, digitally linking patients with remote pharmacists who can fill prescriptions and answer questions.

fooddive.com | 11.16.17

KENTUCKY //

The attorney general of Kentucky is suing the maker of the opioid painkiller Opana ER after a sudden spike of overdose deaths due to oxycodone, the active ingredient in Opana ER. Overdose deaths jumped from 2 percent to 23 percent in a single year, according to the lawsuit.

cnn.com | 11.06.17

LOUISIANA //

An existing law that provides a tax break to primary care physicians and dentists who work in rural areas of Louisiana has been extended to nurse practitioners who practice in rural areas that have been determined to have a shortage of medical care.

nola.com | 06.26.17

MAINE //

Katahdin Valley Health Center was given a \$2.2 million USDA loan to expand its optometry, behavioral counseling, dental and other health services.

centralmaine.com | 11.24.17



MASSACHUSETTS //

Pending legislation in the state Senate allows volunteer ambulance services in rural communities to transport a patient receiving care at the nonparamedic level of basic life support to staff the ambulance with one EMT and one first responder. Small, rural towns often have difficulty mobilizing two EMTs in time to help someone in need of medical attention.

berkshireeagle.com | 11.10.17

MICHIGAN //

Roughly half of Michigan's rivers and streams exceed safety standards for E. coli bacteria, and researchers blame pollution from septic tanks, which are common in rural Michigan communities. Michigan is the only state without a uniform septic code.

bridgemi.com | 11.13.17

MINNESOTA //

Minnesota lawmakers passed a bill last session allowing agricultural co-ops to offer health insurance plans. Farm groups in the state lobbied for the change.

postbulletin.com | 11.15.17

MISSISSIPPI //

The American Medical Association has awarded the Medal of Valor to Robert Smith, M.D. Smith was an instrumental figure during the civil rights movement in Mississippi, delivering rural health care to those with little or no access.

medscape.com | 11.13.17

MISSOURI //

Opioid deaths may top traffic fatalities in Missouri in 2017. In rural Missouri, especially in the southeastern part of the state, the number of prescriptions being filled and the misuse and abuse of oral narcotics remains a source of concern, according to state health officials.

ksdk.com | 11.20.17



MONTANA //

Medicaid expansion has made a big difference fighting drug addiction in Montana, according to panelists at a "Substance Use Disorder Summit" held in Helena. One treatment court has a recidivism rate of only three percent, and they attribute that success to Medicaid-funded drug treatment programs.

mtpr.org | 11.07.17



NEBRASKA //

The COPIC Medical Foundation has made a \$75,000 gift to the University of Nebraska Foundation to support Simulation in Motion-Nebraska (SIM-NE). The program brings critical training to rural emergency medical service providers by simulating emergency rooms and ambulances. The vehicle is equipped with mannequins that simulate human patients.

nebraska.tv | 11.16.17

NEVADA //

Nevada Department of Corrections (NDOC) says they are struggling to hire medical professionals in rural areas of state. The state is working to re-certify seven facilities with the National Health Service Corps and plans to attract fourth-year medical and dental students to work for the NDOC with a loan repayment program.

reviewjournal.com | 11.07.17

NEW HAMPSHIRE //

New Hampshire may allow birth control pills to be prescribed by pharmacists. A state commission voted unanimously to endorse the idea in order to help rural women.

nhpr.org | 11.27.17

NEW MEXICO //

Carlsbad is home to one of the top performing rural medical centers in the state. The New Mexico Department of Health and NOSORH recognized the Carlsbad Medical Center as a “top performer” in providing treatment for heart attacks, heart failure, pneumonia and patient safety.

currentargus.com | 11.22.17

NORTH CAROLINA //

UNC Health Care and Carolinas HealthCare System announced plans to expand access to rural parts of the state after forming a joint operating company that would be among the country’s largest health systems.

modernhealthcare.com | 11.24.17



NORTH DAKOTA //

North Dakota has received a \$200,000 Lifespan Respite Care Grant to help the state come up with solutions for giving family caregivers a break, particularly in isolated rural parts of the state. Family caregivers provide more than 58 million hours of service a year in North Dakota.

publicnewsservice.org | 11.27.17

OHIO //

Ohio voters rejected a proposal that sought to curb prescription drug prices paid by the state for poor people, prisoners and injured workers. The pharmaceutical industry spent an estimated \$70 million to oppose Issue 2, the Ohio Drug Price Relief Act, saying it would reduce access to medicines and raise prices for veterans and others.

usnews.com | 11.08.17

OKLAHOMA //

Oklahoma researchers are looking to robots to care for aging baby boomers. The OSU project hopes to address the state’s shortage of home health care providers, particularly in Oklahoma’s rural areas.

newsok.com | 11.28.17

OREGON //

The 2017 County Data Book published by Children First for Oregon reports that children in the state are doing better in recent years, but rural counties continue to face the largest barriers for kids.

ktvz.com | 11.29.17

PENNSYLVANIA //

Pennsylvania received an \$11.7 million federal grant to support the Maternal, Infant and Early Childhood Home Visiting Program to help at-risk pregnant women.

gantdaily.com | 11.15.17

SOUTH CAROLINA //

The South Carolina Office of Rural Health has released its first action plan for improving health for more than one million rural South Carolinians.

The plan contains 15 recommendations and 50-plus corresponding action steps, intended to spur progress over the next three to five years. Some of the recommendations call for increased state funding in local communities.

statehoureport.com | 11.22.17

SOUTH DAKOTA //

A rural water system serving residents north of New Underwood is on schedule to mitigate excessive radium levels found in its drinking water. The maximum allowable radium contaminate level is 5 picocuries per liter of water. Over the last year, the town's water has averaged 7.7 picocuries per liter.

rapidcityjournal.com | 11.11.17

TEXAS //

Texans are falling behind the rest of the country in getting vaccinated against human papillomavirus (HPV), making them more vulnerable to several types of cancer, a new study says. The report, issued by the University of Texas System Office of Health Affairs, also found that those living in urban areas were more likely to be vaccinated than rural residents. Texas currently has the fifth-lowest vaccination rate in the country.

texastribune.org | 11.29.17



VERMONT //

Starting in January, a new model could reshape the health care payment system for about one out of every five Vermonters. Through the accountable care organization OneCare Vermont, 10 hospitals have agreed to take financial responsibility for health care spending for certain patients in their local areas. That spending will be measured against a set target.

burlingtonfreepress.com | 11.03.17

VIRGINIA //

Agreements with Virginia spell out schedules for a merged Ballad Health to make good on its financial commitments to improve the region's health, including \$28 million for rural health service.

heraldcourier.com | 11.23.17

WASHINGTON //

A public-private partnership of health organizations, which includes the Washington State Department of Health, Seattle Children's and Kaiser Permanente, is working on ways to encourage rural residents to vaccinate their children against preventable diseases.

seattlemag.com | 11.01.17

WEST VIRGINIA //

Health officials in West Virginia stated they are dealing with a major outbreak of HIV infections in the southern part of the state. Officials say that the outbreak comprises individuals from 15 counties, and that the virus was spread through sexual contact, with only some of the individuals becoming infected through intravenous drug use.

contagionlive.com | 11.08.17

WISCONSIN //

The Wisconsin Farmers Union is encouraging farmers to enroll in the ACA health insurance marketplace, citing the positive impact the marketplace has had on rural Wisconsin by providing affordable coverage to family farmers who are self-employed or having pre-existing conditions.

gazettextra.com | 11.16.17

WYOMING //

An innovative partnership between Central Wyoming Counseling Center and Community Health Centers of Central Wyoming is attempting to decrease costs while improving patient care.

During the first phase, CHCCW will have a primary care provider at Central's facility two days a week to treat Central's residential patients for anything from minor injuries to chronic illness. Central also plans to partner with other primary care providers in Natrona County.

oilcitywyo.com | 11.01.17 ■



THE STATE OF RURAL HEALTH IN AMERICA



RHQ RURAL HEALTH REPORT CARD

97% of the United States is covered by rural areas, and one-fifth of all Americans live in these areas. Major metropolitan centers attract most of the resources, however. That includes the lion's share of doctors, dentists, psychologists and health care facilities. It's hardly surprising, then, that urban Americans also have better health outcomes.

To address this disparity, every state in the nation has a government office of rural health. Most also have a state rural health association, a telemedicine resource center and a variety of research institutes and charitable foundations dedicated to helping our most isolated and vulnerable citizens gain access to care. But these efforts, however warranted and welcome, are not equally effective. Some states do an impressive job of providing rural health care while others fail to provide care that is even remotely comparable to the care provided in their urban centers.

It's not clear, however, that individual states deserve all the blame or praise. One of the more surprising revelations of this first annual RHQ Rural Health Report Card is the recurrent theme of regional clustering. Across the nation, it's clear that rural health strengths and weaknesses don't occur in isolation. There are strong regional trends at play. We don't attempt to fully explain these trends, but we hope some of you will take notice and take action. Maybe if we reach out more, across state lines, we can forge new alliances and find solutions that will benefit all rural Americans.

STATE RURAL HEALTH RANKINGS & FINAL GRADES

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

*DE, NJ, and RI excluded.

RHQ’s U.S. Rural Health Report Card was created to answer a simple question: How does each state’s rural health care stack up when compared to other states? It seemed like a fairly straightforward question, and a useful one, too. How do you know if your state is doing an adequate job without a baseline for comparison? You can’t manage what you don’t measure, right?

It quickly became clear, however, that finding a satisfactory answer to this question would be a challenge.

First, we had to settle on definitions of “rural” and “rural health.” We weren’t trying to quantify all health care in America, just rural health care, and just rural America. But which rural America?

Second, we had to determine which factors to measure and which ones to exclude. That’s harder than it sounds if fairness and utility are your ultimate goals. Suffice it to say, we had some pretty spirited discussions.

Finally, we had to assign weight to everything we measured. All things are not equally important. That means conscientiously ranking the relative importance of many important things.

More hand wringing ensued.

After many months of discussion, analysis, research and reflection, we finally found consensus, equilibrium and even a sense of satisfaction. We hope you agree that the RHQ Rural Health Report Card is a fair and useful document. If so, please let us know. We plan to make it an annual affair. If you have suggestions or criticisms, please let us know those, too.

METHODOLOGY

When it came to defining rurality, we settled on counties as our sole unit of measurement. This had the virtue of allowing us to use well-established and reliable data sources. It also helped us ensure a greater measure

of fairness; i.e., we would always be comparing “apples to apples,” regardless of data source.

That did mean excluding three states and Washington D.C. from our study, however. While Delaware, New Jersey and Rhode Island each contains pockets of rurality, these states, like D.C., are largely urbanized, and none contains a single county with a non-metropolitan population.

Following a discussion with the USDA, all the counties in the remainder of the states were sorted as either metropolitan (urban) or non-metropolitan (rural) as defined by the 2013 Rural-Urban Continuum Codes (RUCC). RUCC simply defines a county as rural if it has a population under 50,000 people, whereas the rural-urban commuting area (RUCA) codes classify U.S. census tracts using measures of population density, urbanization and daily commuting. A final composite score was then given to all rural counties individually.

The overall composite scores were calculated using 10 variables divided into three equally weighted categories: Mortality, Quality of Life and Access to Care (see Figure 3).

Mortality includes age-adjusted mortality rates for all causes of death in all rural counties in a state. Mortality accounts for 1/3 of each state's final composite score.

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

Access to Care includes the number of non-federal primary patient care physicians practicing in rural counties in 2014 per 100,000 population, the number of non-federal psychiatrists practicing in rural counties in 2014 per 100,000 population, the number of dentists practicing in rural counties in 2015 per 100,000 population, the number of non-federal emergency patient care physicians practicing in rural counties in 2014 per 100,000 population, and the percentage of uninsured rural residents under 65 years of age. Each state's combined Access to Care score accounts for 1/3 of that state's final composite score.

A variety of measures and data sources related to U.S. health care were reviewed for this study, and it was decided that the three categories and ten variables listed above would best portray an accurate picture of the state of rural health across the nation.

While various social determinants of health are discussed in the individual state report cards that follow, the 10 variables listed above were the only variables used to compute each state's final composite rank and grade. Other

RURAL HEALTH REPORT CARDS: WHY THEY MATTER



Billy U. Phillips, Jr., Ph.D.

Publisher of Rural Health Quarterly and Director of the F. Marie Hall Institute for Rural and Community Health

In this issue of RHQ, we focused on devising rural health report cards for every state in the nation with at least one rural county. It was a daunting task, and we used a very systematic process to assess and score each state.

We did this after some forethought about the consequences of doing such a thing. We anticipated that some people who read this will not agree with the grades. Some will level criticism at the process, at the data and factors we considered. Some will be concerned over the age or characteristics of the data.

Nevertheless, we are a society that loves report cards, rankings and anything that has the potential for showing us where we stand. As long as we stand out positively

from all the rest who are ranked, of course.

There is more to this than standings, however. There was a movement some years ago where it was proposed that we use something other than the A, B, C, D, F format in our schools. Instead, some proposed using O, G, S, U, and NI (Outstanding, Good, Satisfactory, Unsatisfactory and Needs Improvement). I like that idea because it places the focus on improvement; however, we stuck with A, B, C, D and F because everyone knows what that means. We think improvement is the basis for any benchmarking project. The idea is to do better, not just in the outcome but by improving the metrics we consider as we apply ranks based upon them.

Generally, the more objective these metrics are, the more precise our assessments might be. That increases validity, and if they are objective then it also increases reliability. We think the factors that we considered are not subject to unwarranted variability that is not due to actual reflections of rural health status. I know all of this sounds to your ear (and mine) to be pretty academic, so let me use a personal story to illustrate.

When I was a kid going to school, I got a report card every six weeks during the year. It was my teachers' summation of how I had performed in critical subjects like reading, writing and arithmetic. Later they added things like deportment. Before, that was taken care of with a paddle and a note home; but I digress. The grades were based on things like homework assignments, tests and sometimes on the teacher's sense of how well we were learning the key subjects.

Those report cards were my guideposts, and every six weeks there were consequences when I had not improved. Often those consequences were things like more help from my parents or restrictions on extracurricular activities so I could stay after school to work with willing teachers. They were also badges of honor when I had done better. These grades were personally meaningful, but they were also meaningful to all of my classmates who were in a sense my competitors.

So as you read these report cards, I hope they are a good benchmark that motivates improvements. If we all do well, then the competition will have been well worth the toil. ■

well-known national health rankings, like the County Health Rankings (CHR) model produced by the Robert Wood Johnson Foundation, rely heavily on a more holistic view of population health, but the RHQ Rural Health Report Card focuses instead on a narrow band of data related specifically to rural health outcomes and access. This choice should not be interpreted as a criticism of other models. Rather, RHQ's approach takes as a given that social and economic factors exert a powerful influence on health. Our report card instead seeks to highlight a limited set of key variables in an attempt to create a clear snapshot of state and regional differences in rural health care delivery.

GRADING SYSTEM

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

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

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

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 physician supplies (primary care physicians, dental, emergency care and psychiatrists) are reversed; i.e., a positive value is reversed to a negative one and negative one to a positive value.

Of the 47 states reported, each grade was based on their overall quintile ranking.

KEY FINDINGS

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

In the left-hand column, each state's final grade and overall rank are given,

followed by a listing of each state's final rankings in each of the three equally weighted categories.

Also on the first page of each report card, a breakdown of each state's U.S. Census divisional ranking is supplied, followed by a brief overview of rural health in the state, an account of the number of rural health facilities in the state and a calculation of the urban-rural divide in mortality rates. Rural/urban difference is defined as the result of the z-score of rural counties minus the z-score of urban counties of the same state; the county with the smallest value is ranked the highest.

On the second page of each state report card, a map of rural and urban counties is provided, along with a "by the numbers" list of facts about each state's rural residents and highlights from the final scores received by the state in each of the three categories measured to calculate the state's final grade.

Note that not every category of measurement is described at length on every state report card. For a more complete breakdown of each state's performance in all measures, visit www.RuralHealthQuarterly.com.

Finally, we wanted to provide a clearer picture of the phenomenon of regional clustering mentioned in our introduction.

In Figure 1 (right), all nine U.S. Census regional divisions are numbered and color coded based on their final average rankings. The top third (green) and middle third (yellow) appear to alternate positions across the northern half of the United States. Note, however, that the yellow states surrounding the Great Lakes are actually comprised of two different U.S. Census divisions, the East North Central (Illinois, Indiana, Michigan, Ohio and Wisconsin) and the Mid-Atlantic (New Jersey, New York and Pennsylvania). Both divisions fall into the middle third of divisional ranks and their adjacency contributes to the green/yellow zebra-stripe effect. The bottom third (red) regions in our rankings are all adjacent, and all are located in the American South.

Remarkably, a similar pattern emerges when divisional averages are removed and all individual states are color coded based on their own unique final rankings

(Figure 2).

When we compare Figures 1 and 2, seven states move one position, either up or down among the color-coded thirds, but they tend to do so only when adjacent to a state of the same color. Arizona is the only exception to this rule among the contiguous states. Only two states move two positions: Maryland rises from red to green, and Missouri falls from green to red.

It's hard to know what to make of this persistent grouping of states, but it seems clear that location is a strong predictor of success (or failure) when it comes to rural health care. Further research on regional trends may be a fruitful avenue of inquiry.

DATA SOURCES & TOOLS

1. United States Department of Agriculture, Rural-Urban Continuum Codes.
2. United States Census Bureau, Census Regions and Divisions of the United States.
3. Centers for Disease Control and Prevention, National Center for Health Statistics.
4. Robert Wood Johnson Foundation, County Health Rankings.
5. Health Resources and Services Administration of U.S. Department of Health and Human Services.
6. United States Census Bureau, American Community Survey, American Factfinder (S2701)
7. SAS Statistical Package 9.4

ACKNOWLEDGMENTS

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We thank our colleagues who provided insight and expertise that greatly assisted in the creation of the RHQ Rural Health Report Card, including Billy Phillips, Catherine Hudson, Gordon Gong, Debra Curti, Luciano Boas, Miguel Carrasco, Melanie Clevenger and Hope LaFreniere.

Please direct all inquiries to RHQ Editor in Chief Scott G. Phillips at RHQ@ttuhsc.edu.

FIGURE 1: U.S. CENSUS REGIONAL DIVISIONS (RANKED AVERAGES)

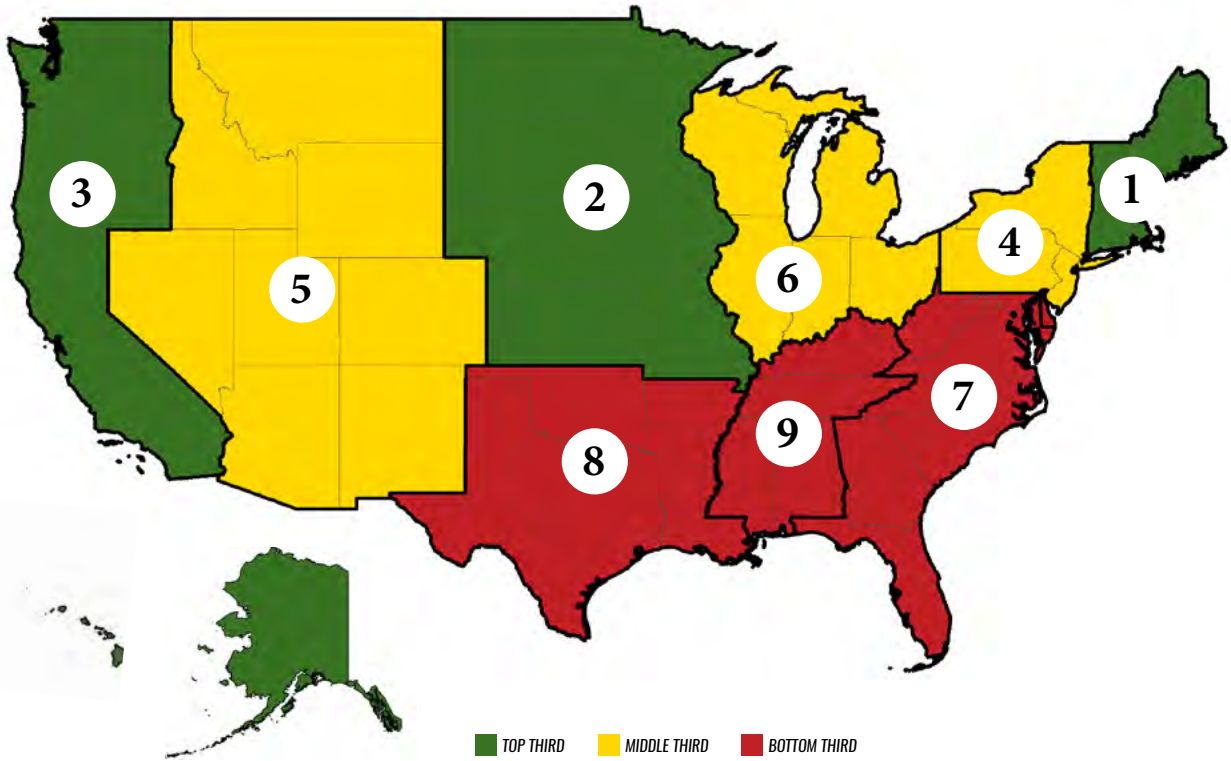


FIGURE 2: FINAL STATE RANKINGS

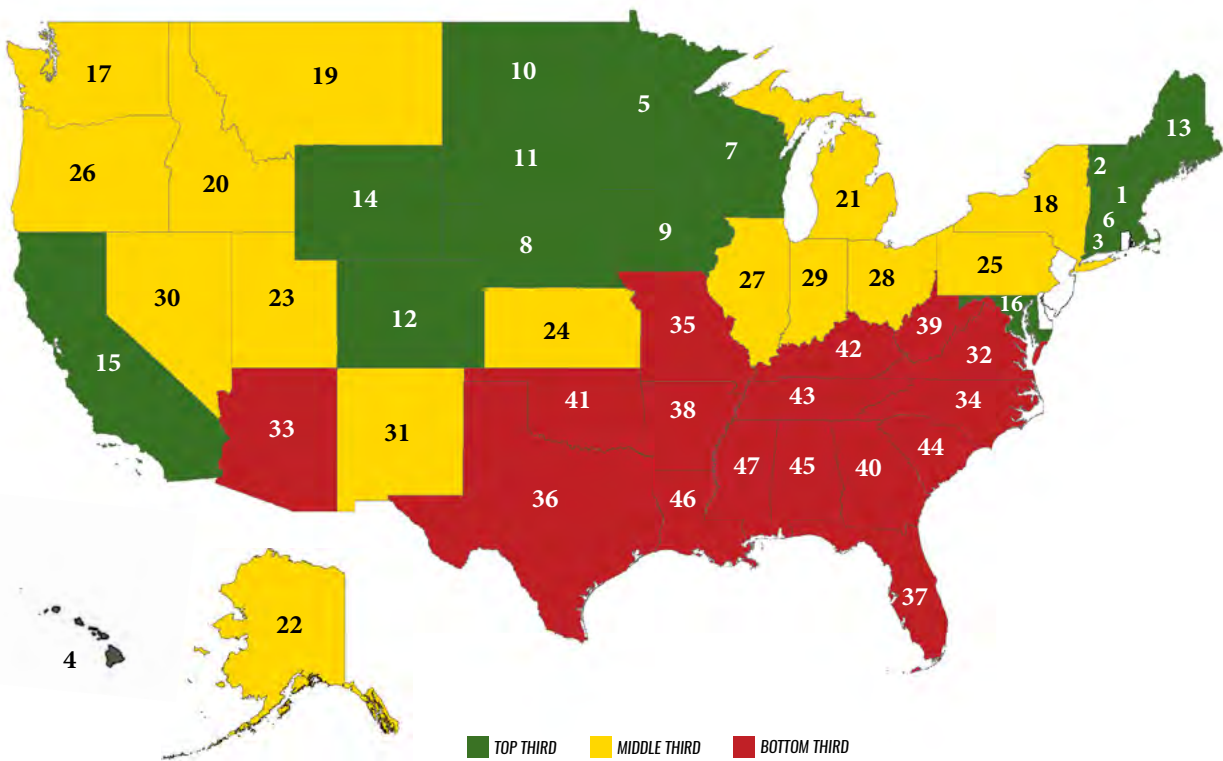


FIGURE 3 : RURAL HEALTH RANKING SYSTEM - CATEGORIES AND WEIGHTS

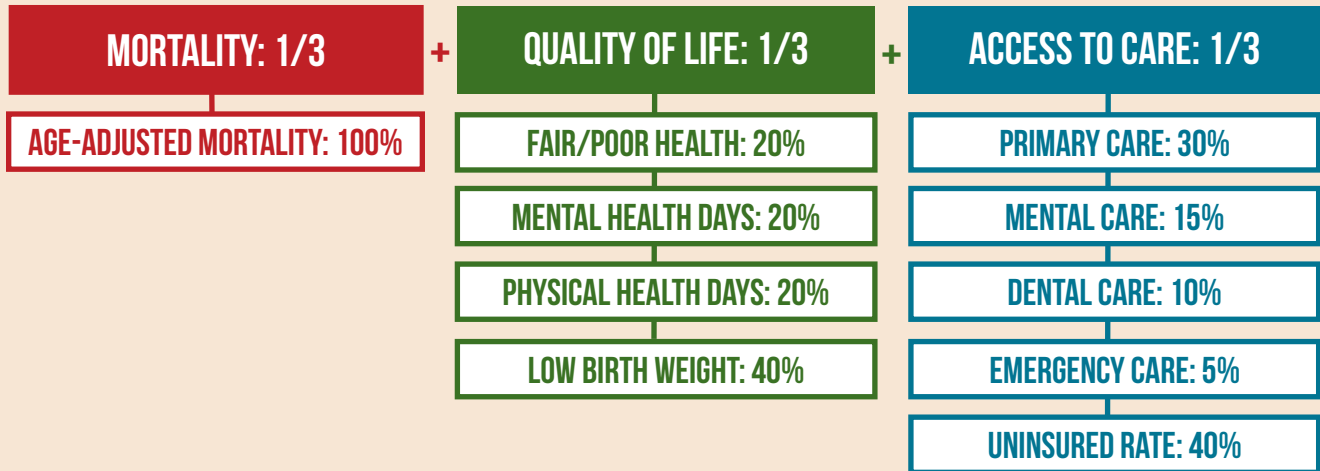


TABLE 2: U.S. RURAL HEALTH RANKINGS BY STATE - ALL CATEGORIES

STATE RANK	AGE-ADJUSTED MORTALITY	FAIR/POOR HEALTH	MENTAL HEALTH DAYS	PHYSICAL HEALTH DAYS	LOW BIRTH WEIGHT	PRIMARY CARE	MENTAL CARE	DENTAL CARE	EMERGENCY CARE	UNINSURED RATE
1. NEW HAMPSHIRE	7	3	19	8	15	1	1	3	1	14
2. VERMONT	10	2	13	9	11	3	2	8	5	2
3. CONNECTICUT	2	1	16	3	18	14	3	5	6	3
4. HAWAII	1	13	5	6	28	6	5	7	4	4
5. MINNESOTA	4	6	4	7	2	8	15	20	32	6
6. MASSACHUSETTS	5	7	29	16	7	5	6	6	15	1
7. WISCONSIN	11	12	11	12	6	12	16	18	18	8
8. NEBRASKA	12	10	2	2	8	15	32	9	36	13
9. IOWA	15	4	6	4	9	17	21	24	47	5
10. NORTH DAKOTA	9	8	3	1	10	31	20	19	33	10
11. SOUTH DAKOTA	18	5	1	5	5	19	25	21	41	19
12. COLORADO	3	11	8	10	37	7	17	11	2	39
13. MAINE	28	14	22	19	16	2	8	23	11	17
14. WYOMING	6	15	9	14	31	11	13	12	9	22
15. CALIFORNIA	16	23	28	29	3	13	9	1	8	28
16. MARYLAND	17	21	21	17	34	20	4	16	7	11
17. WASHINGTON	8	24	25	28	4	25	33	13	19	26
18. NEW YORK	19	17	26	23	19	27	7	31	21	7
19. MONTANA	20	9	12	13	20	10	10	10	12	38
20. IDAHO	13	25	14	25	13	18	28	15	13	36
21. MICHIGAN	21	20	23	22	14	22	18	22	20	16
22. ALASKA	22	22	10	24	1	4	11	2	14	47

STATE RANK	AGE-ADJUSTED MORTALITY	FAIR/POOR HEALTH	MENTAL HEALTH DAYS	PHYSICAL HEALTH DAYS	LOW BIRTH WEIGHT	PRIMARY CARE	MENTAL CARE	DENTAL CARE	EMERGENCY CARE	UNINSURED RATE
23. UTAH	14	16	15	18	26	24	39	14	3	32
24. KANSAS	27	28	7	11	17	23	41	25	46	18
25. PENNSYLVANIA	24	18	24	15	21	28	14	28	25	12
26. OREGON	26	30	42	36	12	9	27	4	10	27
27. ILLINOIS	30	19	20	20	23	40	42	30	31	9
28. OHIO	32	29	31	27	22	36	30	34	39	15
29. INDIANA	33	27	30	26	24	44	26	35	40	23
30. NEVADA	25	26	34	30	27	45	47	32	16	37
31. NEW MEXICO	29	39	27	35	36	21	12	26	24	40
32. VIRGINIA	36	31	17	21	40	35	24	37	27	25
33. ARIZONA	23	47	47	44	25	37	46	17	30	42
34. NORTH CAROLINA	31	34	32	33	41	32	19	36	17	35
35. MISSOURI	37	33	40	39	29	30	34	39	35	30
36. TEXAS	35	37	18	31	32	46	40	44	45	46
37. FLORIDA	34	32	36	32	33	47	38	41	29	45
38. ARKANSAS	40	45	39	43	38	29	43	40	38	31
39. WEST VIRGINIA	41	42	46	45	42	16	29	33	23	20
40. GEORGIA	38	35	33	34	43	34	23	45	34	44
41. OKLAHOMA	42	38	35	40	30	38	35	27	43	43
42. KENTUCKY	46	41	38	46	39	26	22	29	26	21
43. TENNESSEE	43	40	45	47	35	41	37	42	37	24
44. SOUTH CAROLINA	39	36	41	38	46	33	36	43	22	34
45. ALABAMA	44	43	44	42	44	43	44	47	42	29
46. LOUISIANA	45	44	43	41	45	42	45	46	44	41
47. MISSISSIPPI	47	46	37	37	47	39	31	38	28	33

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

CENSUS DIVISION	AGE-ADJUSTED MORTALITY	FAIR/POOR HEALTH	MENTAL HEALTH DAYS	PHYSICAL HEALTH DAYS	LOW BIRTH WEIGHT	PRIMARY CARE	MENTAL CARE	DENTAL CARE	EMERGENCY CARE	UNINSURED RATE
1. NEW ENGLAND	1	1	2	1	3	1	1	2	1	1
2. WEST NORTH CENTRAL	4	3	1	2	2	4	7	4	8	4
3. PACIFIC	2	5	6	6	1	2	3	1	3	6
4. MID-ATLANTIC	5	2	5	3	5	6	2	6	4	2
5. MOUNTAIN	3	6	3	5	6	3	4	3	2	7
6. EAST NORTH CENTRAL	6	4	4	4	4	5	6	5	6	3
7. SOUTH ATLANTIC	7	7	8	7	8	7	5	8	5	8
8. WEST SOUTH CENTRAL	8	8	7	8	7	9	9	9	9	9
9. EAST SOUTH CENTRAL	9	9	9	9	9	8	8	7	7	5



ALABAMA

Along with Mississippi, Tennessee and Kentucky, Alabama is a member of the East South Central division of the South U.S. Census region. All four states in the division showed strong similarities in our reporting, and all four states received a failing grade. Alabama (45) performed better than Mississippi (47), but the Yellowhammer State fell behind Kentucky (42) and Tennessee (43) in the final rankings.

45/47

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

Alabama is one of nine states receiving a failing grade.

ALABAMA RECEIVED A FAILING GRADE BECAUSE:

Alabama ranked in the fifth quintile of states for its rates of mortality in rural counties.

Alabama ranked in the fifth quintile of states for measures of daily health and quality of life in rural counties.

Alabama ranked in the fifth quintile of states for health care access in rural counties.

Alabama has struggled to provide adequate rural health care for years, and, according to data published by the Alabama Rural Health Association in 2017, the state's poor performance has had some alarming consequences.

Life expectancy at birth for rural Alabamians is one-half of a year lower than the life expectancy for urban Alabama residents and 3 ½ years lower than the national average. Life expectancy for residents of rural Wilcox County alone is 9 years lower than that for the nation.

All of the state's rural counties are classified as both mental health care shortage areas and dental care shortage areas. Three counties have no full-time dentists.

RURAL HEALTH CARE FACILITIES

Seven rural counties in Alabama (Cleburne, Coosa, Henry, Lamar, Lowndes, Macon, and Perry) do not have a hospital, and 13 rural counties do not have a dialysis clinic (ARHA).

In 1980, 10 of the 12 Black Belt Region counties had hospitals providing obstetrical service. Today, only one hospital in the region offers this service.

There are 4 Critical Access Hospitals in Alabama as well as 109 Rural Health Clinics and 14 Federally Qualified Health Centers providing services at 129 sites in the state, according to

the Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy.

URBAN-RURAL DIVIDE

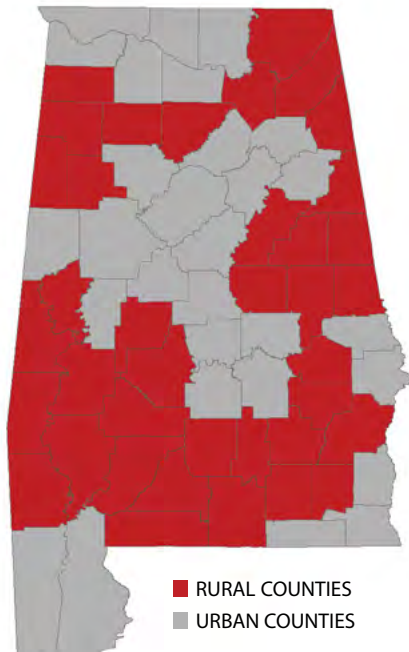
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Alabama reports an 8.6 percent increase in rural mortality as compared to urban counties. The state ranks 26th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Alabama include:

- Alabama Department of Public Health: Office of Primary Care and Rural Health www.adph.org/ruralhealth
- Alabama Rural Health Association www.arhaonline.org
- Southeastern Telehealth Resource Center www.setrc.us
- Institute for Rural Health Research cchs.ua.edu/research/#irhr
- Southern Rural Development Center srdc.msstate.edu

For more information about the data sources used and methodology employed in RHQ's 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



ALABAMA BY THE NUMBERS

Alabama has an estimated population of 4,863,300 people, and 23.7 percent live in one of Alabama's 38 rural counties.

The poverty rate in rural Alabama is 23 percent, compared with 17.1 percent in urban areas of the state.

21.5 percent of the rural population has not completed high school, while 13.9 percent of the urban population lacks a high school diploma.

9.4 percent of rural Alabama residents are U.S. military veterans, and 13.9 percent of the rural population under age 65 lives with a disability.

68.9 percent of the state's rural population is Non-Hispanic White, 24.1 percent is Black/African-American and 4.3 percent is Hispanic/Latino, 0.7 percent is American Indian/Alaska Native and 0.5 percent is Asian.

MORTALITY

Heart Disease: *F*

Heart disease is the leading cause of death in Alabama, and the state is ranked 45th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 256.3 per 100,000. The national average is 168.5 per 100,000.

Cancer: *D*

Cancer is the second leading cause of death in Alabama, and the state is ranked 34th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 181.4 per 100,000. The national average is 158.5 per 100,000.

CLRD: *F*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Alabama, and the state is ranked 42nd in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 65.9 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *F*

The percentage of Alabamians reporting poor general health is among the highest in the nation. The state ranked 43rd for rural counties (22.9 percent) and 46/51 for urban counties (19.1 percent).

Mental Health: *F*

Rural residents of Alabama reported an average of 4.1 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 44th for self-reported mental health in rural counties.

Physical Health: *F*

The number of physically unhealthy days reported in rural Alabama is 4.7 in 30 days, while urban residents report 4.1 days. The national average is 3.9. Rural Alabama ranks 42nd.

Low Birth Weight: *F*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Alabama is 10.3 percent, well above the national average of 8 percent. Alabama ranks 44th in the category.

ACCESS TO CARE

Primary Care: *F*

Alabama ranks 43rd in the U.S. for the number of primary care physicians practicing in rural counties (42.9 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *F*

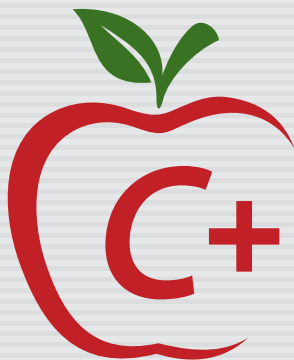
Alabama ranks 44th in the U.S. for the number of psychiatrists practicing in rural counties. Alabama has 1.2 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *F*

Alabama ranks last in the nation (47th) for rural access to dental care with 28.1 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *C-*

17 percent of Alabama's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Alabama is 14 percent. Alabama is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



ALASKA

Along with California, Hawaii, Oregon and Washington, Alaska is part of the Pacific division of the West U.S. Census region. Four of the five states in the division, including Alaska, ranked in the top half of the nation for rural health. Alaska (22) performed better than Oregon (26), but the Last Frontier State fell behind Hawaii (4), California (15) and Washington (17) in the final rankings.

22/47

ALASKA ranks 22th in the nation for rural health out of 47 states with rural counties.

Alaska is one of three states receiving a grade of “C+”

ALASKA RECEIVED A GRADE OF “C+” BECAUSE:

Alaska ranked in the third quintile of states for its rates of mortality in rural counties.

Alaska ranked in the first quintile of states for measures of daily health and quality of life in rural counties.

Alaska ranked in the third quintile of states for health care access in rural counties.

Alaska needs more doctors. The vast majority of Alaska’s counties are federally designated Health Professions Shortage Areas (HPSA), making it all the more remarkable that the state scored in the top half of the nation. One possible explanation is its willingness to innovate.

Take, for example, the Frontier Extended Stay Clinic project. One of the most pressing health care issues in rural/frontier Alaska has been non-reimbursed extended stay primary care, according to the Alaska Center for Rural Health and Health Workforce.

Because of terrain, weather and transportation issues, many primary care clinics provide extended stay care to patients who would otherwise be transferred to another care provider. In response, Alaska requested funds to examine the effectiveness of a new type of provider, the Frontier Extended Stay Clinic (FESC). The FESC project saved payers \$14 million, but the project ended in 2013. A federal report concluded that frontier communities would likely not be able to sustain extended stay capacity under Medicare.

RURAL HEALTH CARE FACILITIES

There are 21 hospitals in Alaska, and the state has 14 hospitals identified as Critical Access Hospitals. There are zero Rural Health Clinics in Alaska, and 29 Federally Qualified Health Centers provide services at 177 sites within the state,

according to the Rural Health Information Hub. A study commissioned by the State of Alaska documented the costs associated with recruiting primary care providers in rural/frontier Alaska against recruitment expenditures in the “Lower 48,” finding that rural/frontier Alaska spends approximately four times more than other states.

URBAN-RURAL DIVIDE

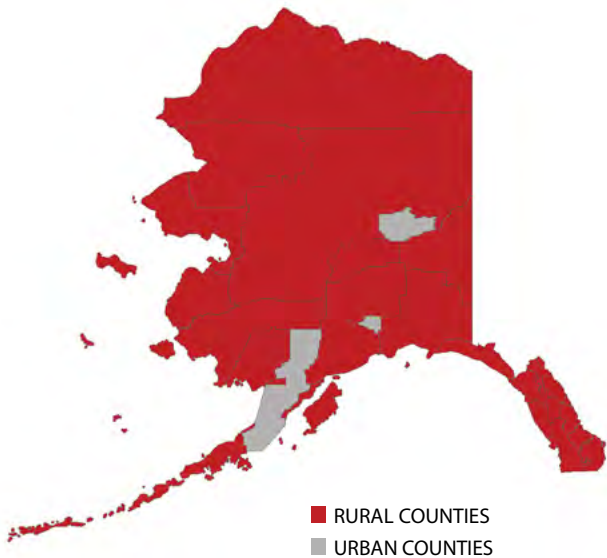
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Alaska reports a 10.7 percent increase in rural mortality as compared to urban counties. The state ranks 27th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Alaska include:

- Alaska Office of Rural Health dhss.alaska.gov/dph/HealthPlanning/Pages/ruralhealth/default.aspx
- Alaska Center for Rural Health www.uaa.alaska.edu/academics/college-of-health/departments/ACRHHW/
- Northwest Regional Telehealth Resource Center: www.nrtrc.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



ALASKA BY THE NUMBERS

Alaska has an estimated population of 741,894 people, and 32.2 percent live in one of Alaska's 26 rural counties.

The poverty rate in rural Alaska is 23 percent, compared with 7.7 percent in urban areas of the state.

9.8 percent of the rural population has not completed high school, while 6.9 percent of the urban population lacks a high school diploma.

10.8 percent of rural Alaska residents are U.S. military veterans, and 8.6 percent of the rural population under age 65 lives with a disability.

68.9 percent of the state's rural population is Non-Hispanic White, 0.9 percent is Black/African-American, 4.5 percent is Hispanic/Latino, 5.4 percent Asian and 26.9 percent American Indian/Alaska Native.

MORTALITY

Cancer: C-

Cancer is the leading cause of death in Alaska, and the state is ranked 28th in the U.S. for the number of deaths by heart disease among rural residents. The statewide rate for cancer is 159.8 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: C

Heart disease is the second leading cause of death in Alaska, and the state is ranked 25th in the U.S. for the number of deaths by heart disease among rural residents. The statewide rate for heart disease is 154.1 per 100,000. The national average is 168.5 per 100,000.

Accidents: F

Accidents are the third leading cause of death in Alaska, and Alaska ranked 40th out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 57.9 per 100,000. The national average is 40.5 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: C+

The percentage of Alaskans reporting poor general health is close to the national average. The state ranked 22nd for rural counties (15.1 percent) and 13/51 for urban counties (12.8 percent).

Mental Health: A-

Rural residents of Alaska reported an average of 3.4 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 10th for self-reported mental health in rural counties.

Physical Health: C

The number of physically unhealthy days reported in rural Alaska is 3.9 in 30 days, while urban residents report 3.4 days. The national average is 3.9. Rural Alaska ranks 24th.

Low Birth Weight: A+

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Alaska is 5.4 percent, well below the national average of 8 percent. Alaska ranks 1st nationally in the category.

ACCESS TO CARE

Primary Care: A

Alaska ranks 4th in the U.S. for the number of primary care physicians practicing in rural counties (84.3 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: B+

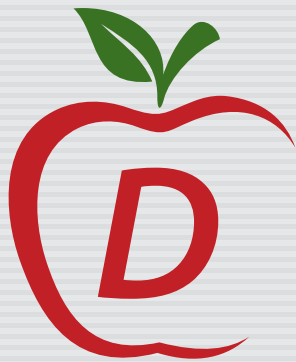
Alaska ranks 11th in the U.S. for the number of psychiatrists practicing in rural counties. Alaska has 5.0 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: A+

Alaska ranks 2nd in the nation for rural access to dental care with 72 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: F

25.7 percent of Alaska's rural population under age 65 is uninsured, the highest rural uninsured rate in the nation. The average uninsured rate for urban Alaskans is 17 percent. Alaska is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



ARIZONA

Along with Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming, Arizona is part of the Mountain division of the West U.S. Census region. With the exception of high performing Colorado, all states in the division rank near the middle of the nation for rural health. The Grand Canyon State ranked lowest in the division (33) behind Colorado (12), Wyoming (14), Montana (19), Idaho (20), Utah (23), Nevada (30) and New Mexico (31).

33/47

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

Arizona is one of three states receiving a grade of “D”

ARIZONA RECEIVED A GRADE OF “D” BECAUSE:

Arizona ranked in the third quintile of states for its rates of mortality in rural counties.

Arizona ranked in the fifth quintile of states for measures of daily health and quality of life in rural counties.

Arizona ranked in the fifth quintile of states for health care access in rural counties.

Arizona ranks relatively low in this year’s rankings despite the state’s relatively small rural population (5 percent). Perhaps noteworthy is the fact that, while only four percent of the state’s overall population identify as American Indian in U.S. Census data, approximately one-third (32.8 percent) of Arizona’s rural residents are Native Americans.

Arizona’s rural counties have significantly higher rates of uninsured Native Americans and Latinos without ready access to health services, according to The University of Arizona Center for Rural Health’s 2015 Safety Net Health Care in Arizona Report.

Arizona’s rapidly aging population is also likely to pose challenges going forward. The number of Arizonans age 65 and older is expected to increase 174 percent by 2050, and the proportion of adults age 65 and older in the population will increase to an estimated 21 percent of the entire population, according to the Arizona Department of Health Services. The University of Arizona Center for Rural Health also reports that almost one-quarter of Arizona physicians (23.2 percent) plan to significantly reduce their patient care hours or retire by 2020.

RURAL HEALTH CARE FACILITIES

According to the Rural Health Information Hub, an organization funded by the Federal

Office of Rural Health Policy, there are 14 Critical Access Hospitals in the state, as well as 23 Rural Health Clinics and 21 Federally Qualified Health Centers providing services at 149 sites.

URBAN-RURAL DIVIDE

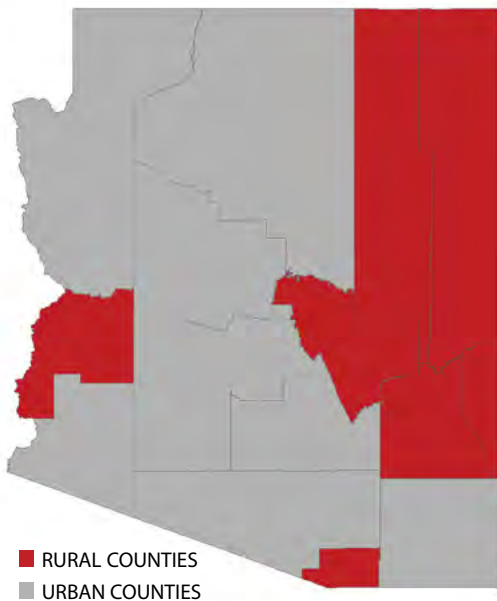
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Arizona shows a 20.2 percent increase in rural mortality as compared to urban counties. The state ranks 42nd for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Arizona include:

- Arizona Center for Rural Health crh.arizona.edu
- Arizona Rural Health Association www.azrhassociation.org
- Southwest Telehealth Resource Center www.southwesttrc.org
- Arizona Rural Women’s Health Network azrwhn.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



ARIZONA BY THE NUMBERS

Arizona has an estimated population of 6,931,071 people, and 5 percent live in one of Arizona's 7 rural counties.

The poverty rate in rural Arizona is 26.2 percent, compared with 15.8 percent in urban areas of the state.

20 percent of the rural population has not completed high school, while 13.6 percent of the urban population lacks a high school diploma.

9.4 percent of rural Arizona residents are U.S. military veterans, and 11 percent of the rural population under age 65 lives with a disability.

39.4 percent of the state's rural population is Non-Hispanic White, 0.7 percent is Black/African-American, 25 percent is Hispanic/Latino, 0.6 percent is Asian and 32.8 percent American Indian/Alaska Native.

MORTALITY

Cancer: A

Cancer is the leading cause of death in Arizona, yet the state is ranked 4/47 in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 148.3 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: B+

Heart disease is the second leading cause of death in Arizona, and the state is ranked 12th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for cancer in rural counties is 157.6 per 100,000. The overall national average is 168.5 per 100,000.

CLRD: A

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Arizona, and the state is ranked 4th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 37.9 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: F

The percentage of rural Arizonans reporting poor general health is the highest in the nation. The state ranked 47th for rural counties (23.9 percent) and 35/51 for urban counties (16.1 percent).

Mental Health: F

Rural residents of Arizona reported an average of 4.9 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 47th, last in the nation, for self-reported mental health in rural counties.

Physical Health: F

The number of physically unhealthy days reported in rural Arizona is 5 in 30 days, while urban residents report 4.1 days. The national average is 3.9. Rural Arizona ranks 44th.

Low Birth Weight: C

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Arizona is 7.7 percent. The national average is 8 percent. Arizona ranks 25th in the category.

ACCESS TO CARE

Primary Care: D-

Arizona ranks 37th in the U.S. for the number of primary care physicians practicing in rural counties (48.7 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: F

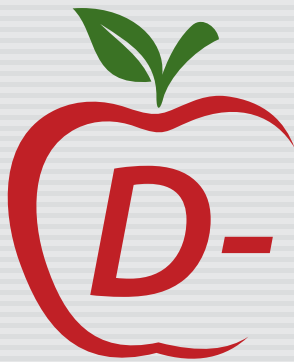
Arizona ranks 46th in the U.S. for the number of psychiatrists practicing in rural counties. Arizona has 0.9 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: B

Arizona ranks 17th in the nation for rural access to dental care with 52.8 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: F

21.5 percent of Arizona's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Arizona is 17.4 percent. Arizona is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



ARKANSAS

Along with Louisiana, Oklahoma and Texas, Arkansas is part of the West South Central division of the South U.S. Census region. All four states in the division showed strong similarities in our reporting, and all four states received a low grade. Arkansas (40) performed better than Oklahoma (41) and Louisiana (46), but the Natural State fell behind Texas (36) in the final rankings.

38/47

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

Arkansas is one of three states receiving a grade of “D-”

ARKANSAS RECEIVED A GRADE OF “D-” BECAUSE:

Arkansas ranked in the fifth quintile of states for its rates of mortality in rural counties.

Arkansas ranked in the fifth quintile of states for measures of daily health and quality of life in rural counties.

Arkansas ranked in the fourth quintile of states for health care access in rural counties.

Arkansas counties with the lowest life expectancy are predominately located in the rural Arkansas Delta, the 42 counties primarily east of the Arkansas River that have been identified as one of the most impoverished regions of the nation, according to the Delta Regional Authority.

The Arkansas Delta is comprised of counties characterized by higher proportions of African Americans with a lower socio-economic status and poorer health outcomes. Most of the state’s rural residents, however, are non-Hispanic White (78 percent). Rurality and inaccessibility to health care resources contribute to rural health disparities.

The Delta has a child poverty rate approaching 40 percent (37.2), while one in three children in the Coastal Plains (33.6 percent) live in poverty.

Nearly one in four Arkansans received supplemental nutrition assistance (SNAP), but the concentration of SNAP recipients in rural areas is considerably higher.

RURAL HEALTH CARE FACILITIES

According to the Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, there are 29 Critical Access Hospitals in the state, as well as 88 Rural Health Clinics and 12 Federally Qualified Health Centers providing services at 109 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Arkansas shows a 9.3 percent increase in rural mortality as compared to urban counties. The state ranks 28th for rural/urban difference in mortality.

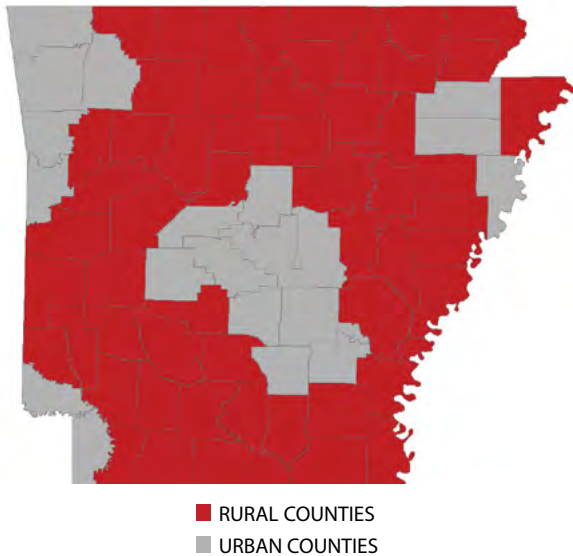
RURAL RESOURCES

Rural health resource organizations in Arkansas include:

- Arkansas Office of Rural Health & Primary Care www.healthy.arkansas.gov/programs-services/topics/rural-health-and-primary-care
- Arkansas Department of Rural Services ruralservices.arkansas.gov
- Southern Rural Development Center srdc.msstate.edu
- South Central Telehealth Resource Center learntelehealth.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

ARKANSAS BY THE NUMBERS



Arkansas has an estimated population of 2,988,248 people, and 38 percent live in one of Arkansas's 55 rural counties.

The poverty rate in rural Arkansas is 18.9 percent, compared with 16.2 percent in urban areas of the state.

18 percent of the rural population has not completed high school, while 13.4 percent of the urban population lacks a high school diploma.

10.1 percent of rural Arkansas residents are U.S. military veterans, and 15.2 percent of the rural population under age 65 lives with a disability.

78 percent of the state's rural population is Non-Hispanic White, 14.4 percent is Black/African-American and 5 percent is Hispanic/Latino, 0.4 percent is American Indian/Alaska Native and 0.5 percent is Asian.

MORTALITY

Heart Disease: *F*

Heart disease is the leading cause of death in Arkansas, and the state is ranked 42nd in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 237.3 per 100,000. The national average is 168.5 per 100,000.

Cancer: *F*

Cancer is the second leading cause of death in Arkansas, and the state is ranked 43/47 in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 192.7 per 100,000. The national average is 158.5 per 100,000.

CLRD: *F*

Chronic lower respiratory disease (CLRD) is the 3rd leading cause of death in Arkansas, and the state has the 6th highest rural rate in the U.S. Arkansas ranked 44th out of 47 states for death by CLRD in rural counties.

QUALITY OF LIFE

Fair/Poor Health: *F*

The percentage of Arkansans reporting poor general health is among the highest in the nation. The state ranked 45th for rural counties (22.4 percent) and 46/51 for urban counties (20.1 percent).

Mental Health: *F*

Rural residents of Arkansas reported an average of 4.3 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 39th for self-reported mental health in rural counties.

Physical Health: *F*

The number of physically unhealthy days reported in rural Arkansas is 4.8 in 30 days, while urban residents report 4.3 days. The national average is 3.9. Rural Arkansas ranks 44th.

Low Birth Weight: *D-*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Arkansas is 10.3 percent, well above the national average of 8 percent. Arkansas ranks 44th in the category.

ACCESS TO CARE

Primary Care: *C-*

Arkansas ranks 29th in the U.S. for the number of primary care physicians practicing in rural counties (51 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *F*

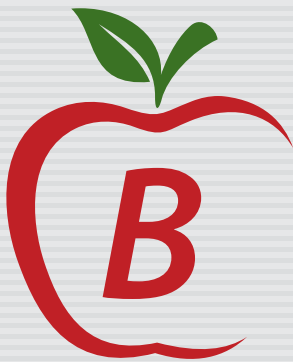
Arkansas ranks 43rd in the U.S. for the number of psychiatrists practicing in rural counties. Arkansas has 1.3 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *F*

Arkansas ranks 40th in the nation for rural access to dental care with 33.8 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *D+*

17.8 percent of Arkansas's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Arkansas is 15.9 percent. Arkansas is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



CALIFORNIA

Along with Alaska, Hawaii, Oregon and Washington, California is part of the Pacific division of the West U.S. Census region. Four of the five states in the division, including California, ranked in the top half of the nation for rural health. California (15) performed better than Washington (17), Alaska (22) and Oregon (26), but the Golden State fell behind Hawaii (4) in the final divisional rankings.

15/47

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

California is one of four states receiving a grade of “B”

CALIFORNIA RECEIVED A GRADE OF “B” BECAUSE:

California ranked in the second quintile of states for its rates of mortality in rural counties.

California ranked in the second quintile of states for measures of daily health and quality of life in rural counties.

California ranked in the second quintile of states for health care access in rural counties.

California’s population is more urbanized than that of the U.S. in general, but the state has a significant rural land mass with a rural population spread across 21 counties.

California’s relatively high rural health ranking may be due in part to Medi-Cal’s expansion of managed care to rural counties, 18 of which are designated as frontier counties or have frontier areas.

Many of these isolated counties have limited health care provider capacity, particularly for specialty care, behavioral health services, and services for seniors and persons with disabilities. According to the California HealthCare Foundation (CHCF), more than 400,000 Medi-Cal beneficiaries joined Medi-Cal managed care health plans under this rural expansion during the first year.

RURAL HEALTH CARE FACILITIES

Community health centers and rural health clinics supply much of the ambulatory care in rural California counties. According to CHCF, almost one-quarter of the CHCs in California are located in rural communities.

According to the Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, there are 34 Critical Access Hospitals in the state, as well as 280 Rural Health Clinics and 176 Federally

Qualified Health Centers that provide services at 1,392 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. California shows a 21.1 percent increase in rural mortality as compared to urban counties. The state ranks 40th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in California include:

- California State Office of Rural Health www.dhcs.ca.gov/services/rural/Pages/StateOfficeofRuralHealth.aspx
- California State Rural Health Association www.csrha.org
- California Institute for Rural Studies www.cirsinc.org
- California Telehealth Resource Center www.caltrc.org
- California Association of Rural Health Clinics www.carhc.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

CALIFORNIA BY THE NUMBERS

California has an estimated population of 39,250,017 people, and 2.1 percent live in one of California's 21 rural counties.

The poverty rate in rural California is 17.1 percent, compared with 14.3 percent in urban areas of the state.

12.7 percent of the rural population has not completed high school, while 18.3 percent of the urban population lacks a high school diploma.

9.4 percent of rural California residents are U.S. military veterans, and 13.9 percent of the rural population under age 65 lives with a disability.

73.9 percent of the state's rural population is Non-Hispanic White, 1.4 percent is Black/African-American, 16.8 percent is Hispanic/Latino and 1.7 percent is Asian, 2.8 percent is American Indian/Alaska Native.



MORTALITY

Heart Disease: **C+**

Heart disease is the leading cause of death in California, and the state is ranked 42nd in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 172.6 per 100,000. The national average is 168.5 per 100,000.

Cancer: **B+**

Cancer is the second leading cause of death in California, and the state is ranked 12th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 155.4 per 100,000. The national average is 158.5 per 100,000.

Stroke: **D**

Cerebrovascular disease is the third leading cause of death in California, and the state is ranked 35th in the U.S. for deaths by stroke among rural residents. The age-adjusted rate for stroke in rural counties is 44.1 per 100,000. The national average is 37.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **C+**

The percentage of Californians reporting poor general health is close to the national average. The state ranked 23rd for rural counties (15.4 percent) and 41/51 for urban counties (17.2 percent).

Mental Health: **C**

Rural residents of California reported an average of 4 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 28th for self-reported mental health in rural counties.

Physical Health: **C-**

The number of physically unhealthy days reported in rural California is 4 in 30 days, while urban residents report 3.7 days. The national average is 3.9. Rural California ranks 29th.

Low Birth Weight: **A+**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural California is 6 percent, well below the national average of 8 percent. California ranks 3rd in the category.

ACCESS TO CARE

Primary Care: **B+**

California ranks 13th in the U.S. for the number of primary care physicians practicing in rural counties (66.3 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **A-**

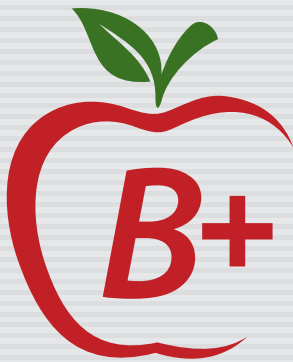
California ranks 9th in the U.S. for the number of psychiatrists practicing in rural counties. California has 6 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **A+**

California ranks first in the nation for rural access to dental care with 74.1 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **C-**

17.1 percent of California's rural population under age 65 is uninsured. The average uninsured rate for urban residents of California is 16.5 percent. California is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



COLORADO

Along with Arizona, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming, Colorado is part of the Mountain division of the West U.S. Census region. Colorado (12) outperforms other states in the division and finishes among the top 10 states nationally for rural health. The Centennial State ranks higher than Wyoming (14), Montana (19), Idaho (20), Utah (23), Nevada (30) and New Mexico (31).

12/47

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

Colorado is one of three states receiving a grade of “B+”

COLORADO RECEIVED A GRADE OF “B+” BECAUSE:

Colorado ranked in the first quintile of states for its rates of mortality in rural counties.

Colorado ranked in the third quintile of states for measures of daily health and quality of life in rural counties.

Colorado ranked in the second quintile of states for health care access in rural counties.

Colorado outperforms other states in the Mountain West in several categories, but one clear exception is the state’s high uninsured rate.

There may be good news on the horizon, however. According to the Colorado Health Institute’s new Colorado Health Access Survey, The state’s overall uninsured rate will fall to 6.5 percent in 2017.

Rural opioid abuse is another urgent issue Colorado may need to address. According to the Colorado Rural Health Center, rural areas of the state saw a 140 percent increase in opioid overdose deaths between 2002-2014, compared to a 96 percent increase in urban areas during the same time frame. Rural Washington County saw the biggest increase in the state, with a 400 percent jump in opioid overdose deaths between 2002 and 2014.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 30 hospitals identified as Critical Access Hospitals in the state, as well as 53 Rural Health Clinics and 20 Federally Qualified Health Centers providing services at 191 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference

in health outcomes between rural and urban counties. Colorado shows an unusual decrease (0.03 percent) in rural mortality as compared to urban counties. The state ranks 3rd for rural/urban difference in mortality.

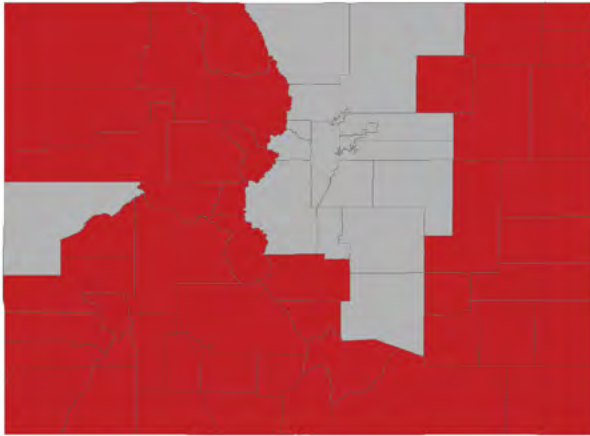
RURAL RESOURCES

Rural health resource organizations in Colorado include:

- Colorado Rural Health Center coruralhealth.org
- Rural Community Assistance Corporation www.rcac.org
- Western Rural Development Center wrdc.usu.edu
- Southwest Telehealth Resource Center www.southwesttrc.org
- Colorado Area Health Education Center www.ucdenver.edu/life/services/ahec/Pages/index.aspx

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

COLORADO BY THE NUMBERS



■ RURAL COUNTIES
■ URBAN COUNTIES

Colorado has an estimated population of 5,540,545 people, and 12.7 percent live in one of Colorado's 47 rural counties.

The poverty rate in rural Colorado is 13.6 percent, compared with 10.7 percent in urban areas of the state.

11.1 percent of the rural population has not completed high school, while 9 percent of the urban population lacks a high school diploma.

9.6 percent of rural Colorado residents are U.S. military veterans, and 8.4 percent of the rural population under age 65 lives with a disability.

73.6 percent of the state's rural population is Non-Hispanic White, 1.3 percent is Black/African-American, 21.4 percent is Hispanic/Latino and 1.4 percent is American Indian/Alaska Native and 0.7 percent is Asian.

MORTALITY

Cancer: **A+**

Cancer is the leading cause of death in Colorado, but the state is ranked first (lowest) in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 128.3 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: **A+**

Heart disease is the second leading cause of death in Colorado, but the state is ranked 3rd in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 139.8 per 100,000. The national average is 168.5 per 100,000.

Accidents: **B**

Accidents are the third leading cause of death in Colorado, and Colorado ranked 15th out of 47 states for accidental death in rural counties. The rural rate for accidental death is 53.6 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **B+**

The percentage of Coloradans reporting poor general health is relatively low. The state ranked 11th for rural counties (13.4 percent) and 14/51 for urban counties (12.8 percent).

Mental Health: **A-**

Rural residents of Colorado reported an average of 3.4 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 8th for self-reported mental health in rural counties.

Physical Health: **A-**

The number of physically unhealthy days reported in rural Colorado is 3.3 in 30 days, while urban residents also report 3.3 days. The national average is 3.9. Rural Colorado ranks 10th.

Low Birth Weight: **D-**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Colorado is 8.9 percent. The national average is 8 percent. Colorado ranks 37th in the category.

ACCESS TO CARE

Primary Care: **A**

Colorado ranks 7th in the U.S. for the number of primary care physicians practicing in rural counties (74.7 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **B**

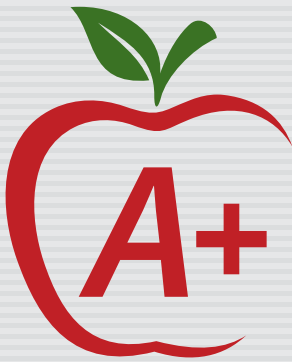
Colorado ranks 17th in the U.S. for the number of psychiatrists practicing in rural counties. Colorado has 3.6 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **B+**

Colorado ranks 11th in the nation for rural access to dental care with 57.9 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **F**

20 percent of Colorado's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Colorado is 13.1 percent. Colorado is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



CONNECTICUT

Along with Maine, Massachusetts, New Hampshire, Rhode Island and Vermont, Connecticut is a member of the New England division of the Northeast U.S. Census region. Excluding Rhode Island, a state with no rural counties, all states in New England receive high national rankings for rural health. Connecticut (3) performed better than Massachusetts (6) and Maine (13), but the Constitution State fell behind New Hampshire (1) and Vermont (2) in the final rankings.

3/47

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

Connecticut is one of three states receiving a grade of “A+”

CONNECTICUT RECEIVED A GRADE OF “A+” BECAUSE:

Connecticut ranked in the first quintile of states for its rates of mortality in rural counties.

Connecticut ranked in the first quintile of states for measures of daily health and quality of life in rural counties.

Connecticut ranked in the first quintile of states for health care access in rural counties.

Connecticut is a relatively urbanized state when compared to the most of the U.S. Rural residents tend to be older and tend to have higher incomes when compared to the rest of the state, according to the Connecticut Office of Rural Health (CORH).

For those living in rural settings utilizing federally qualified health centers (FQHCs) the rates of hypertension, diabetes and asthma are relatively high, according to the CORH. Preventive screening for cervical and colorectal cancers vary and are generally low.

In 2010, Connecticut was the first state to adopt Medicaid expansion by launching the HUSKY D program, transitioning very low income adults from the State Administered General Assistance (SAGA) medical program into Medicaid. In July 2012, it was estimated that 344,000 Connecticut residents were uninsured and highly concentrated in mostly urban areas of the state. Virtually all children in the state are eligible for HUSKY, which keeps the number of uninsured children low statewide.

RURAL HEALTH CARE FACILITIES

There are no Critical Access Hospitals in Connecticut, according to the Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy. Connecticut also has zero Rural Health Clinics, but it has 16 Federally Qualified Health Centers providing services at 235 sites within the state.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Connecticut shows a small 0.4 percent increase in rural mortality as compared to urban counties. The state ranks 4th for rural/urban difference in mortality.

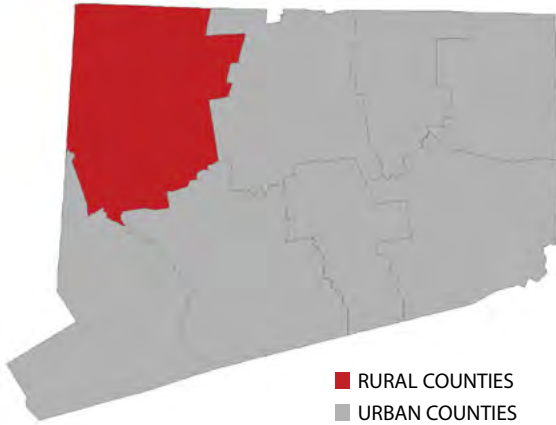
RURAL RESOURCES

Rural health resource organizations in Connecticut include:

- Connecticut State Office of Rural Health www.ruralhealthct.org
- New England Rural Health RoundTable www.newenglandruralhealth.org
- Northeast Telehealth Resource Center netrc.org
- Resources for Communities and People Solutions www.rcapsolutions.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

CONNECTICUT BY THE NUMBERS



Connecticut has an estimated population of 3,576,452 people, and 5.1 percent live in Connecticut's one rural county.

The poverty rate in rural Connecticut is 6.8 percent, compared with 9.9 percent in urban areas of the state.

8.6 percent of the rural population has not completed high school, while 10.2 percent of the urban population lacks a high school diploma.

8.7 percent of rural Connecticut residents are U.S. military veterans, and 6.6 percent of the rural population under age 65 live with a disability.

90.2 percent of the state's rural population is Non-Hispanic White, 1.4 percent is Black/African-American, 5.2 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 1.8 percent is Asian.

MORTALITY

Heart Disease: **A**

Heart disease is the leading cause of death in Connecticut, but the state is ranked 5th in the U.S. for its low number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 146.9 per 100,000. The national average is 168.5 per 100,000.

Cancer: **A**

Cancer is the second leading cause of death in Connecticut, and the state is ranked 7th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 143.8 per 100,000. The national average is 158.5 per 100,000.

Accidents: **C-**

Accidents are the third leading cause of death in Connecticut, and Connecticut ranked 27th out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 58.5 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **A+**

The percentage of rural Connecticut residents reporting poor general health is the best in the nation. The state ranked 1st for rural counties (10.6 percent) and 22/51 for urban counties (13.6 percent).

Mental Health: **B**

Rural residents of Connecticut reported an average of 3.6 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 16th for self-reported mental health in rural counties.

Physical Health: **A+**

The number of physically unhealthy days reported in rural Connecticut is 3.1 in 30 days, while urban residents report 3.3 days. The national average is 3.9. Rural Connecticut ranks 3rd.

Low Birth Weight: **B-**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Connecticut is 7 percent. The national average is 8 percent. Connecticut ranks 18th in the category.

ACCESS TO CARE

Primary Care: **B**

Connecticut ranks 14th in the U.S. for the number of primary care physicians practicing in rural counties (64.3 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **A+**

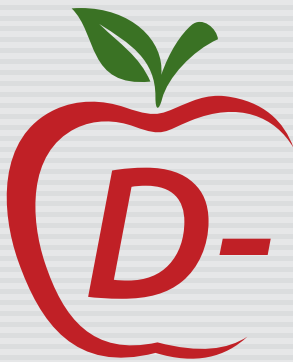
Connecticut ranks 3rd in the U.S. for the number of psychiatrists practicing in rural counties. Connecticut has 11.9 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **A**

Connecticut ranks 5th in the nation for rural access to dental care with 63.2 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **A+**

7.9 percent of Connecticut's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Connecticut is 9.2 percent. Connecticut is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



FLORIDA

Along with Delaware, Georgia, Maryland, North Carolina, South Carolina, Virginia and West Virginia, Florida is part of the South Atlantic division of the South U.S. Census region. With the exception of Maryland (16) and Delaware (a state with no rural counties), most states in the division have poor rural health rankings. Florida (37) performed better than West Virginia (39), Georgia (40) and South Carolina (44), but the Sunshine State fell behind Virginia (32) and North Carolina (34).

37/47

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

Florida is one of three states receiving a grade of “D-”

FLORIDA RECEIVED A GRADE OF “D-” BECAUSE:

Florida ranked in the fourth quintile of states for its rates of mortality in rural counties.

Florida ranked in the fourth quintile of states for measures of daily health and quality of life in rural counties.

Florida ranked in the fifth quintile of states for health care access in rural counties.

Florida is a well-populated state with a diverse economy, but it’s hard to locate a bright spot in Florida’s rural health numbers. Rural mortality in the state is high compared to rates in urban counties, and rural access to primary care is the lowest in the nation.

The Florida Rural Health Association is aware of the challenges faced by rural providers in the state, and they have asked legislators for help in addressing these problems. Among the membership organization’s concerns are complaints about delayed payments and the resulting hardship rural health providers are experiencing under Medicaid Managed Care, as well as the lack of access to routine testing and services because Medicaid will not permit rural hospitals to be reimbursed for providing these services.

Due to these hardships, the FRHA argues, rural residents are forced to travel long distances to have tests that were previously provided by rural providers. The group also emphasizes the continued need for more specialty services in rural areas, like mental health care, and points to the relative lack of tobacco cessation programs in rural Florida as compared to urban areas.

RURAL HEALTH CARE FACILITIES

Florida has 12 Critical Access Hospitals, according to the Rural Health Information Hub,

an organization funded by the Federal Office of Rural Health Policy. There are 155 Rural Health Clinics in Florida and 50 Federally Qualified Health Centers provide services at 523 sites in the state. All of Florida’s 67 counties are designated as primary care Health Professional Shortage Areas (HPSAs).

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Florida shows a large 30.7 percent increase in rural mortality as compared to urban counties. The state ranks 46th for rural/urban difference in mortality.

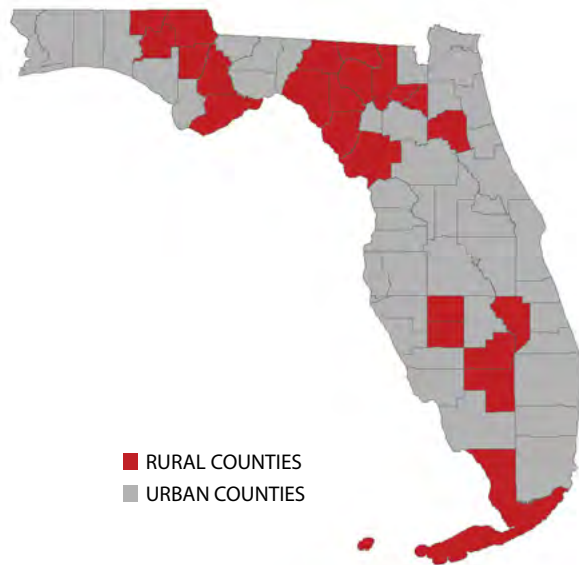
RURAL RESOURCES

Rural health resource organizations in Florida include:

- Florida Office of Rural Health www.floridahealth.gov/programs-and-services/community-health/rural-health/index.html
- Florida Rural Health Association floridaruralhealth.org
- Southeastern Telehealth Resource Center www.setrc.us

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

FLORIDA BY THE NUMBERS



Florida has an estimated population of 20,612,439 people, and 3.4 percent live in one of Florida's 23 rural counties.

The poverty rate in rural Florida is 23 percent, compared with 17.1 percent in urban areas of the state.

21.4 percent of the rural population has not completed high school, while 12.8 percent of the urban population lacks a high school diploma.

11.4 percent of rural Florida residents are U.S. military veterans, and 12.5 percent of the rural population under age 65 lives with a disability.

67.9 percent of the state's rural population is Non-Hispanic White, 15 percent is Black/African-American and 14.3 percent is Hispanic/Latino, 0.5 percent is American Indian/Alaska Native and 0.6 percent is Asian.

MORTALITY

Heart Disease: **C-**

Heart disease is the leading cause of death in Florida, and the state is ranked 29th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 193.8 per 100,000. The national average is 168.5 per 100,000.

Cancer: **F**

Cancer is the second leading cause of death in Florida, and the state is ranked 40th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 190.8 per 100,000. The national average is 158.5 per 100,000.

CLRD: **D**

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Florida, and the state is ranked 34th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 56.7 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **D+**

The percentage of Floridians reporting poor general health is among the highest in the nation. The state ranked 32nd for rural counties (18.5 percent) and 36/51 for urban counties (16.3 percent).

Mental Health: **D-**

Rural residents of Florida reported an average of 4.3 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 36th for self-reported mental health in rural counties.

Physical Health: **D+**

The number of physically unhealthy days reported in rural Florida is 4.3 in 30 days, while urban residents report 3.9 days. The national average is 3.9. Rural Florida ranks 32nd.

Low Birth Weight: **D**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Florida is 8.5 percent. The national average is 8 percent. Florida ranks 33rd in the category.

ACCESS TO CARE

Primary Care: **F**

Florida ranks last in the U.S. (47/47) for the number of primary care physicians practicing in rural counties (36 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **D-**

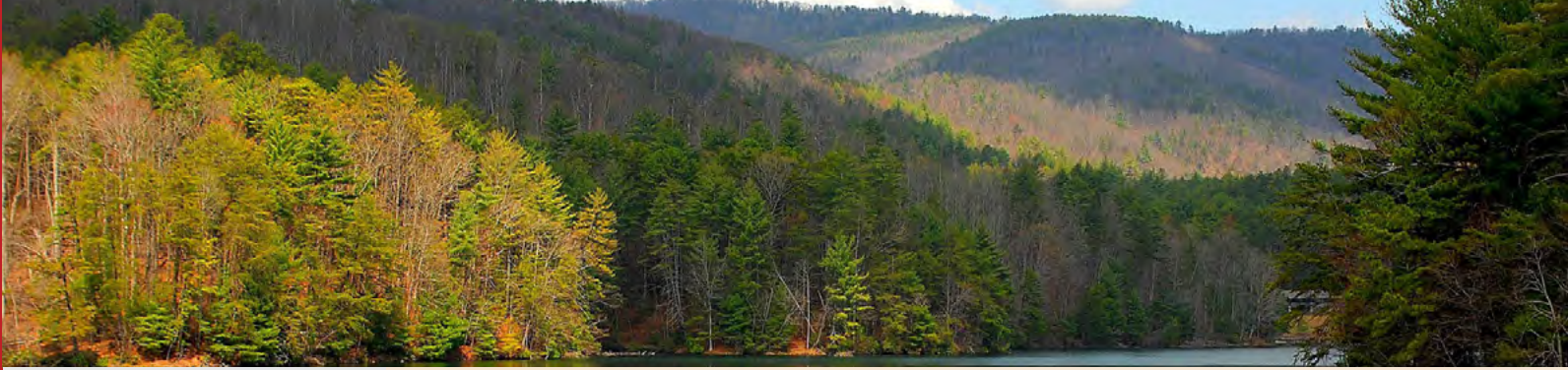
Florida ranks 38th in the U.S. for the number of psychiatrists practicing in rural counties. Florida has 2 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **F**

Florida ranks 41st in the nation for rural access to dental care with 33.4 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **F**

24.7 percent of Florida's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Florida is 21.6 percent. Florida is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



GEORGIA

Along with Delaware, Florida, Maryland, North Carolina, South Carolina, Virginia and West Virginia, Georgia is part of the South Atlantic division of the South U.S. Census region. With the exception of Maryland (16) and Delaware (a state with no rural counties), most states in the division have poor rural health rankings. Georgia (40) performed better South Carolina (44), but the Peach State fell behind Virginia (32), North Carolina (34), Florida (37) and West Virginia (39).

40/47

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

Georgia is one of nine states receiving a failing grade.

GEORGIA RECEIVED A FAILING GRADE BECAUSE:

Georgia ranked in the fourth quintile of states for its rates of mortality in rural counties.

Georgia ranked in the fourth quintile of states for measures of daily health and quality of life in rural counties.

Georgia ranked in the fifth quintile of states for health care access in rural counties.

Georgia’s low birth weight rates are a growing concern for providers throughout the state, according to the Georgia Department of Community Health. A number of health and budget watchdog organizations in the state have called for the expansion of Medicaid as provided for under the ACA to address this and other health care problems.

To help meet the urgent health care needs of rural Georgia, the Georgia Rural Health Association 2016 Legislative Agenda called for a raise in the Medicaid reimbursement rate to adequately fund the state portion of Medicaid and PeachCare for Kids budgets for providers.

Georgia has not increased the Medicaid reimbursement rate to providers in 10 years, according to the GRHA. Rural providers treat a large portion of Medicaid patients, but providers find it increasingly difficult to participate. Other efforts at rural hospital stabilization are underway, however. The state is focused on stabilizing the rural health care delivery system through pilot efforts that support a “hub & spoke” model where patients migrate from the hub to various spokes for health care.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 30 hospitals identified as Critical Access

Hospitals in the state, as well as 90 Rural Health Clinics and 35 Federally Qualified Health Centers providing services at 197 sites.

URBAN-RURAL DIVIDE

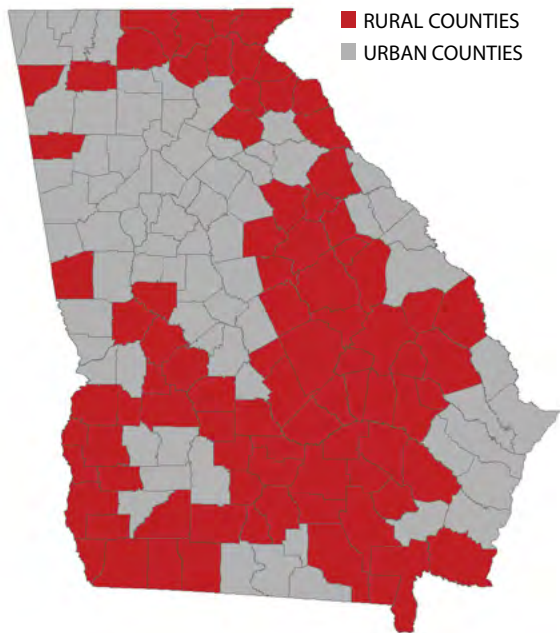
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Georgia shows a 19.5 percent increase in rural mortality as compared to urban counties. The state ranks 44th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Georgia include:

- Georgia State Office of Rural Health dch.georgia.gov/state-office-rural-health
- Georgia Rural Health Association grhainfo.org
- Southeastern Telehealth Resource Center www.setrc.us
- Rural Health Research Institute class.georgiasouthern.edu/rhri

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



GEORGIA BY THE NUMBERS

Georgia has an estimated population of 10,310,371 people, and 17.2 percent live in one of Georgia's 85 rural counties.

The poverty rate in rural Georgia is 22.1 percent, compared with 14.7 percent in urban areas of the state.

20.7 percent of the rural population has not completed high school, while 13.3 percent of the urban population lacks a high school diploma.

8.9 percent of rural Georgia residents are U.S. military veterans, and 11.9 percent of the rural population under age 65 lives with a disability.

65.5 percent of the state's rural population is Non-Hispanic White, 25.8 percent is Black/African-American, 6.4 percent is Hispanic/Latin, 0.2 percent is American Indian/Alaska Native and 0.8 percent is Asian.

MORTALITY

Heart Disease: *D-*

Heart disease is the leading cause of death in Georgia, and the state is ranked 37th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 206.4 per 100,000. The national average is 168.5 per 100,000.

Cancer: *D-*

Cancer is the second leading cause of death in Georgia, and the state is ranked 37th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 184.7 per 100,000. The national average is 158.5 per 100,000.

CLRD: *D-*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Georgia, and the state is ranked 37th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 59.2 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *D*

The percentage of Georgians reporting poor general health is among the highest in the nation. The state ranked 35th for rural counties (20.3 percent) and 40/51 for urban counties (16.8 percent).

Mental Health: *D*

Rural residents of Georgia reported an average of 4.1 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 33rd for self-reported mental health in rural counties.

Physical Health: *D*

The number of physically unhealthy days reported in rural Georgia is 4.4 in 30 days, while urban residents report 3.7 days. The national average is 3.9. Rural Georgia ranks 34th.

Low Birth Weight: *F*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Georgia is 10 percent, well above the national average of 8 percent. Georgia ranks 43th in the category.

ACCESS TO CARE

Primary Care: *D*

Georgia ranks 34th in the U.S. for the number of primary care physicians practicing in rural counties (49.6 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *C+*

Georgia ranks 23rd in the U.S. for the number of psychiatrists practicing in rural counties. Georgia has 2.9 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *F*

Georgia ranks 45th in the nation for rural access to dental care with 30.6 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *F*

22.2 percent of Georgia's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Georgia is 18.7 percent. Georgia is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



HAWAII

Along with Alaska, California, Oregon and Washington, Hawaii is a member of the Pacific division of the West U.S. Census region. Four of the five states in the division, including Hawaii, ranked in the top half of the nation for rural health. Hawaii (4) performed best in the division, and the Aloha State placed higher than California (15), Washington (17), Alaska (22) and Oregon (26) in the final divisional rankings.

4/47

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

Hawaii is one of four states receiving a grade of “A”

HAWAII RECEIVED A GRADE OF “A” BECAUSE:

Hawaii ranked in the first quintile of states for its rates of mortality in rural counties.

Hawaii ranked in the second quintile of states for measures of daily health and quality of life in rural counties.

Hawaii ranked in the first quintile of states for health care access in rural counties.

Hawaii has a substantial rural community, yet it significantly outperforms all other states in the Pacific West and ranks 4th in the nation overall.

Technology seems to be at the heart of Hawaii’s rural health care success. ECHO Hawaii, for example, uses existing technologies to connect an interdisciplinary team of experts with primary care providers in rural and underserved communities. Specialists help mentor participants, with primary providers continuing their management and responsibility for patient care. Over time, clinicians develop comprehensive skills to treat specific, complex health conditions within their own practices.

The Hawaii Department of Health has made investment in telehealth a priority for the state. The department has announced plans to work with the community to establish governance and accountability in assuring telehealth as a sustainable modality to address specialty provider shortages, long waitlists for specialists, geographic barriers and specialty consultation to primary care practices.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are nine Critical Access Hospitals in the state, as well as two Rural Health Clinics and 14 Federally

Qualified Health Centers provide services at 71 sites in the state.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Hawaii shows a 11.5 percent increase in rural mortality as compared to urban counties. The state ranks 24th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Hawaii include:

- Hawaii Office of Primary Care and Rural Health: health.hawaii.gov/opcrh
- Hawaii State Rural Health Association www.hawaiistateruralhealth.org
- Pacific Basin Telehealth Resource Center www.pbtrc.org
- Asian & Pacific Islander American Health Forum: www.apiahf.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

HAWAII BY THE NUMBERS

Hawaii has an estimated population of 1,428,557 people, and 18.9 percent live in one of Hawaii's 2 rural counties.

The poverty rate in rural Hawaii is 12.9 percent, compared with 8.5 percent in urban areas of the state.

8.6 percent of the rural population has not completed high school, while 9 percent of the urban population lacks a high school diploma.

9.8 percent of rural Hawaii residents are U.S. military veterans, and 7.3 percent of the rural population under age 65 lives with a disability.

30.6 percent of the state's rural population is Non-Hispanic White, 0.6 percent is Black/African-American, 11.8 percent is Hispanic/Latino, 24.7 percent is Asian and 10.5 percent is Native Hawaiian and Other Pacific Islander.



MORTALITY

Heart Disease: **A**

Heart disease is the leading cause of death in Hawaii, and the state is ranked 4th in the U.S. for the low number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 146.5 per 100,000. The national average is 168.5 per 100,000.

Cancer: **A**

Cancer is the second leading cause of death in Hawaii, and the state is ranked 6th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 142.5 per 100,000. The national average is 158.5 per 100,000.

Stroke: **F**

Cerebrovascular disease is the third leading cause of death in Hawaii, and the state is ranked 43rd in the U.S. for deaths by stroke among rural residents. The age-adjusted rate for stroke in rural counties is 49.7 per 100,000. The national average is 37.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **B+**

The percentage of Hawaiians reporting poor general health is relatively low. The state ranked 13th for rural counties (13.6 percent) and 10/51 for urban counties (12.4 percent).

Mental Health: **A**

Rural residents of Hawaii reported an average of 3 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 5th for self-reported mental health in rural counties.

Physical Health: **A**

The number of physically unhealthy days reported in rural Hawaii is 3.2 in 30 days, while urban residents report 2.9 days. The national average is 3.9. Rural Hawaii ranks 6th.

Low Birth Weight: **C-**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Hawaii is 7.8 percent. The national average is 8 percent. Hawaii ranks 28th in the category.

ACCESS TO CARE

Primary Care: **A**

Hawaii ranks 6th in the U.S. for the number of primary care physicians practicing in rural counties (76.7 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **A**

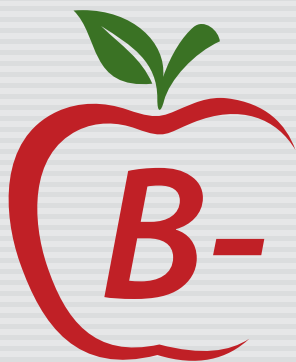
Hawaii ranks 5th in the U.S. for the number of psychiatrists practicing in rural counties. Hawaii has 8.3 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **A**

Hawaii ranks 7th in the nation for rural access to dental care with 61.2 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **A**

9.4 percent of Hawaii's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Hawaii is 6.3 percent. Hawaii is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



IDAHO

Along with Arizona, Colorado, Montana, Nevada, New Mexico, Utah and Wyoming, Idaho is part of the Mountain division of the West U.S. Census region. With the exception of high performers Colorado and Wyoming, all states in the division rank near the middle of the nation for rural health. Idaho (20) ranks higher than Utah (23), Nevada (30), New Mexico (31) and Arizona (33), but the Gem State falls behind Colorado (12), Wyoming (14) and Montana (19).

20/47

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

Idaho is one of three states receiving a grade of "B-"

IDAHO RECEIVED A GRADE OF "B-" BECAUSE:

Idaho ranked in the second quintile of states for its rates of mortality in rural counties.

Idaho ranked in the second quintile of states for measures of daily health and quality of life in rural counties.

Idaho ranked in the fourth quintile of states for health care access in rural counties.

Idaho's population is aging faster than the nation's, according to recent estimates by the U.S. Census Bureau. The number of Idaho seniors increased by 30 percent from mid-2010 to mid-2016 compared with 22 percent for the nation. This group accounts for 15 percent of the state's population and may pose future challenges for rural health care in Idaho.

In the short term, Idaho children are likely a more pressing concern for rural health care providers in Idaho. Nearly 40 percent of children in rural Idaho communities rely on public assistance for health care. According to an independent study by Georgetown University and the University of North Carolina, Idaho children living in rural counties are more likely to access coverage through Medicaid and the Children's Health Insurance Program (CHIP) than children in urban areas. Unless CHIP is renewed by Congress, the state may run out of funding for the program in the near future.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 27 Critical Access Hospitals in the state, 47 Rural Health Clinics, and 14 Federally Qualified Health Centers providing services at 86 sites in the state.

URBAN-RURAL DIVIDE

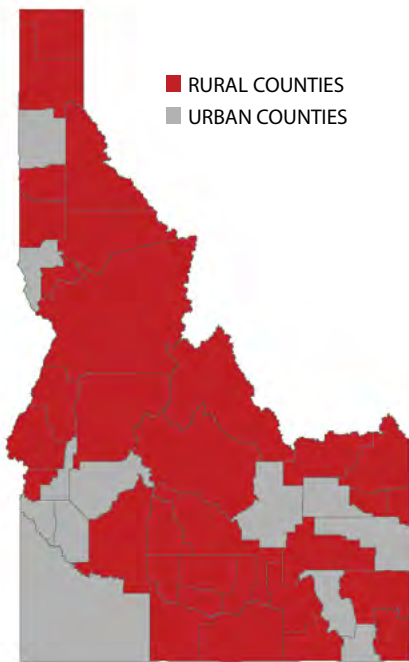
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Idaho shows a 2.9 percent increase in rural mortality as compared to urban counties. The state ranks 9th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Idaho include:

- Bureau of Rural Health and Primary Care healthandwelfare.idaho.gov/Health/RuralHealthandPrimaryCare/tabid/104/Default.aspx
- Idaho Rural Health Association www.idahorha.org
- Northwest Regional Telehealth Resource Center www.nrtrc.org
- WWAMI Rural Health Research Center depts.washington.edu/uwrhrc/index.php

For more information about the data sources used and methodology employed in RHQ's 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



IDAHO BY THE NUMBERS

Idaho has an estimated population of 1,683,140 people, and 33.1 percent live in one of Idaho's 33 rural counties.

The poverty rate in rural Idaho is 16.5 percent, compared with 13.3 percent in urban areas of the state.

13.3 percent of the rural population has not completed high school, while 9.1 percent of the urban population lacks a high school diploma.

10.6 percent of rural Idaho residents are U.S. military veterans, and 9.2 percent of the rural population under age 65 lives with a disability.

81.8 percent of the state's rural population is Non-Hispanic White, 0.4 percent is Black/African-American, 13.8 percent is Hispanic/Latino, 1.3 percent is American Indian/Alaska Native and 0.9 percent is Asian.

MORTALITY

Cancer: *B*

Cancer is the leading cause of death in Idaho, and the state is ranked 10th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 153.8 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: *A-*

Heart disease is second the leading cause of death in Idaho, and the state is ranked 16th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 159.5 per 100,000. The national average is 168.5 per 100,000.

CLRD: *C*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Idaho, and the state is ranked 24th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 51.1 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *C*

The percentage of Idahoans reporting poor general health is close to the national average. The state ranked 25th for rural counties (15.8 percent) and 19/51 for urban counties (13.4 percent).

Mental Health: *B*

Rural residents of Idaho reported an average of 3.5 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 14th for self-reported mental health in rural counties.

Physical Health: *C*

The number of physically unhealthy days reported in rural Idaho is 3.9 in 30 days, while urban residents report 3.5 days. The national average is 3.9. Rural Idaho ranks 25th.

Low Birth Weight: *B+*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Idaho is 6.8 percent. The national average is 8 percent. Idaho ranks 13th in the category.

ACCESS TO CARE

Primary Care: *B-*

Idaho ranks 18th in the nation for the number of primary care physicians practicing in rural counties (60 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *C-*

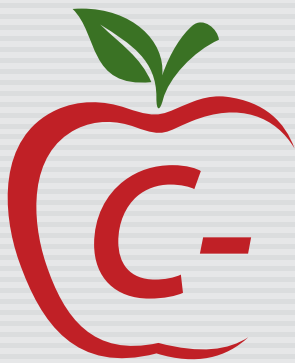
Idaho ranks 28th in the U.S. for the number of psychiatrists practicing in rural counties. Idaho has 2.6 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *B*

Idaho ranks 15th in the nation for rural access to dental care with 54.2 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *D*

19.4 percent of Idaho's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Idaho is 15.8 percent. Idaho is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



27/47

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

Illinois is one of three states receiving a grade of “C-”

ILLINOIS RECEIVED A GRADE OF “C-” BECAUSE:

Illinois ranked in the fourth quintile of states for its rates of mortality in rural counties.

Illinois ranked in the third quintile of states for measures of daily health and quality of life in rural counties.

Illinois ranked in the third quintile of states for health care access in rural counties.

ILLINOIS

Along with Indiana, Michigan, Ohio and Wisconsin, Illinois is a member of the East North Central division of the Midwest U.S. Census region. With the exception of high-performing Wisconsin, all states in the division rank near the middle of the nation for rural health. Illinois (27) ranked slightly higher than Ohio (28) and Indiana (29), but the Prairie State fell behind Wisconsin (7) and Michigan (21) in the final rankings.

Illinois’ rural health outcomes and access rankings are a little uneven, but the state manages to fall somewhere near the middle of the pack in the final rankings. Illinois’ recent budget struggles and internal political strife may pose significant challenges going forward, however.

Most recently, Illinois went more than two years without a state spending plan, and as a result health care providers waited months or years to get paid for services to Medicaid patients and state employees.

A political fight between the state’s governor and the general assembly left health care providers struggling and patients frustrated. Many doctors stopped accepting new patients insured through the state. Sometimes patients simply paid the costs out of pocket, but many others were forced to delay getting care.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 51 Critical Access Hospitals in the state, as well as 223 Rural Health Clinics and 44 Federally Qualified Health Centers providing services at 407 sites in the state.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference

in health outcomes between rural and urban counties. Illinois shows a 16.9 percent increase in rural mortality as compared to urban counties. The state ranks 36th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Illinois include:

- Illinois Center for Rural Health
www.dph.illinois.gov/topics-services/life-stages-populations/rural-under-served-populations
- Illinois Rural Health Association
www.ilruralhealth.org
- Upper Midwest Telehealth Resource Center
www.umtrc.org
- National Center for Rural Health Professions
www.ncrhp.uic.edu

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

ILLINOIS BY THE NUMBERS

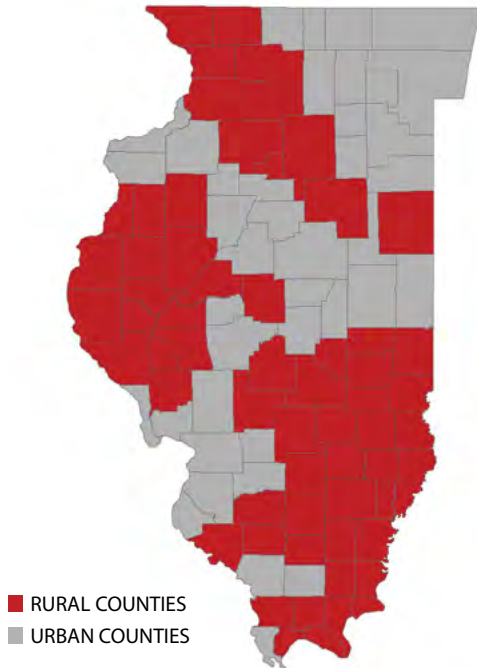
Illinois has an estimated population of 12,801,539 people, and 11.5 percent live in one of Illinois's 62 rural counties.

The poverty rate in rural Illinois is 14.5 percent, compared with 12.8 percent in urban areas of the state.

12 percent of the rural population has not completed high school, while 12.1 percent of the urban population lacks a high school diploma.

10.1 percent of rural Illinois residents are U.S. military veterans, and 9.9 percent of the rural population under age 65 lives with a disability.

90.1 percent of the state's rural population is Non-Hispanic White, 3.8 percent is Black/African-American, 4 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.6 percent is Asian.



MORTALITY

Heart Disease: **D+**

Heart disease is the leading cause of death in Illinois, and the state is ranked 30th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 194.3 per 100,000. The national average is 168.5 per 100,000.

Cancer: **D**

Cancer is the second leading cause of death in Illinois, and the state is ranked 33rd in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 181.3 per 100,000. The national average is 158.5 per 100,000.

Stroke: **C**

Cerebrovascular disease is the third leading cause of death in Illinois, and the state is ranked 35th in the U.S. for deaths by stroke among rural residents. The age-adjusted rate for stroke in rural counties is 40 per 100,000. The national average is 37.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **B-**

The percentage of Illinoisans reporting poor general health is close to the national average. The state ranked 19th for rural counties (14.3 percent) and 30/51 for urban counties (15.6 percent).

Mental Health: **B-**

Rural residents of Illinois reported an average of 4.1 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 20th for self-reported mental health in rural counties.

Physical Health: **B-**

The number of physically unhealthy days reported in rural Illinois is 3.7 in 30 days, while urban residents report 3.5 days. The national average is 3.9. Rural Illinois ranks 20th.

Low Birth Weight: **C+**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Illinois is 7.5 percent. The national average is 8 percent. Illinois ranks 23rd in the category.

ACCESS TO CARE

Primary Care: **F**

Illinois ranks 40th in the U.S. for the number of primary care physicians practicing in rural counties (45.7 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **F**

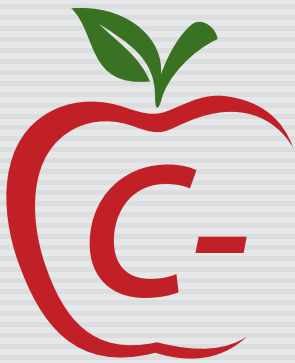
Illinois ranks 42nd in the U.S. for the number of psychiatrists practicing in rural counties. Illinois has 1.7 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **D+**

Illinois ranks 30th in the nation for rural access to dental care with 40.4 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **A-**

10.8 percent of Illinois's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Illinois is 12.7 percent. Illinois is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



INDIANA

Along with Illinois, Michigan, Ohio and Wisconsin, the Hoosier State is a member of the East North Central division of the Midwest U.S. Census region. With the exception of high-performing Wisconsin, all states in the division rank near the middle of the nation for rural health. Indiana (29) ranked lowest in the division, behind Wisconsin (7), Michigan (21), Illinois (27) and Ohio (28) in the final rankings.

29/47

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

Illinois is one of three states receiving a grade of "C-"

INDIANA RECEIVED A GRADE OF "C-" BECAUSE:

Indiana ranked in the fourth quintile of states for its rates of mortality in rural counties.

Indiana ranked in the third quintile of states for measures of daily health and quality of life in rural counties.

Indiana ranked in the fourth quintile of states for health care access in rural counties.

Indiana faces challenges posed by demographic shifts and an uneven distribution of health care professionals, and it ranks in the lower half of the nation in this year's RHQ Rural Health Report Card.

Indiana is one of only a handful of states in the Midwest or Northeast to see its youth population increase between 2000 and 2010. However, most of this growth occurred in urban counties. Large areas of Indiana are aging rapidly due to out-migration while families are concentrating in less rural regions of the state.

Indiana's movement toward an integrated system of care is especially challenging in rural areas, according to the State Office of Rural Health. Many essential services, like EMS, are simply not available in many small communities. State officials have voiced support for emerging technologies and models of cooperation that bring coordinated care to Indiana's rural populations while supporting viable revenue streams for providers.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 35 Critical Access Hospitals in the state, as well as 67 Rural Health Clinics and 26 Federally Qualified Health Centers providing services at 172 sites.

URBAN-RURAL DIVIDE

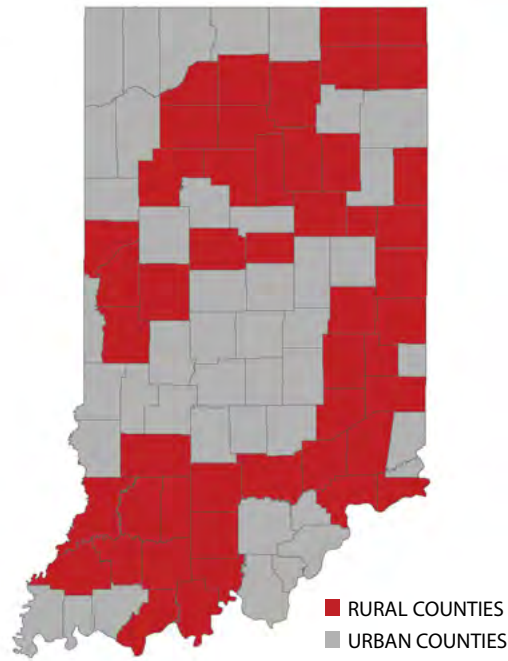
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Indiana shows a 3.7 percent increase in rural mortality as compared to urban counties. The state ranks 10th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Indiana include:

- Indiana State Office of Rural Health www.in.gov/isdh/24432.htm
- Indiana Rural Health Association www.indianaruralhealth.org
- Upper Midwest Telehealth Resource Center www.umtrc.org
- Richard G. Lugar Center for Rural Health www.myunionhospital.org/unionhospital/index.php/lugar-center-for-rural-health

For more information about the data sources used and methodology employed in RHQ's 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



INDIANA BY THE NUMBERS

Indiana has an estimated population of 6,633,053 people, and 22.1 percent live in one of Indiana's 48 rural counties.

The poverty rate in rural Indiana is 13.4 percent, compared with 14.3 percent in urban areas of the state.

14.5 percent of the rural population has not completed high school, while 11.5 percent of the urban population lacks a high school diploma.

9.3 percent of rural Indiana residents are U.S. military veterans, and 10.7 percent of the rural population under age 65 lives with a disability.

92.5 percent of the state's rural population is Non-Hispanic White, 1.4 percent is Black/African-American, 4.1 percent is Hispanic/Latino, 0.2 percent is American Indian/Alaska Native and 0.5 percent is Asian.

MORTALITY

Heart Disease: **C**

Heart disease is the leading cause of death in Indiana, and the state is ranked 26th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 186.6 per 100,000. The national average is 168.5 per 100,000.

Cancer: **D+**

Cancer is the second leading cause of death in Indiana, and the state is ranked 31st in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 179.8 per 100,000. The national average is 158.5 per 100,000.

CLRD: **F**

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Indiana, and the state is ranked 40th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 62.3 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **C-**

The percentage of rural Hoosiers reporting poor general health is close to the national average. The state ranked 27th for rural counties (16.2 percent) and 40/51 for urban counties (16.3 percent).

Mental Health: **D+**

Rural residents of Indiana reported an average of 4 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 30th for self-reported mental health in rural counties.

Physical Health: **C**

The number of physically unhealthy days reported in rural Indiana is 3.9 in 30 days, while urban residents report 3.8 days. The national average is 3.9. Rural Indiana ranks 26th.

Low Birth Weight: **C**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Indiana is 7.6 percent. The national average is 8 percent. Indiana ranks 24th in the category.

ACCESS TO CARE

Primary Care: **F**

Indiana ranks 44th in the U.S. for the number of primary care physicians practicing in rural counties (42.6 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **C**

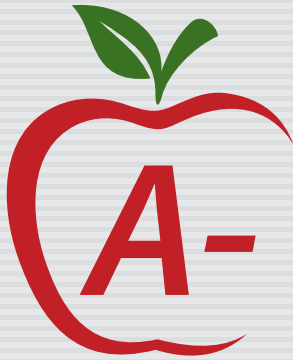
Indiana ranks 26th in the U.S. for the number of psychiatrists practicing in rural counties. Indiana has 2.8 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **D**

Indiana ranks 35th in the nation for rural access to dental care with 37.2 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **C+**

16.6 percent of Indiana's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Indiana is 14.2 percent. Indiana is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



IOWA

Along with Kansas, Minnesota, Missouri, Nebraska, North Dakota and South Dakota, The Hawkeye State is a member of the West North Central division of the Midwest U.S. Census region. With the exception of the two southernmost states in the division, most members of the West North Central division rank near the top of the nation for rural health. Iowa (9) outperforms North Dakota (10), South Dakota (11), Kansas (24) and Missouri (35), but falls behind Minnesota (5) and Nebraska (8) in the final rankings.

9/47

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

Iowa is one of three states receiving a grade of "A-"

IOWA RECEIVED A GRADE OF "A-" BECAUSE:

Iowa ranked in the second quintile of states for its rates of mortality in rural counties.

Iowa ranked in the first quintile of states for measures of daily health and quality of life in rural counties.

Iowa ranked in the first quintile of states for health care access in rural counties.

Iowa scores particularly well on quality-of-life measures in this year's RHQ Rural Health Report Card, and the state ranks in the top 10 states for rural health nationwide.

There are a number of positive signs that Iowa is moving in the right direction. The Centers for Disease Control and Prevention (CDC) released a report indicating that after decades of decline, progress in preventing stroke deaths has slowed across the nation. Only 13 states saw stroke death rates continue to decrease steadily from 2000 to 2015, and Iowa is one of those states.

The Iowa Rural Health Association (IRHA) is continuing to push for improvements, however. The IRHA is currently advocating for the successful implementation of Medicaid Modernization.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 82 Critical Access Hospitals in the state, as well as 170 Rural Health Clinics and 14 Federally Qualified Health Centers providing services at 60 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban

counties. Iowa shows a 5.6 percent increase in rural mortality as compared to urban counties. The state ranks 16th for rural/urban difference in mortality.

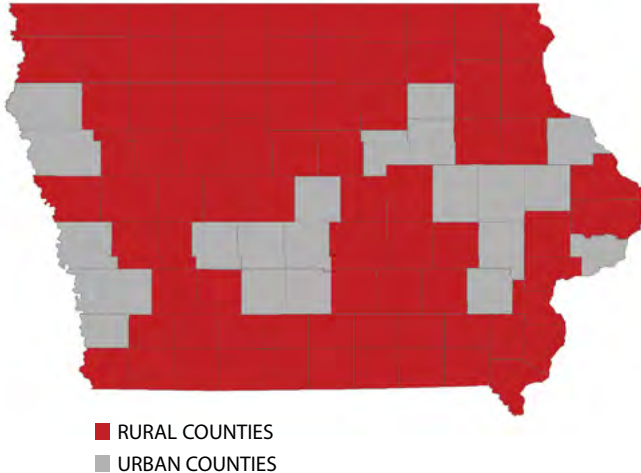
RURAL RESOURCES

Rural health resource organizations in Iowa include:

- Iowa State Office of Rural Health idph.iowa.gov/ohds/rural-health-primary-care/rural-health
- Iowa Rural Health Association www.iaruralhealth.org
- Great Plains Telehealth Resource Center www.gptrac.org
- Iowa Association of Rural Health Clinics iarhc.org

For more information about the data sources used and methodology employed in RHQ's 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

IOWA BY THE NUMBERS



Iowa has an estimated population of 3,134,693 people, and 40.7 percent live in one of Iowa's 78 rural counties.

The poverty rate in rural Iowa is 23 percent, compared with 17.1 percent in urban areas of the state.

9.6 percent of the rural population has not completed high school, while 7.7 percent of the urban population lacks a high school diploma.

9.7 percent of rural Iowa residents are U.S. military veterans, and 8.6 percent of the rural population under age 65 lives with a disability.

91.1 percent of the state's rural population is Non-Hispanic White, 1.3 percent is Black/African-American, 5.1 percent is Hispanic/Latino, 0.3 percent is American Indian/Alaska Native and 0.9 percent is Asian.

MORTALITY

Heart Disease: C

Heart disease is the leading cause of death in Iowa, and the state is ranked 24th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 178.1 per 100,000. The national average is 168.5 per 100,000.

Cancer: C

Cancer is the second leading cause of death in Iowa, and the state is ranked 24th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 169.2 per 100,000. The national average is 158.5 per 100,000.

CLRD: B-

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Iowa, and the state is ranked 18 in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 48.5 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: A

The percentage of Iowans reporting poor general health is among the lowest in the nation. The state ranked 4th for rural counties (12.2 percent) and 7/51 for urban counties (12 percent).

Mental Health: A

Rural residents of Iowa reported an average of 3.2 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 6th for self-reported mental health in rural counties.

Physical Health: A

The number of physically unhealthy days reported in rural Iowa is 3.1 in 30 days, and urban residents also report 3.1 days. The national average is 3.9. Rural Iowa ranks 4th.

Low Birth Weight: A-

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Iowa is 6.4 percent. The national average is 8 percent. Iowa ranks 9th in the category.

ACCESS TO CARE

Primary Care: B

Iowa ranks 17th in the U.S. for the number of primary care physicians practicing in rural counties (60.4 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: C+

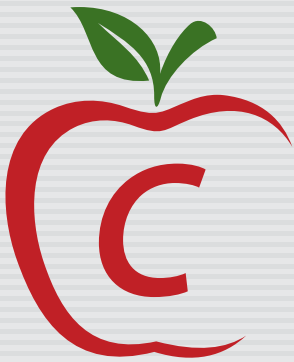
Iowa ranks 21st in the U.S. for the number of psychiatrists practicing in rural counties. Iowa has 3 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: C

Iowa ranks 24th in the nation for rural access to dental care with 48.9 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: A

9.5 percent of Iowa's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Iowa is 7.9 percent. Iowa is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



KANSAS

Along with Iowa, Minnesota, Missouri, Nebraska, North Dakota and South Dakota, Kansas is a member of the West North Central division of the Midwest U.S. Census region. Most members of the West North Central division rank near the top of the nation for rural health, but Kansas and Missouri underperform. Kansas (24) ranks higher than Missouri (35), but the Sunflower State falls far behind Nebraska (8), Iowa (9), North Dakota (10) and South Dakota (11) in the final rankings.

24/47

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

Kansas is one of three states receiving a grade of “C”

KANSAS RECEIVED A GRADE OF “C” BECAUSE:

Kansas ranked in the third quintile of states for its rates of mortality in rural counties.

Kansas ranked in the second quintile of states for measures of daily health and quality of life in rural counties.

Kansas ranked in the third quintile of states for health care access in rural counties.

Kansas currently has an average rural health grade when compared to all other states, but it underperforms it’s neighbors to the north and faces some daunting challenges in the near future.

Kansas has been experiencing a continued shift of its younger population away from rural counties. As a result, 40 counties have over 29 percent of residents age 65 and older, and 26 counties have aged more than 4 years on average since the 2000 census. 76 Kansas counties have lost population since 2000, and all but one is rural.

In addition, 69 percent of rural hospitals in the state are operating at negative Medicare margins, and rural Kansas has seen Medicare cuts of \$196M over 10 years, according to the Kansas Hospital Association.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 84 Critical Access Hospitals in the state, as well as 170 Rural Health Clinics in Kansas and 19 Federally Qualified Health Centers providing services at 56 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban

counties. Kansas shows an 8.4 increase in rural mortality as compared to urban counties. The state ranks 23rd for rural/urban difference in mortality.

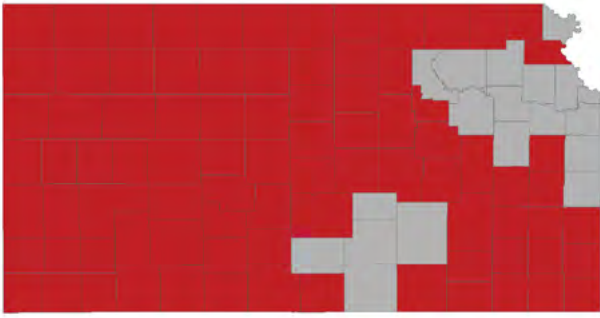
RURAL RESOURCES

Rural resource organizations in Kansas include:

- Kansas Office of Primary Care & Rural Health www.kdheks.gov/olrh/rural.html
- Kansas Rural Health Association www.ksrha.org
- Heartland Telehealth Resource Center heartlandtrc.org
- Kansas Rural Health Education and Services <http://www.kumc.edu/community-engagement/rural-health.html>
- Kansas Rural Health Works krhw.net

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

KANSAS BY THE NUMBERS



■ RURAL COUNTIES
■ URBAN COUNTIES

Kansas has an estimated population of 2,907,289 people, and 32.1 percent live in one of Kansas's 86 rural counties.

The poverty rate in rural Kansas is 23 percent, compared with 17.1 percent in urban areas of the state.

12.3 percent of the rural population has not completed high school, while 8.5 percent of the urban population lacks a high school diploma.

9.4 percent of rural Kansas residents are U.S. military veterans, and 9.7 percent of the rural population under age 65 lives with a disability.

80.9 percent of the state's rural population is Non-Hispanic White, 2.4 percent is Black/African-American, 12.4 percent is Hispanic/Latino, 1.1 percent is Asian and 0.8 percent is American Indian/Alaska Native.

MORTALITY

Heart Disease: **C+**

Heart disease is the leading cause of death in Kansas, and the state is ranked 23rd in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 173 per 100,000. The national average is 168.5 per 100,000.

Cancer: **C**

Cancer is the second leading cause of death in Kansas, and the state is ranked 25th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 171.2 per 100,000. The national average is 158.5 per 100,000.

CLRD: **D+**

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Kansas, and the state is ranked 30 in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 54.2 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **C**

The percentage of Kansans reporting poor general health is close to the national average. The state ranked 28th for rural counties (16.2 percent) and 17/51 for urban counties (13.1 percent).

Mental Health: **A**

Rural residents of Kansas reported an average of 3.2 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 7th for self-reported mental health in rural counties.

Physical Health: **B+**

The number of physically unhealthy days reported in rural Kansas is 3.4 in 30 days, while urban residents report 2.9 days. The national average is 3.9. Rural Kansas ranks 11th.

Low Birth Weight: **B**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Kansas is 7 percent. The national average is 8 percent. Kansas ranks 17th in the category.

ACCESS TO CARE

Primary Care: **C+**

Kansas ranks 23rd in the U.S. for the number of primary care physicians practicing in rural counties (57.4 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **F**

Kansas ranks 41st in the U.S. for the number of psychiatrists practicing in rural counties. Kansas has 1.8 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **C**

Kansas ranks 25th in the nation for rural access to dental care with 4806 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **B-**

14.1 percent of Kansas's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Kansas is 12.3 percent. Kansas is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



KENTUCKY

Along with Alabama, Mississippi and Tennessee, Kentucky is a member of the East South Central division of the South U.S. Census region. All four states in the division showed strong similarities in our reporting, and all four states received a failing grade. The Bluegrass State (42) ranked highest in the division, followed by Tennessee (43), Alabama (45) and Mississippi (47) in the final rankings.

42/47

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

Kentucky is one of nine states receiving a failing grade.

KENTUCKY RECEIVED A FAILING GRADE BECAUSE:

Kentucky ranked in the fifth quintile of states for its rates of mortality in rural counties.

Kentucky ranked in the fifth quintile of states for measures of daily health and quality of life in rural counties.

Kentucky ranked in the third quintile of states for health care access in rural counties.

Kentucky has a large rural population relative to most other states in the U.S., and the extremely rural southeast corner of the state faces a number of unique challenges.

According to Kentucky Rural Health Information Technology, 55 percent of the rural residents in southeast Kentucky live within 200 percent of the poverty line, and 26.2 percent live below the poverty line, as compared to 14.8 nationally. CLRD has a 60 percent mortality rate in Knox, Whitley and Laurel counties alone.

The opioid epidemic is also cause for concern in the state. In 2015 there were 1,248 drug overdose deaths in Kentucky, increased from 1,087 in 2014. The Kentucky Injury Prevention and Research Center (KIPRC) has launched the Drug Overdose Technical Assistance Core (DOTAC) to support local health departments, community coalitions, and state and local agencies in their efforts to access timely local data and analytical results on controlled substance prescribing, drug related morbidity and mortality trends.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 27 Critical Access Hospitals in the state, as well as 191 Rural Health Clinics and 23 Federally Qualified Health Centers providing services at 211 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Kentucky shows a 17.9 increase in rural mortality as compared to urban counties. The state ranks 45th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Kentucky include:

- Kentucky State Office of Rural Health ruralhealth.med.uky.edu/kentucky-office-rural-health
- Kentucky Rural Health Association www.kyrha.org
- Mid-Atlantic Telehealth Resource Center www.matrc.org
- Rural and Underserved Health Research Center ruhrc.uky.edu
- Center of Excellence in Rural Health ruralhealth.med.uky.edu
- Institute for Rural Health Policy uknowledge.uky.edu/irhp

For more information about the data sources used and methodology employed in RHQ's 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

KENTUCKY BY THE NUMBERS

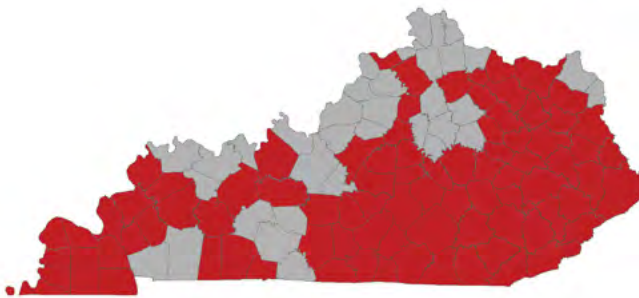
Kentucky has an estimated population of 4,436,974 people, and 41.3 percent live in one of Kentucky's 85 rural counties.

The poverty rate in rural Kentucky is 23.6 percent, compared with 14.9 percent in urban areas of the state.

21.2 percent of the rural population has not completed high school, while 11.9 percent of the urban population lacks a high school diploma.

8.1 percent of rural Kentucky residents are U.S. military veterans, and 16.2 percent of the rural population under age 65 lives with a disability.

92.7 percent of the state's rural population is Non-Hispanic White, 3.4 percent is Black/African-American and 1.8 percent is Hispanic/Latino, 0.2 percent is American Indian/Alaska Native and 0.4 percent is Asian.



■ RURAL COUNTIES
■ URBAN COUNTIES

MORTALITY

Cancer: *F*

Cancer is the leading cause of death in Kentucky, and the state is ranked last in the U.S. (47th) for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 214.8 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: *F*

Heart disease is the second leading cause of death in Kentucky, and the state is ranked 40th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 228.7 per 100,000. The national average is 168.5 per 100,000.

CLRD: *F*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Kentucky, and the state is ranked last in the U.S. (47th) for deaths by CLRD among rural residents. The age-adjusted rate for CLR disease in rural counties is 76.8 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *F*

The percentage of Kentuckians reporting poor general health is among the highest in the nation. The state ranked 41th for rural counties (22.1 percent) and 43/51 for urban counties (17.8 percent).

Mental Health: *D-*

Rural residents of Kentucky reported an average of 4.3 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 38th for self-reported mental health in rural counties.

Physical Health: *F*

The number of physically unhealthy days reported in rural Kentucky is 5 in 30 days, while urban residents report 4.2 days. The national average is 3.9. Rural Kentucky ranks 46th.

Low Birth Weight: *F*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Kentucky is 9.4 percent, well above the national average of 8 percent. Kentucky ranks 39th in the category.

ACCESS TO CARE

Primary Care: *C*

Kentucky ranks 26th in the U.S. for the number of primary care physicians practicing in rural counties (53.3 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *C+*

Kentucky ranks 22nd in the U.S. for the number of psychiatrists practicing in rural counties. Kentucky has 2.9 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *C-*

Kentucky ranks 29th in the nation for rural access to dental care with 41 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *C+*

14.9 percent of Kentucky's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Kentucky is 12 percent. Kentucky is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



LOUISIANA

Along with Arkansas, Oklahoma and Texas, Louisiana is a member of the West South Central division of the South U.S. Census region. All four states in the division showed significant similarities in our reporting, and all four states received a low grade. The Pelican State ranked lowest in the division (46) behind Texas (36), Arkansas (38) and Oklahoma (41) in the final rankings.

46/47

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

Louisiana is one of nine states receiving a failing grade.

LOUISIANA RECEIVED A FAILING GRADE BECAUSE:

Louisiana ranked in the fifth quintile of states for its rates of mortality in rural counties.

Louisiana ranked in the fifth quintile of states for measures of daily health and quality of life in rural counties.

Louisiana ranked in the fifth quintile of states for health care access in rural counties.

Louisiana is one of the lowest performing states in this year’s RHQ Rural Health Report Card, and there aren’t many bright spots to speak of. Local providers are expressing hope about the future, however.

In response to the serious challenges to providing rural health care in the state, Louisiana bucked the trend in southern states and accepted Medicaid expansion as offered under the Affordable Care Act. The Louisiana Rural Health Association also made recommendations regarding the rollout of Medicaid expansion, including streamlining the credentialing process, allowing nurse practitioners to open much-needed offices and increasing Medicaid reimbursement.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 27 Critical Access Hospitals in the state, as well as 129 Rural Health Clinics and 34 Federally Qualified Health Centers providing services at 198 sites.

Additionally, the State of Louisiana operates a “public” hospital system, which provides care to those who are uninsured, under-insured, as well as patients who have health insurance.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference

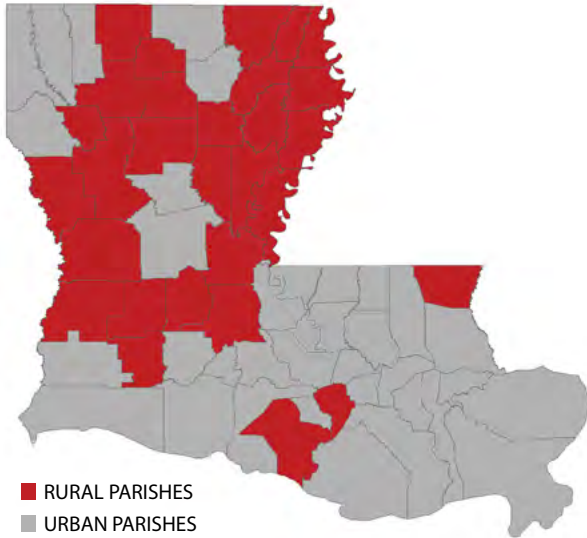
in health outcomes between rural and urban counties. Louisiana shows a 15.7 percent increase in rural mortality as compared to urban counties. The state ranks 41st for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Louisiana include:

- Bureau of Primary Care and Rural Health new.dhh.louisiana.gov/index.cfm/sub-home/25
- Louisiana Rural Health Association www.lrha.org
- TexLa Telehealth Resource Center www.texlatrc.org
- Louisiana Rural Hospital Coalition www.larhc.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



LOUISIANA BY THE NUMBERS

Louisiana has an estimated population of 4,681,666 people, and 16.2 percent live in one of Louisiana's 29 rural counties.

The poverty rate in rural Louisiana is 23 percent, compared with 17.1 percent in urban areas of the state.

21.9 percent of the rural population has not completed high school, while 15.6 percent of the urban population lacks a high school diploma.

8.8 percent of rural Louisiana residents are U.S. military veterans, and 12.9 percent of the rural population under age 65 lives with a disability.

62.5 percent of the state's rural population is Non-Hispanic White, 31.4 percent is Black/African-American, 2.9 percent is Hispanic/Latino, 0.8 percent is American Indian/Alaska Native and 0.6 percent is Asian.

MORTALITY

Heart Disease: *F*

Heart disease is the leading cause of death in Louisiana, and the state is ranked 46th out of 47 states with rural counties for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 258.1 per 100,000. The national average is 168.5 per 100,000.

Cancer: *F*

Cancer is the second leading cause of death in Louisiana, and the state is ranked 41st in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 191.3 per 100,000. The national average is 158.5 per 100,000.

Accidents: *D-*

Accidents are the third leading cause of death in Louisiana, and Louisiana ranked 38th out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 62.8 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *F*

The percentage of Louisianians reporting poor general health is among the highest in the nation. The state ranked 44th for rural counties (23.3 percent) and 48/51 for urban counties (19.6 percent).

Mental Health: *F*

Rural residents of Louisiana reported an average of 4.1 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 43rd for self-reported mental health in rural counties.

Physical Health: *F*

The number of physically unhealthy days reported in rural Louisiana is 4.7 in 30 days, while urban residents report 4.2 days. The national average is 3.9. Rural Louisiana ranks 41st.

Low Birth Weight: *F*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Louisiana is 10.8 percent, well above the national average of 8 percent. Louisiana ranks 45th in the category.

ACCESS TO CARE

Primary Care: *F*

Louisiana ranks 42nd in the U.S. for the number of primary care physicians practicing in rural counties (44.6 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *F*

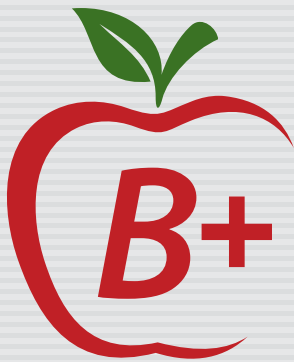
Louisiana ranks 45th in the U.S. for the number of psychiatrists practicing in rural counties. Louisiana has 1.2 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *F*

Louisiana ranks 46th in the nation for rural access to dental care with 30.4 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *F*

20.9 percent of Louisiana's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Louisiana is 17.1 percent. Louisiana is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



13/47

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

Maine is one of three states receiving a grade of “B+”

MAINE RECEIVED A GRADE OF “B+” BECAUSE:

Maine ranked in the third quintile of states for its rates of mortality in rural counties.

Maine ranked in the second quintile of states for measures of daily health and quality of life in rural counties.

Maine ranked in the first quintile of states for health care access in rural counties.

MAINE

Along with Connecticut, Massachusetts, New Hampshire, Rhode Island, and Vermont, the Pine Tree State is a member of the New England division of the Northeast U.S. Census region. Excluding Rhode Island, a state with no rural counties, all states in New England receive high national rankings for rural health. Maine (13) ranked lowest in the division, falling behind New Hampshire (1), Vermont (2), Connecticut (3), and Massachusetts (6) in the final rankings.

Maine is a very rural state. 50 percent of Maine’s land area is almost completely uninhabited—about 9,000 people live in the 400 townships and coastal islands that comprise the state’s unorganized territory—and 40 percent of the state’s population lives in a rural county. Despite these challenges, Maine performs relatively well in this year’s RHQ Rural Health Report Card.

On the other hand, the extreme rurality of the state may help explain why Maine ranks considerably lower than other states in New England. Rural counties in Maine have a higher concentration of older adults and veterans, and Maine’s rural residents are also more likely to live in poverty.

In a number of communities in Maine, home health, skilled nursing home and other critical services are tied to the local rural hospital. Recruiting and retaining a workforce needed to sustain these services is a longstanding challenge in a number of rural communities, according to the Maine Rural Health Research Center.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 16 Critical Access Hospitals in the state, as well as 40 Rural Health Clinics and 18 Federally Qualified Health Centers providing services at 123 sites.

URBAN-RURAL DIVIDE

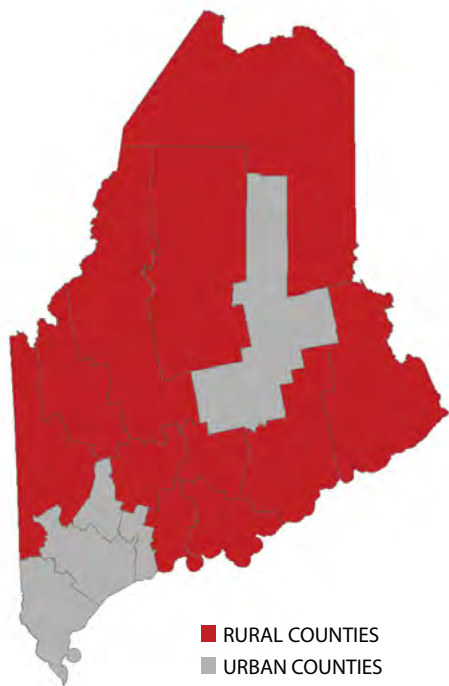
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Maine shows a 7.6 percent increase in rural mortality as compared to urban counties. The state ranks 21st for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Maine include:

- Maine Office of Rural Health & Primary Care www.maine.gov/dhhs/mecdc/dlrs/rhpc/index.shtml
- Maine Rural Health Research Center usm.maine.edu/cutler/mrhrc
- New England Rural Health RoundTable www.newenglandruralhealth.org
- Northeast Telehealth Resource Center netrc.org
- Center for Rural Emergency Services and Trauma med.dartmouth-hitchcock.org/crest.html

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



MAINE BY THE NUMBERS

Maine has an estimated population of 1,331,479 people, and 40.8 percent live in one of Maine's 11 rural counties.

The poverty rate in rural Maine is 15.1 percent, compared with 11.7 percent in urban areas of the state.

9.3 percent of the rural population has not completed high school, while 7.7 percent of the urban population lacks a high school diploma.

12 percent of rural Maine residents are U.S. military veterans, and 13.7 percent of the rural population under age 65 lives with a disability.

95.3 percent of the state's rural population is Non-Hispanic White, 0.5 percent is Black/African-American, 1.2 percent is Hispanic/Latino, 0.8 percent is American Indian/Alaska Native and 0.6 percent is Asian.

MORTALITY

Cancer: D

Cancer is the leading cause of death in Maine, and the state is ranked 35th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 182.4 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: C+

Heart disease is the second leading cause of death in Maine, and the state is ranked 21st in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 172.1 per 100,000. The national average is 168.5 per 100,000.

CLRD: D-

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Maine, and the state is ranked 36th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 58.7 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: B

The percentage of Mainers reporting poor general health is among the lowest in the nation. The state ranked 14th for rural counties (13.9 percent) and 6/51 for urban counties (11.8 percent).

Mental Health: C+

Rural residents of Maine reported an average of 3.7 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 22nd for self-reported mental health in rural counties.

Physical Health: B-

The number of physically unhealthy days reported in rural Maine is 3.7 in 30 days, while urban residents report 3.4 days. The national average is 3.9. Rural Maine ranks 19th.

Low Birth Weight: B

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Maine is 6.8 percent. The national average is 8 percent. Maine ranks 16th in the category.

ACCESS TO CARE

Primary Care: A+

Maine ranks 2nd in the U.S. for the number of primary care physicians practicing in rural counties (99.5 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: A-

Maine ranks 8th in the U.S. for the number of psychiatrists practicing in rural counties. Maine has 6.2 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: C+

Maine ranks 23rd in the nation for rural access to dental care with 49 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: B

14 percent of Maine's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Maine is 10.8 percent. Maine is one of 19 states that has not yet adopted Medicaid expansion as offered under the Affordable Care Act. ■



16/47

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

Maryland is one of four states receiving a grade of “B”

MARYLAND RECEIVED A GRADE OF “B” BECAUSE:

Maryland ranked in the second quintile of states for its rates of mortality in rural counties.

Maryland ranked in the third quintile of states for measures of daily health and quality of life in rural counties.

Maryland ranked in the first quintile of states for health care access in rural counties.

MARYLAND

Along with Delaware, Florida, Georgia, North Carolina, South Carolina, Virginia and West Virginia, Maryland is part of the South Atlantic division of the South U.S. Census region. With the exception of Delaware (which has no rural counties), all other states in the division have considerably lower rural health rankings than Maryland (16). The Old Line State ranks higher than Virginia (32), North Carolina (34), Florida (37), West Virginia (39), Georgia (40) and South Carolina (44).

Maryland is more urbanized than most states, but, like most states, higher rates of chronic illness and poorer overall health are found in its rural communities when compared to urban populations.

The Maryland Community Health Resources Commission has launched a number of initiatives to provide health care services to those who are unable to receive care in traditional health care settings.

Among these initiatives are the use of community health workers to improve outcomes in underserved rural populations experiencing chronic disease conditions, the establishment of school-based wellness centers that offer students and their families a range of health care services and a “Mobile Integrated Health Care” program that integrates existing health care services. The Mobile Integrated Health Care model is designed to address the needs of patients who do not qualify for home health assistance, yet require oversight after discharge from a health care facility.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are zero hospitals identified as Critical Access Hospitals and zero Rural Health Clinics in the state, but there are 17 Federally Qualified Health Centers providing services at 127 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Maryland shows a 7.3 percent increase in rural mortality as compared to urban counties. The state ranks 20th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Maryland include:

- Maryland Office of Rural Health pophealth.health.maryland.gov/Pages/Rural-health.aspx
- Maryland Rural Health Association www.mdruralhealth.org
- Mid-Atlantic Telehealth Resource Center www.matrc.org
- Rural Maryland Council <http://rural.maryland.gov/>

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

MARYLAND BY THE NUMBERS

Maryland has an estimated population of 6,016,447 people, and 2.5 percent live in one of Maryland's 5 rural counties.

The poverty rate in rural Maryland is 14.2 percent, compared with 9.5 percent in urban areas of the state.

13.6 percent of the rural population has not completed high school, while 10.6 percent of the urban population lacks a high school diploma.

10.8 percent of rural Maryland residents are U.S. military veterans, and 9.4 percent of the rural population under age 65 lives with a disability.

78.8 percent of the state's rural population is Non-Hispanic White, 13.8 percent is Black/African-American, 4.4 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.9 percent is Asian.



MORTALITY

Heart Disease: **B-**

Heart disease is the leading cause of death in Maryland, and the state is ranked 20th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 171 per 100,000. The national average is 168.5 per 100,000.

Cancer: **A-**

Cancer is the second leading cause of death in Maryland, and the state is ranked 9th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 153 per 100,000. The national average is 158.5 per 100,000.

Stroke: **F**

Cerebrovascular disease is the third leading cause of death in Maryland, and the state is ranked 40th in the U.S. for deaths by stroke among rural residents. The age-adjusted rate for stroke in rural counties is 48.1 per 100,000. The national average is 37.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **C+**

The percentage of Marylanders reporting poor general health is close to the national average. The state ranked 21st for rural counties (14.5 percent) and 16/51 for urban counties (13 percent).

Mental Health: **C+**

Rural residents of Maryland reported an average of 3.6 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 21st for self-reported mental health in rural counties.

Physical Health: **B**

The number of physically unhealthy days reported in rural Maryland is 3.6 in 30 days, while urban residents report 3.2 days. The national average is 3.9. Rural Maryland ranks 17th.

Low Birth Weight: **D**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Maryland is 8.8 percent. The national average is 8 percent. Maryland ranks 34th in the category.

ACCESS TO CARE

Primary Care: **B-**

Maryland ranks 20th in the U.S. for the number of primary care physicians practicing in rural counties (59.8 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **A**

Maryland ranks 4th in the U.S. for the number of psychiatrists practicing in rural counties. Maryland has 11.2 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **B**

Maryland ranks 16th in the nation for rural access to dental care with 54 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **B+**

12.1 percent of Maryland's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Maryland is 10.1 percent. Maryland is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



MASSACHUSETTS

Along with Connecticut, Maine, New Hampshire, Rhode Island and Vermont, Massachusetts is a member of the New England division of the Northeast U.S. Census region. Excluding Rhode Island, a state with no rural counties, all states in New England receive high national rankings for rural health. Massachusetts (6) performed better than Maine (13), but the Bay State fell behind New Hampshire (1), Vermont (2) and Connecticut (3) in the final rankings.

6/47

MASSACHUSETTS

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

Massachusetts is one of three states receiving a grade of “A”

MASSACHUSETTS RECEIVED A GRADE OF “A” BECAUSE:

Massachusetts ranked in the highest quintile of states for its rates of mortality in rural counties.

Massachusetts ranked in the second quintile of states for measures of daily health and quality of life in rural counties.

Massachusetts ranked in the highest quintile of states for health care access in rural counties.

Massachusetts is largely urbanized, and only a small percentage of the population of lives in rural counties (1.4 percent). In fact, Massachusetts is the third most densely populated state in the nation, and it ranks 14th in population count.

The Commonwealth’s population is changing in two notable ways, however. Massachusetts is becoming more racially and ethnically diverse and its median age is rising. The latter is often attributed to the high cost of housing which has caused young people to relocate elsewhere.

There has also been a dramatic increase in opioid-related deaths in Massachusetts in recent years, according to a 2017 State Health Assessment produced by the Massachusetts Department of Public Health. The number of opioid-related deaths in 2016 represents a 17 percent increase over 2015, and a 450 percent increase since 2000. There is also evidence suggesting fentanyl—a synthetic opioid with 50-100 times the potency of morphine—is fueling the current epidemic.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are three Critical Access Hospitals in the state as well as one Rural Health Clinic and 39 Federally Qualified Health Centers providing services at 277 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Massachusetts shows a 2 percent increase in rural mortality as compared to urban counties. The state ranks 8th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Massachusetts include:

- Massachusetts Office of Rural Health www.mass.gov/eohhs/gov/departments/dph/programs/community-health/primary-care-healthaccess/rural-health/
- New England Rural Health RoundTable www.newenglandruralhealth.org
- Northeast Telehealth Resource Center netrc.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

MASSACHUSETTS BY THE NUMBERS

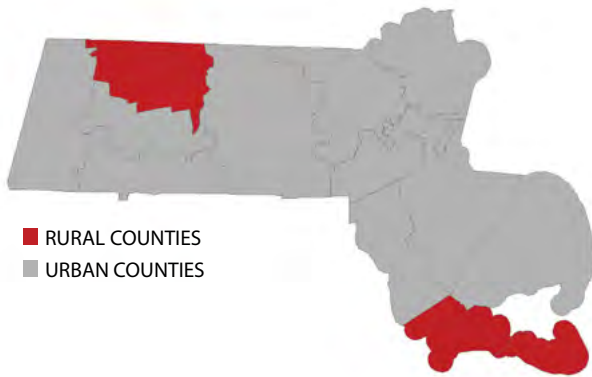
Massachusetts has an estimated population of 6,811,779 people, and 1.4 percent live in one of Massachusetts's 3 rural counties.

The poverty rate in rural Massachusetts is 14.8 percent, compared with 14.8 percent in urban areas of the state.

23.7 percent of the rural population has not completed high school, while 23.5 percent of the urban population lacks a high school diploma.

8.5 percent of rural Massachusetts residents are U.S. military veterans, and 8.8 percent of the rural population under age 65 lives with a disability.

90.1 percent of the state's rural population is Non-Hispanic White, 2.3 percent is Black/African-American, 3.8 percent is Hispanic/Latino, 0.3 percent is American Indian/Alaska Native and 1.4 percent is Asian.



MORTALITY

Cancer: A+

Cancer is the leading cause of death in Massachusetts, and the state is ranked 3rd in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 139.9 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: A+

Heart disease is the second leading cause of death in Massachusetts, and the state is ranked 2nd in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 139.3 per 100,000. The national average is 168.5 per 100,000.

Accidents: A

Accidents are the third leading cause of death in Massachusetts, and Massachusetts ranked 7th out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 46.2 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: A

The percentage of Massachusettsans reporting poor general health is relatively low. The state ranked 7th for rural counties (13 percent) and 18/51 for urban counties (13.3 percent).

Mental Health: C-

Rural residents of Massachusetts reported an average of 4 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 29th for self-reported mental health in rural counties.

Physical Health: B

The number of physically unhealthy days reported in rural Massachusetts is 3.6 in 30 days, while urban residents report 3.4 days. The national average is 3.9. Rural Massachusetts ranks 16th.

Low Birth Weight: A

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Massachusetts is 6.2 percent, below the national average of 8 percent. Massachusetts ranks 7th in the category.

ACCESS TO CARE

Primary Care: A

Massachusetts ranks 5th in the U.S. for the number of primary care physicians practicing in rural counties (76.7 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: A

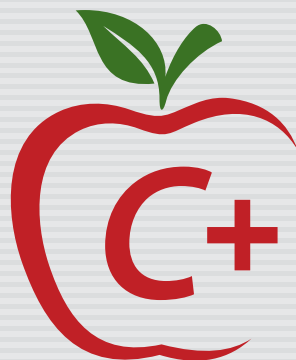
Massachusetts ranks 6th in the U.S. for the number of psychiatrists practicing in rural counties. Massachusetts has 7.1 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: A

Massachusetts ranks 6th in the nation for rural access to dental care with 62.7 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: A+

5.4 percent of Massachusetts's rural population under age 65 is uninsured, the best rate in the nation. The average rate for urban Massachusetts is 4 percent. Massachusetts is one of 31 states that adopted Medicaid expansion under the Affordable Care Act. ■



MICHIGAN

Along with Illinois, Indiana, Ohio and Wisconsin, Michigan is a member of the East North Central division of the Midwest U.S. Census region. With the exception of high performing Wisconsin, all states in the division rank near the middle of the nation for rural health. Michigan (21) ranked higher than Illinois (27), Ohio (28) and Indiana (29), but the Great Lakes State fell behind Wisconsin (7) in the final rankings.

21/47

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

Michigan is one of three states receiving a grade of “C+”

MICHIGAN RECEIVED A GRADE OF “C+” BECAUSE:

Michigan ranked in the third quintile of states for its rates of mortality in rural counties.

Michigan ranked in the second quintile of states for measures of daily health and quality of life in rural counties.

Michigan ranked in the second quintile of states for health care access in rural counties.

Michigan turned in relatively average scores in this year’s RHQ Rural Health Report Card, but the rural heart disease mortality rate in the state remains cause for concern.

Michigan has the 10th highest death rate from cardiovascular disease in the country, according to the American Heart Association. The state also has higher than average rates of obesity and of residents who are current smokers.

Heart disease was the leading cause of death in men and women in the state in 2012, according to the Michigan Department of Community Health, and more than 25 percent of deaths in Michigan in 2013 were due to cardiovascular disease and stroke.

34.6 percent of Michigan adults reported having high blood pressure in 2013, and 75.7 percent of Michigan adults with diagnosed high blood pressure reported taking blood pressure medication.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 36 Critical Access Hospitals in the state, as well as 195 Rural Health Clinics and 38 Federally Qualified Health Centers providing services at 246 sites.

URBAN-RURAL DIVIDE

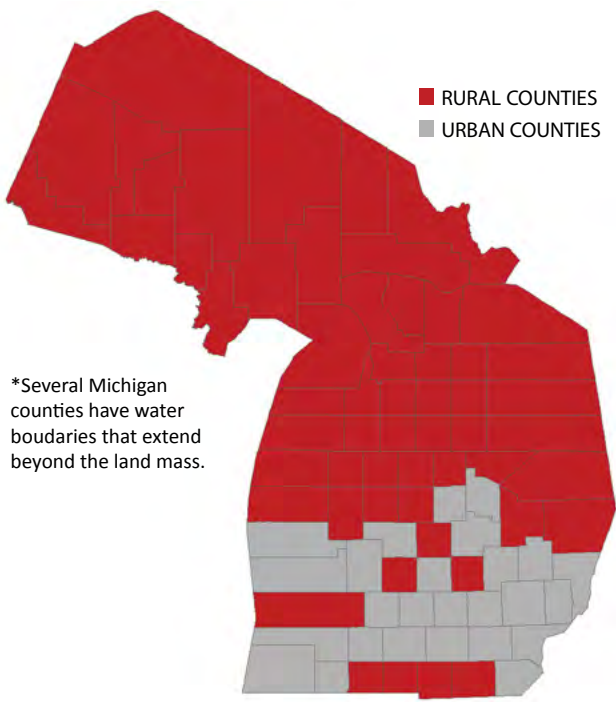
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Michigan shows a small 0.3 percent increase in rural mortality as compared to urban counties. The state ranks 4th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Michigan include:

- Michigan Center for Rural Health www.mcrh.msu.edu
- Michigan Rural Council michiganruralcouncil.org
- Upper Midwest Telehealth Resource Center www.umtrc.org
- Citizens Research Council of Michigan crcmich.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



MICHIGAN BY THE NUMBERS

Michigan has an estimated population of 4,863,300 people, and 18.1 percent live in one of Michigan's 57 rural counties.

The poverty rate in rural Michigan is 15.4 percent, compared with 14.9 percent in urban areas of the state.

10.6 percent of the rural population has not completed high school, while 10.4 percent of the urban population lacks a high school diploma.

10.5 percent of rural Michigan residents are U.S. military veterans, and 11.9 percent of the rural population under age 65 lives with a disability.

91.2 percent of the state's rural population is Non-Hispanic White, 1.6 percent is Black/African-American, 3.4 percent is Hispanic/Latino, 1.3 percent is American Indian/Alaska Native and 0.6 percent is Asian.

MORTALITY

Heart Disease: **D+**

Heart disease is the leading cause of death in Michigan, and the state is ranked 32nd in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 196.4 per 100,000. The national average is 168.5 per 100,000.

Cancer: **C-**

Cancer is the second leading cause of death in Michigan, and the state is ranked 27th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 173.8 per 100,000. The national average is 158.5 per 100,000.

CLRD: **C-**

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Michigan, and the state is ranked 29th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLR disease in rural counties is 53.8 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **B-**

The percentage of Michiganders reporting poor general health is among the highest in the nation. The state ranked 20th for rural counties (14.4 percent) and 26/51 for urban counties (14.6 percent).

Mental Health: **C**

Rural residents of Michigan reported an average of 3.8 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 23rd for self-reported mental health in rural counties.

Physical Health: **C+**

The number of physically unhealthy days reported in rural Michigan is 3.8 in 30 days, while urban residents report 3.6 days. The national average is 3.9. Rural Michigan ranks 22nd.

Low Birth Weight: **B**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Michigan is 6.8 percent. The national average is 8 percent. Michigan ranks 14th in the category.

ACCESS TO CARE

Primary Care: **C+**

Michigan ranks 22nd in the U.S. for the number of primary care physicians practicing in rural counties (57.6 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **B-**

Michigan ranks 18th in the U.S. for the number of psychiatrists practicing in rural counties. Michigan has 3.5 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **C+**

Michigan ranks 22nd in the nation for rural access to dental care with 50.2 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **B**

13.2 percent of Michigan's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Michigan is 10.8 percent. Michigan is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



MINNESOTA

Along with Iowa, Kansas, Missouri, Nebraska, North Dakota and South Dakota, Minnesota is a member of the West North Central division of the Midwest U.S. Census region. Most members of the West North Central division rank near the top of the nation for rural health, but Kansas (24) and Missouri (35) underperform. Minnesota ranks 5th nationally and takes the top spot in the division. The North Star State outperforms Nebraska (8), Iowa (9), North Dakota (10) and South Dakota (11) in the final rankings.

5/47

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

Minnesota is one of four states receiving a grade of “A”

MINNESOTA RECEIVED A GRADE OF “A” BECAUSE:

Minnesota ranked in the first quintile of states for its rates of mortality in rural counties.

Minnesota ranked in the first quintile of states for measures of daily health and quality of life in rural counties.

Minnesota ranked in the first quintile of states for health care access in rural counties.

Minnesota is an impressive high performer in several areas of rural health care, but the Minnesota Rural Health Association is still sounding the alarm about certain dangers on the horizon.

Health care workforce shortages in rural areas are a growing cause for concern, according to the MRHA. Rural areas face an older and shrinking health care workforce with too few students in the pipeline to replace them.

Poor health outcomes have also remained concentrated in rural Minnesota, and opioid abuse is an epidemic in rural areas of the state. Minnesota saw a 9.2 percent increase in overdose deaths in 2016 over the previous year.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 78 Critical Access Hospitals in the state, as well as 89 Rural Health Clinic and 16 Federally Qualified Health Centers providing services at 81 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Minnesota shows a 5.2% increase in rural mortality as compared to urban counties. The state ranks 13th for rural/urban

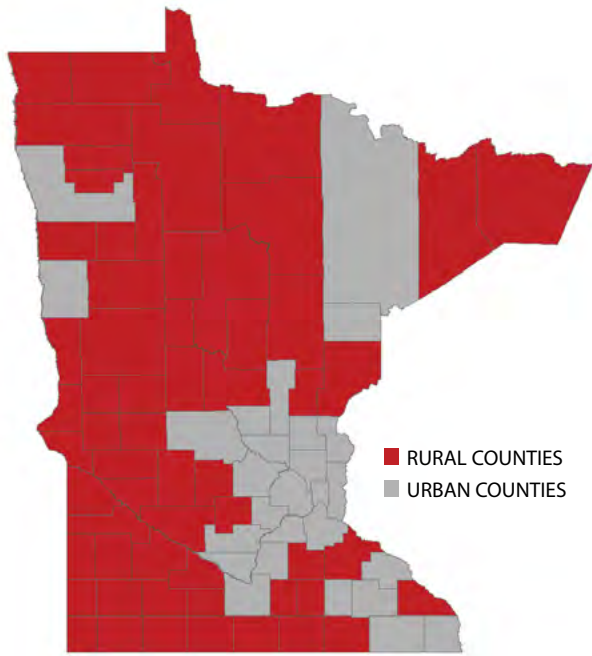
difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Minnesota include:

- Office of Rural Health and Primary Care www.health.state.mn.us/divs/orhpc/
- Minnesota Rural Health Association mnruralhealth.org
- Great Plains Telehealth Resource Center www.gptrac.org
- Rural Health Research Center rhrc.umn.edu
- National Rural Health Resource Center www.ruralcenter.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



MINNESOTA BY THE NUMBERS

Minnesota has an estimated population of 5,519,952 people, and 22.4 percent live in one of Minnesota's 60 rural counties.

The poverty rate in rural Minnesota is 11.2 percent, compared with 9.5 percent in urban areas of the state.

9.4 percent of the rural population has not completed high school, while 7 percent of the urban population lacks a high school diploma.

10.2 percent of rural Minnesota residents are U.S. military veterans, and 8.2 percent of the rural population under age 65 lives with a disability.

89.6 percent of the state's rural population is Non-Hispanic White, 1.2 percent is Black/African-American and 4.5 percent is Hispanic/Latino, 2.2 percent is American Indian/Alaska Native and 1 percent is Asian.

MORTALITY

Cancer: **B**

Cancer is the leading cause of death in Minnesota, and the state is ranked 17th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 157.2 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: **A+**

Heart disease is the second leading cause of death in Minnesota, and the state is ranked 1st (lowest) in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 132.8 per 100,000. The national average is 168.5 per 100,000.

Accidents: **A**

Accidents are the third leading cause of death in Minnesota, and Minnesota ranked 6th out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 45.4 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **A**

The percentage of Minnesotans reporting poor general health is among the lowest in the nation. The state ranked 6th for rural counties (12.7 percent) and 3/51 for urban counties (10.8 percent).

Mental Health: **A**

Rural residents of Minnesota reported an average of 3 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 4th for self-reported mental health in rural counties.

Physical Health: **A**

The number of physically unhealthy days reported in rural Minnesota is 3.2 in 30 days, while urban residents report 4.1 days. The national average is 2.8. Rural Minnesota ranks 7th.

Low Birth Weight: **A+**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Minnesota is 5.9 percent, well below the national average of 8 percent. Minnesota ranks 2nd in the category.

ACCESS TO CARE

Primary Care: **A-**

Minnesota ranks 8th in the U.S. for the number of primary care physicians practicing in rural counties (72.8 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **B**

Minnesota ranks 15th in the U.S. for the number of psychiatrists practicing in rural counties. Minnesota has 3.8 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **B-**

Minnesota ranks 20th in the nation for rural access to dental care with 51.6 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **A**

9.6 percent of Minnesota's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Minnesota is 7.7 percent. Minnesota is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



MISSISSIPPI

Along with Alabama, Kentucky and Tennessee, Mississippi is a member of the East South Central Division of the South U.S. Census Region. All four states in the division showed strong similarities in our reporting, and all four states received a failing grade for rural health. The Magnolia State ranks lowest in the nation (47) and behind division members Kentucky (42), Tennessee (43) and Alabama (45) in the final rankings.

47/47

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

Mississippi is one of nine states receiving a failing grade.

MISSISSIPPI RECEIVED A FAILING GRADE BECAUSE:

Mississippi ranked in the fifth quintile of states for its rates of mortality in rural counties.

Mississippi ranked in the fifth quintile of states for measures of daily health and quality of life in rural counties.

Mississippi ranked in the fifth quintile of states for health care access in rural counties.

Mississippi is the lowest ranked performer in this year's RHQ Rural Health Report Card. The state's demographics include high poverty levels, low education levels, limited industry in rural areas, poor local tax bases and extreme rurality. Rural residents and minorities are population groups most affected by health disparities.

According to a 2015 rural health plan produced by the Mississippi State Department of Health, Mississippi is a medically underserved state, and statistics present a negative view of the overall health of citizens. Compared to national health data, Mississippi residents rank lowest in several overall health indicators. The state's rates for cardiovascular disease, diabetes, obesity, teenage pregnancy, premature births, low birth weights and infant mortality are some of the highest levels in the nation.

Some of the state's published priority areas include health care for specific population groups, including mothers, babies, the elderly, the indigent, the uninsured, the disabled and persons with developmental conditions.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 31 Critical Access Hospitals in the state, as well as 177 Rural Health Clinics and 21 Federally

Qualified Health Centers providing services at 188 sites.

URBAN-RURAL DIVIDE

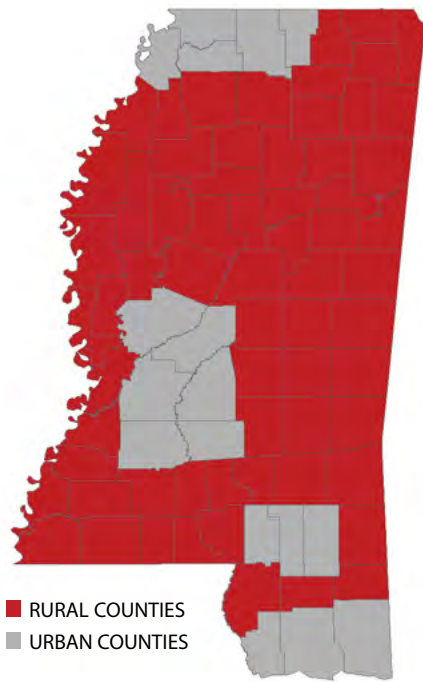
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Mississippi shows a 12.5 percent increase in rural mortality as compared to urban counties. The state ranks 34th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Mississippi include:

- Mississippi Office of Rural Health msdh.ms.gov/msdhsite/_static/44,0,111.html
- Mississippi Rural Health Association msrha.org
- South Central Telehealth Resource Center learntelehealth.org
- Southern Rural Development Center srdc.msstate.edu

For more information about the data sources used and methodology employed in RHQ's 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



MISSISSIPPI BY THE NUMBERS

Mississippi has an estimated population of 2,988,726 people, and 53.9 percent live in one of Mississippi's 65 rural counties.

The poverty rate in rural Mississippi is 24.3 percent, compared with 16.8 percent in urban areas of the state.

20.8 percent of the rural population has not completed high school, while 13.8 percent of the urban population lacks a high school diploma.

7.3 percent of rural Mississippi residents are U.S. military veterans, and 12.9 percent of the rural population under age 65 live with a disability.

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

MORTALITY

Heart Disease: *F*

Heart disease is the leading cause of death in Mississippi, and the state is ranked 44th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 254.5 per 100,000. The national average is 168.5 per 100,000.

Cancer: *F*

Cancer is the second leading cause of death in Mississippi, and the state is ranked 42nd in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 192.1 per 100,000. The national average is 158.5 per 100,000.

CLRD: *D-*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Mississippi, and the state is ranked 38th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 60.4 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *F*

The percentage of Mississippi reporting poor general health is among the highest in the nation. The state ranked 46th for rural counties (23.7 percent) and 49/51 for urban counties (19.6 percent).

Mental Health: *D-*

Rural residents of Mississippi reported an average of 4.3 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 37th for self-reported mental health in rural counties.

Physical Health: *D-*

The number of physically unhealthy days reported in rural Mississippi is 4.5 in 30 days, while urban residents report 4 days. The national average is 3.9. Rural Mississippi ranks 37th.

Low Birth Weight: *F*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Mississippi is 12.2 percent, well above the national average of 8 percent. Mississippi ranks last (47th) in the category.

ACCESS TO CARE

Primary Care: *F*

Mississippi ranks 39th in the U.S. for the number of primary care physicians practicing in rural counties (45.9 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *D+*

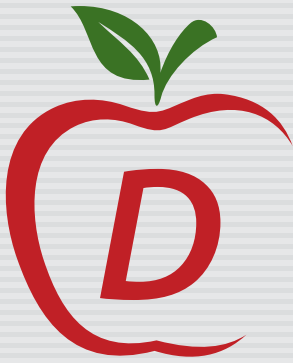
Mississippi ranks 31st in the U.S. for the number of psychiatrists practicing in rural counties. Mississippi has 2.4 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *D-*

Mississippi ranks 38th in the nation for rural access to dental care with 35.1 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *D*

18.7 percent of Mississippi's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Mississippi is 17.8 percent. Mississippi is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



MISSOURI

Along with Iowa, Kansas, Minnesota, Nebraska, North Dakota and South Dakota, Missouri is a member of the West North Central division of the Midwest U.S. Census region. Most members of the West North Central division rank near the top of the nation for rural health, but the Show-Me State underperforms and ranks last in the division. Missouri (35) falls behind Nebraska (8), Iowa (9), North Dakota (10), South Dakota (11) and Kansas (24) in the final rankings.

35/47

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

Missouri is one of three states receiving a grade of “D”

MISSOURI RECEIVED A FAILING GRADE BECAUSE:

Missouri ranked in the fourth quintile of states for its rates of mortality in rural counties.

Missouri ranked in the fourth quintile of states for measures of daily health and quality of life in rural counties.

Missouri ranked in the fourth quintile of states for health care access in rural counties.

Missouri is the low performer among Midwestern states, and the state’s rural health outcome and access scores more closely resemble those of its southern neighbors than those of states to the north.

The most recent Biennial Report published by the Missouri Department of Health and Senior Services Office of Primary Care and Rural Health reveals that rural Missourians are overall less healthy than their urban counterparts and more likely to die at an earlier age.

For all of the 10 leading causes of death, rural rates are higher than urban rates. The 2004-2012 average life expectancy for rural areas was 76.8 years compared to 77.8 years for urban areas. Emergency room visit rates were also 7.7 percent higher for rural residents than urban residents.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 36 Critical Access Hospitals in the state, as well as 367 Rural Health Clinics and 29 Federally Qualified Health Centers providing services at 215 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban

counties. Missouri shows a 13.6 percent increase in rural mortality as compared to urban counties. The state ranks 32nd for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Missouri include:

- Office of Primary Care and Rural Health health.mo.gov/living/families/rural-health
- Missouri Rural Health Association www.morha.org
- Heartland Telehealth Resource Center heartlandtrc.org
- Missouri Association of Rural Health Clinics www.marhc.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

MISSOURI BY THE NUMBERS

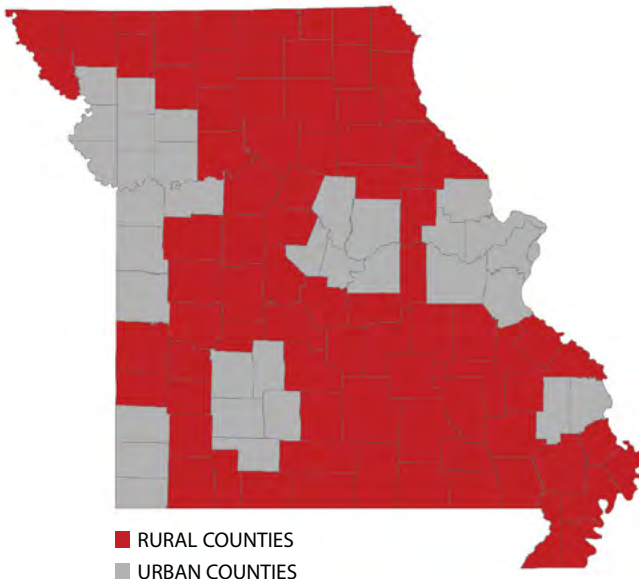
Missouri has an estimated population of 6,093,000 people, and 25.4 percent live in one of Missouri's 81 rural counties.

The poverty rate in rural Missouri is 23 percent, compared with 17.1 percent in urban areas of the state.

16.4 percent of the rural population has not completed high school, while 9.9 percent of the urban population lacks a high school diploma.

11.7 percent of rural Missouri residents are U.S. military veterans, and 13.9 percent of the rural population under age 65 lives with a disability.

90.7 percent of the state's rural population is Non-Hispanic White, 3.3 percent is Black/African-American, 2.9 percent is Hispanic/Latino, 0.5 percent is American Indian/Alaska Native and 0.6 percent is Asian.



MORTALITY

Heart Disease: *F*

Heart disease is the leading cause of death in Missouri, and the state is ranked 41st in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 235.3 per 100,000. The national average is 168.5 per 100,000.

Cancer: *D-*

Cancer is the second leading cause of death in Missouri, and the state is ranked 37th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 183.7 per 100,000. The national average is 158.5 per 100,000.

CLRD: *F*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Missouri, and the state is ranked 41st in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 64.4 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *D*

The percentage of Missourians reporting poor general health is among the highest in the nation. The state ranked 33rd for rural counties (19.2 percent) and 34/51 for urban counties (16.1 percent).

Mental Health: *F*

Rural residents of Missouri reported an average of 4.4 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 40th for self-reported mental health in rural counties.

Physical Health: *F*

The number of physically unhealthy days reported in rural Missouri is 4.6 in 30 days, while urban residents report 4 days. The national average is 3.9. Rural Missouri ranks 39th.

Low Birth Weight: *C-*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Missouri is 7.9 percent. The national average is 8 percent. Missouri ranks 29th in the category.

ACCESS TO CARE

Primary Care: *D+*

Missouri ranks 30th in the U.S. for the number of primary care physicians practicing in rural counties (51 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *D*

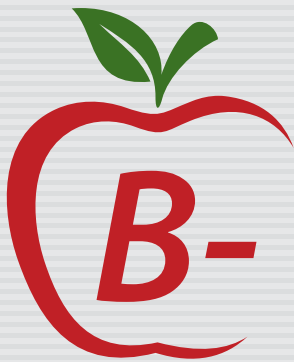
Missouri ranks 34th in the U.S. for the number of psychiatrists practicing in rural counties. Missouri has 2.4 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *F*

Missouri ranks 39th in the nation for rural access to dental care with 34.8 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *D+*

17.7 percent of Missouri's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Missouri is 13.2 percent. Missouri is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



19/47

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

Montana is one of three states receiving a grade of “B-”

MONTANA RECEIVED A GRADE OF “B-” BECAUSE:

Montana ranked in the second quintile of states for its rates of mortality in rural counties.

Montana ranked in the second quintile of states for measures of daily health and quality of life in rural counties.

Montana ranked in the second quintile of states for health care access in rural counties.

MONTANA

Along with Arizona, Colorado, Idaho, Nevada, New Mexico, Utah and Wyoming, Montana is part of the Mountain division of the West U.S. Census region. With the exception of high performers Colorado and Wyoming, all states in the division rank near the middle of the nation for rural health. Montana (19) ranks higher than Idaho (20), Utah (23), Nevada (30), New Mexico (31) and Arizona (33), but the Treasure State falls behind Colorado (12) and Wyoming (14).

Montana is one of the most rural states in the country, and it performed better than the national average in this year’s RHQ Rural Health Report Card. The only glaring exception is the state’s high rural uninsured rate.

During 2016-2017, the Montana Office of Rural Health and the Montana Rural Health Association embarked on a listening tour to hear what rural Montanans identified as their top health concerns. Access to services was an overarching theme.

Rural Montanans expressed a need for better access to primary care and speciality services, mental health services, alcohol and substance abuse services, EMS services and better access to opportunities to be physically active, particularly in inclement weather.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 48 Critical Access Hospitals in the state, as well as 56 Rural Health Clinics and 17 Federally Qualified Health Centers providing services at 74 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban

counties. Montana shows a 0.6 percent increase in rural mortality as compared to urban counties. The state ranks 6th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Montana include:

- Montana Office of Rural Health healthinfo.montana.edu/morh/index.html
- Montana Rural Health Association healthinfo.montana.edu/morh/mrha.html
- Northwest Regional Telehealth Resource Center: www.nrtrc.org
- Rural Institute for Inclusive Communities ruralinstitute.umt.edu

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

MONTANA BY THE NUMBERS

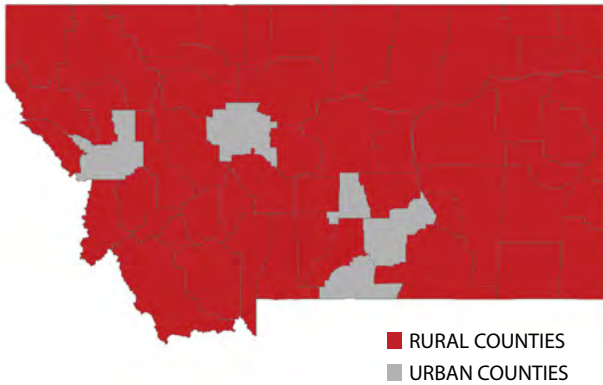
Montana has an estimated population of 1,042,520 people, and 64.7 percent live in one of Montana's 51 rural counties.

The poverty rate in rural Montana is 14.1 percent, compared with 11.9 percent in urban areas of the state.

7.4 percent of the rural population has not completed high school, while 6.8 percent of the urban population lacks a high school diploma.

11.3 percent of rural Montana residents are U.S. military veterans, and 9 percent of the rural population under age 65 lives with a disability.

68.9 percent of the state's rural population is Non-Hispanic White, 0.3 percent is Black/African-American, 2.9 percent is Hispanic/Latino, 7.8 percent is American Indian/Alaska Native and 0.6 percent is Asian.



MORTALITY

Cancer: *B*

Cancer is the leading cause of death in Montana, and the state is ranked 14th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 156.2 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: *B+*

Heart disease is the second leading cause of death in Montana, and the state is ranked 13th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 158.1 per 100,000. The national average is 168.5 per 100,000.

CLRD: *B*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Montana, and the state is ranked 14th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 45.9 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *A-*

The percentage of Montanans reporting poor general health is among the lowest in the nation. The state ranked 9th for rural counties (13.1 percent) and 15/51 for urban counties (12.8 percent).

Mental Health: *B+*

Rural residents of Montana reported an average of 3.4 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 12th for self-reported mental health in rural counties.

Physical Health: *B+*

The number of physically unhealthy days reported in rural Montana is 3.5 in 30 days, while urban residents report 4.1 days. The national average is 3.9. Rural Montana ranks 13th.

Low Birth Weight: *B-*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Montana is 7.4 percent. The national average is 8 percent. Montana ranks 20th in the category.

ACCESS TO CARE

Primary Care: *A-*

Montana ranks 10th in the U.S. for the number of primary care physicians practicing in rural counties (71 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *A-*

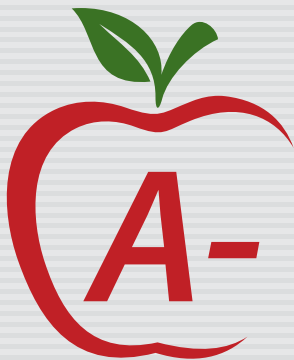
Montana ranks 10th in the U.S. for the number of psychiatrists practicing in rural counties. Montana has 5.4 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *A-*

Montana ranks 10th in the nation for rural access to dental care with 58.2 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *D-*

19.5 percent of Montana's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Montana is 16.3 percent. Montana is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



NEBRASKA

Along with Iowa, Kansas, Minnesota, Missouri, North Dakota and South Dakota, Nebraska is a member of the West North Central division of the Midwest U.S. Census region. Most members of the West North Central division rank near the top of the nation for rural health, but Kansas (24) and Missouri (35) underperform. Nebraska (8) also outperforms North Dakota (10) and South Dakota (11), but the Cornhusker State falls behind Minnesota (5) and Iowa (9) in the final rankings.

8/47

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

Nebraska is one of three states receiving a grade of "A-"

NEBRASKA RECEIVED A GRADE OF "A-" BECAUSE:

Nebraska ranked in the second quintile of states for its rates of mortality in rural counties.

Nebraska ranked in the first quintile of states for measures of daily health and quality of life in rural counties.

Nebraska ranked in the second quintile of states for health care access in rural counties.

Nebraska places among the top 10 performers in the nation in this year's RHQ Rural Health Report Card. One possible contributing factor to the state's success is its foresight in planning for rural health workforce shortages.

Nebraska passed the Rural Health Systems and Professional Incentive Act in 1991, creating the Rural Health Advisory Commission, the Nebraska Rural Health Student Loan Program, and the Nebraska Loan Repayment Program. As a result of these rural incentive programs, there were 113 licensed health professionals in practice under obligation as of September 2016.

There is still a chronic shortage of behavioral health professionals in rural Nebraska, however. The shortages of personnel include psychiatrists, psychologists, licensed mental health practitioners, psychiatric mental health nurse practitioner, alcohol and drug abuse counselors and others. Currently, the RHAC has fully designated 80 counties, and eight additional counties have been partially designated as mental health shortage areas.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 64 Critical Access Hospitals in the state, as well as 141 Rural Health Clinics and 7 Federally Qualified

Health Centers providing services at 42 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Nebraska shows an unusual decrease (0.9 percent) in rural mortality as compared to urban counties. The state ranks 2nd for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Nebraska include:

- Nebraska Office of Rural Health dhhs.ne.gov/publichealth/RuralHealth/Pages/RuralHome.aspx
- Nebraska Rural Health Association nebraskaruralhealth.org
- Great Plains Telehealth Resource Center www.gptrac.org
- Health Center Association of Nebraska hcanebraska.org

For more information about the data sources used and methodology employed in RHQ's 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

NEBRASKA BY THE NUMBERS

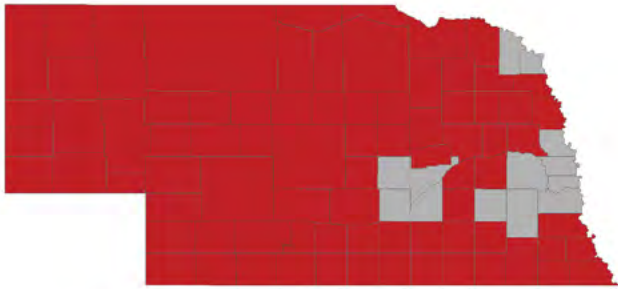
Nebraska has an estimated population of 1,907,116 people, and 35 percent live in one of Nebraska's 80 rural counties.

The poverty rate in rural Nebraska is 23 percent, compared with 17.1 percent in urban areas of the state.

10.1 percent of the rural population has not completed high school, while 8.9 percent of the urban population lacks a high school diploma.

9.6 percent of rural Nebraska residents are U.S. military veterans, and 7.9 percent of the rural population under age 65 lives with a disability.

86.6 percent of the state's rural population is Non-Hispanic White, 0.8 percent is Black/African-American, 9.4 percent is Hispanic/Latino, 1.2 percent is American Indian/Alaska Native and 0.6 percent is Asian.



■ RURAL COUNTIES
■ URBAN COUNTIES

MORTALITY

Heart Disease: **B-**

Heart disease is the leading cause of death in Nebraska, and the state is ranked 19th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 162.5 per 100,000. The national average is 168.5 per 100,000.

Cancer: **A-**

Cancer is the second leading cause of death in Nebraska, and the state is ranked 8th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 152.9 per 100,000. The national average is 158.5 per 100,000.

CLRD: **C**

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Nebraska, and the state is ranked 25th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 51.1 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **A-**

The percentage of Nebraskans reporting poor general health is among the lowest in the nation. The state ranked 10th for rural counties (13.1 percent) and 8/51 for urban counties (12.1 percent).

Mental Health: **A+**

Rural residents of Nebraska reported an average of 2.9 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 2nd for self-reported mental health in rural counties.

Physical Health: **A+**

The number of physically unhealthy days reported in rural Nebraska is 3 in 30 days, while urban residents report 2.8 days. The national average is 3.9. Rural Nebraska ranks 2nd nationally.

Low Birth Weight: **A-**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Nebraska is 6.4 percent. The national average is 8 percent. Nebraska ranks 8th in the category.

ACCESS TO CARE

Primary Care: **B**

Nebraska ranks 15th in the U.S. for the number of primary care physicians practicing in rural counties (62.8 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **D+**

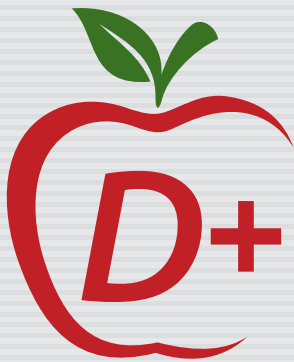
Nebraska ranks 32nd in the U.S. for the number of psychiatrists practicing in rural counties. Nebraska has 2.4 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **A-**

Nebraska ranks 9th in the nation for rural access to dental care with 58.6 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **B+**

12.7 percent of Nebraska's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Nebraska is 11.4 percent. Nebraska is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



NEVADA

Along with Arizona, Colorado, Idaho, Montana, New Mexico, Utah and Wyoming, Nevada is part of the Mountain division of the West U.S. Census region. With the exception of high performers Colorado and Wyoming, all states in the division rank near the middle of the nation for rural health. Nevada (30) ranks higher than New Mexico (31) and Arizona (33), but the Silver State falls behind Colorado (12), Wyoming (14), Montana (19), Idaho (20) and Utah (23).

30/47

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

Nevada is one of three states receiving a grade of “D+”

NEVADA RECEIVED A GRADE OF “D+” BECAUSE:

Nevada ranked in the third quintile of states for its rates of mortality in rural counties.

Nevada ranked in the fourth quintile of states for measures of daily health and quality of life in rural counties.

Nevada ranked in the fifth quintile of states for health care access in rural counties.

Nevada ranks below the national average in a number of categories in this year’s RHQ Rural Health Report Card, and rural access to care seems to be a persistent problem for the state.

Over the past decade, the total number of licensed M.D.s in Nevada increased 25.4 percent; however, the number of M.D.s per capita in rural and frontier counties declined dramatically during the same period.

Likewise, there were 190 licensed psychiatrists in Nevada in 2016, according to the Nevada Rural and Frontier Health Data Book, but 189 reside in urban Nevada and only one psychiatrist resides in a rural or frontier county.

Rural youth violence may be another cause for concern in Nevada. According to the most recent Nevada High School Youth Risk Behavior Survey (YRBS), nearly one in five high school students are bullied at school (18.5 percent), and prevalence rates for exposure to violence are generally higher in rural versus urban areas of the state.

Nearly one in 10 students in the state report being forced to have sex (9 percent).

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 13 Critical

Access Hospitals in the state, as well as 12 Rural Health Clinics and 6 Federally Qualified Health Centers providing services at 31 sites.

URBAN-RURAL DIVIDE

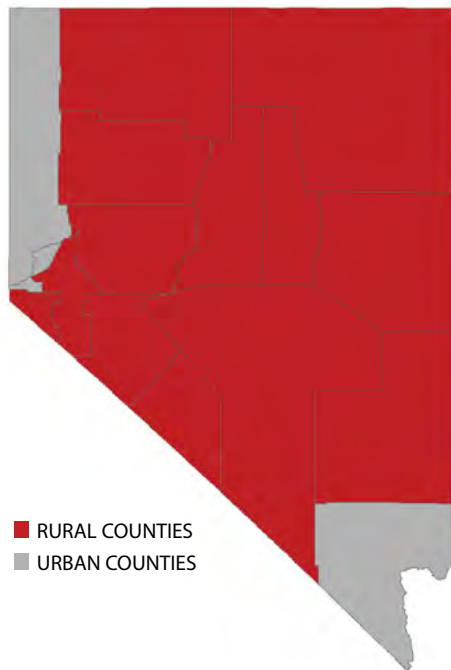
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Nevada shows an 8 percent increase in rural mortality as compared to urban counties. The state ranks 22nd for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Nevada include:

- Nevada State Office of Rural Health med.unr.edu/rural-health
- Nevada Rural Hospital Partners nrhp.org
- Southwest Telehealth Resource Center www.southwesttrc.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



NEVADA BY THE NUMBERS

Nevada has an estimated population of 2,940,058 people, and 9.3 percent live in one of Nevada's 13 rural counties.

The poverty rate in rural Nevada is 13.5 percent, compared with 13.8 percent in urban areas of the state.

13.6 percent of the rural population has not completed high school, while 15.1 percent of the urban population lacks a high school diploma.

14.2 percent of rural Nevada residents are U.S. military veterans, and 12.2 percent of the rural population under age 65 lives with a disability.

74.6 percent of the state's rural population is Non-Hispanic White, 1.4 percent is Black/African-American, 16.8 percent is Hispanic/Latino, 3.4 percent is American Indian/Alaska Native and 1.3 percent is Asian.

MORTALITY

Heart Disease: *D+*

Heart disease is the leading cause of death in Nevada and the state is ranked 31st in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 196.1 per 100,000. The national average is 168.5 per 100,000.

Cancer: *C+*

Cancer is the second leading cause of death in Nevada, and the state is ranked 22nd in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 167.3 per 100,000. The national average is 158.5 per 100,000.

CLRD: *F*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Nevada, and the state is ranked 43rd in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 68.4 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *C*

The percentage of rural Nevadans reporting poor general health is close to the national average. The state ranked 26th for rural counties (16.1 percent) and 39/51 for urban counties (16.8 percent).

Mental Health: *D*

Rural residents of Nevada reported an average of 4.2 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 34th for self-reported mental health in rural counties.

Physical Health: *D+*

The number of physically unhealthy days reported in rural Nevada is 4.1 in 30 days, while urban residents report 3.9 days. The national average is 3.9. Rural Nevada ranks 30th.

Low Birth Weight: *C-*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Nevada is 7.7 percent. The national average is 8 percent. Nevada ranks 27th in the category.

ACCESS TO CARE

Primary Care: *F*

Nevada ranks 45th in the U.S. for the number of primary care physicians practicing in rural counties (41.7 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *F*

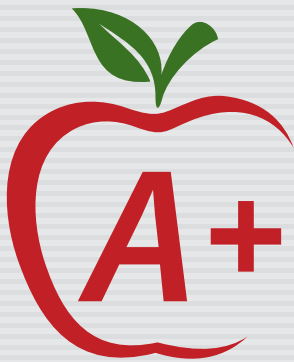
Nevada ranks last in the nation (47/47) for the number of psychiatrists practicing in rural counties. Nevada has 0.7 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *D+*

Nevada ranks 32nd in the nation for rural access to dental care with 38.4 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *D-*

19.4 percent of Nevada's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Nevada is 21 percent. Nevada is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



1/47

NEW HAMPSHIRE

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

New Hampshire is one of three states receiving a grade of “A+”

NEW HAMPSHIRE RECEIVED A GRADE OF “A+” BECAUSE:

New Hampshire ranked in the first quintile of states for its rates of mortality in rural counties.

New Hampshire ranked in the first quintile of states for measures of daily health and quality of life in rural counties.

New Hampshire ranked in the first quintile of states for health care access in rural counties.

NEW HAMPSHIRE

Along with Connecticut, Maine, Massachusetts, Rhode Island and Vermont, the Granite State is a member of the New England division of the Northeast U.S. Census region. Excluding Rhode Island, a state with no rural counties, all states in New England receive high national rankings for rural health, and New Hampshire takes the top spot in the country. New Hampshire (1) performed better than Vermont (2), Connecticut (3), Massachusetts (6) and Maine (13) in the final rankings.

New Hampshire is the nation’s top performer when it comes to providing quality rural health care.

A 2014 study published by the New England Rural Health RoundTable found that the region’s rural health is “a functioning yet fragile system struggling to overcome a variety of underlying challenges.” The region is indeed functioning; New England leads the nation in rural health outcomes and access, and New Hampshire leads the region.

The fragility mentioned in the RoundTable report, however, was not false modesty. New England is gradually undergoing significant demographic changes, and New Hampshire is no exception to that trend. Young people are moving to the cities.

Rural residents of New Hampshire are 21 percent more likely than urban residents to be over the age of 65. In addition, more than half of all primary care physicians are over age 50, 15 percent greater than in metro areas. Dentists are also 36 percent more likely to be over age 55 (47.4 percent) and 17 percent more likely to be over age 65 (11.2 percent).

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 13 Critical Access Hospitals in the state, as well as 14

Rural Health Clinics and 11 Federally Qualified Health Centers providing services at 37 sites.

URBAN-RURAL DIVIDE

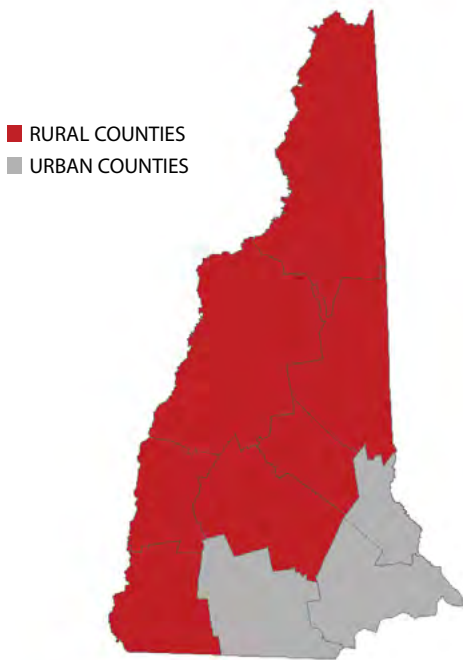
Most U.S. states report a marked difference in health outcomes between rural and urban counties. New Hampshire shows a slight 0.6 increase in rural mortality as compared to urban counties. The state ranks 7th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in New Hampshire include:

- Rural Health and Primary Care Section www.dhhs.nh.gov/dphs/bchs/rhpc/index.htm
- New England Rural Health RoundTable www.newenglandruralhealth.org
- Northeast Telehealth Resource Center netrc.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



NEW HAMPSHIRE BY THE NUMBERS

New Hampshire has an estimated population of 1,334,795 people, and 37.2 percent live in one of New Hampshire's 7 rural counties.

The poverty rate in rural New Hampshire is 9.2 percent, compared with 6.2 percent in urban areas of the state.

8.2 percent of the rural population has not completed high school, while 7.4 percent of the urban population lacks a high school diploma.

11.2 percent of rural New Hampshire residents are U.S. military veterans, and 9.9 percent of the rural population under age 65 live with a disability.

94.1 percent of the state's rural population is Non-Hispanic White, 0.8 percent is Black/African-American, 1.7 percent is Hispanic/Latino, 0.2 percent is American Indian/Alaska Native and 1.5 percent is Asian.

MORTALITY

Cancer: **B**

Cancer is the leading cause of death in New Hampshire, and the state is ranked 17th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 164.5 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: **A**

Heart disease is the second leading cause of death in New Hampshire, and the state is ranked 6th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 149.8 per 100,000. The national average is 168.5 per 100,000.

Accidents: **B-**

Accidents are the third leading cause of death in New Hampshire, and New Hampshire ranked 18th out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 54.8 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **A+**

The percentage of New Hampshire residents reporting poor general health is among the lowest in the nation. The state ranked 3rd for rural counties (11.5 percent) and 2/51 for urban counties (10.7 percent).

Mental Health: **B-**

Rural residents of New Hampshire reported an average of 3.6 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 19th for self-reported mental health in rural counties.

Physical Health: **A-**

The number of physically unhealthy days reported in rural New Hampshire is 3.3 in 30 days, while urban residents report 3 days. The national average is 3.9. Rural New Hampshire ranks 8th.

Low Birth Weight: **B**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural New Hampshire is 6.8 percent. The national average of 8 percent. New Hampshire ranks 15th in the category.

ACCESS TO CARE

Primary Care: **A+**

New Hampshire ranks 1st in the U.S. for the number of primary care physicians practicing in rural counties (112.4 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **A+**

New Hampshire ranks 1st in the U.S. for the number of psychiatrists practicing in rural counties. New Hampshire has 24.2 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **A+**

New Hampshire ranks 3rd in the nation for rural access to dental care with 67.8 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **B**

12.7 percent of New Hampshire's rural population under age 65 is uninsured. The average uninsured rate for urban residents of New Hampshire is 9.8 percent. New Hampshire is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



NEW MEXICO

Along with Arizona, Colorado, Idaho, Montana, Nevada, Utah and Wyoming, New Mexico is part of the Mountain division of the West U.S. Census region. With the exception of high performers Colorado and Wyoming, all states in the division rank near the middle of the nation for rural health. New Mexico (31) ranks higher than Arizona (33), but the Land of Enchantment falls behind Colorado (12), Wyoming (14), Montana (19), Idaho (20), Utah (22) and Nevada (30).

31/47

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

New Mexico is one of three states receiving a grade of “D+”

NEW MEXICO RECEIVED A GRADE OF “D+” BECAUSE:

New Mexico ranked in the third quintile of states for its rates of mortality in rural counties.

New Mexico ranked in the fourth quintile of states for measures of daily health and quality of life in rural counties.

New Mexico ranked in the fourth quintile of states for health care access in rural counties.

New Mexico is the fifth largest state by land mass, but has only four cities with population of 50,000 or more. With 17.2 persons per square mile, the state is one of the most rural states in the nation.

More than 40 percent of the state’s population is estimated to live in a Primary Care Health Professional Shortage Area, according to the University of New Mexico 2017 NM Health Data Summary, and 8 counties have no surgical facility for labor and delivery.

New Mexico’s poverty rate is higher than the national average and is now the second highest in the nation.

The concept of racial health disparities is especially relevant for New Mexico, where the state population is composed of less than 50 percent non-Hispanic whites. The United States is increasingly diverse, but non-Hispanic Whites comprise more than sixty percent of the national population compared to less than forty percent of New Mexico’s population. Additionally, almost 12 percent of rural New Mexicans are Native American.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 9 Critical Access Hospitals in the state, as well as 11 Rural Health Clinics and 17 Federally Qualified

Health Centers providing services at 171 sites.

URBAN-RURAL DIVIDE

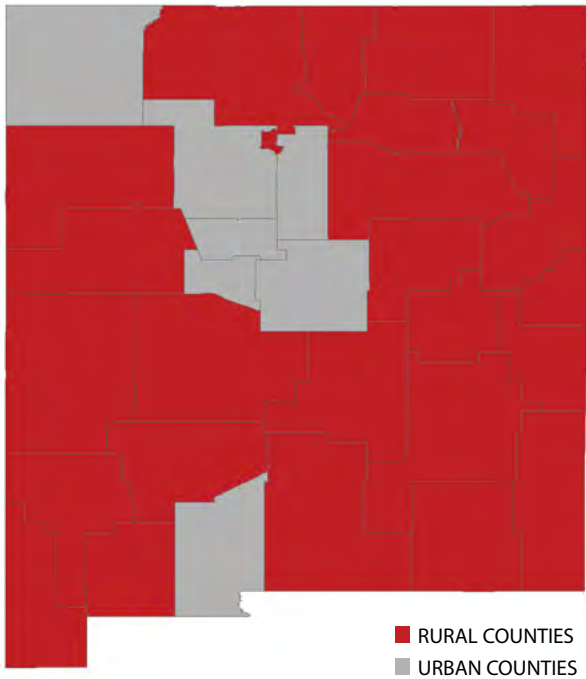
Most U.S. states report a marked difference in health outcomes between rural and urban counties. New Mexico shows a 17.3% increase in rural mortality as compared to urban counties. The state ranks 37th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in New Mexico include:

- Office of Primary Care and Rural Health nmhealth.org/about/phd/hsb/oprh
- New Mexico Health Resources, Inc. www.nmhr.org/index.html
- Southwest Telehealth Resource Center www.southwesttrc.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



NEW MEXICO BY THE NUMBERS

New Mexico has an estimated population of 2,081,015 people, and 33.3 percent live in one of New Mexico's 26 rural counties.

The poverty rate in rural New Mexico is 23.3 percent, compared with 18.1 percent in urban areas of the state.

19.4 percent of the rural population has not completed high school, while 14.1 percent of the urban population lacks a high school diploma.

10.8 percent of rural New Mexico residents are U.S. military veterans, and 12.3 percent of the rural population under age 65 lives with a disability.

38.9 percent of the state's rural population is Non-Hispanic White, 1.8 percent is Black/African-American, 45.3 percent is Hispanic/Latino, 11.6 percent is American Indian/Alaska Native and 0.8 percent is Asian.

MORTALITY

Cancer: **B+**

Cancer is the leading cause of death in New Mexico, and the state is ranked 13th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 155.9 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: **B**

Heart disease is the second leading cause of death in New Mexico, and the state is ranked 17th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 161.2 per 100,000. The national average is 168.5 per 100,000.

Accidents: **F**

Accidents are the third leading cause of death in New Mexico, and New Mexico ranked 44th out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 72.2 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **F**

The percentage of New Mexicans reporting poor general health is among the highest in the nation. The state ranked 39th for rural counties (21.5 percent) and 44/51 for urban counties (18.6 percent).

Mental Health: **C-**

Rural residents of New Mexico reported an average of 3.9 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 27th for self-reported mental health in rural counties.

Physical Health: **D**

The number of physically unhealthy days reported in rural New Mexico is 4.5 in 30 days, while urban residents report 4 days. The national average is 3.9. Rural New Mexico ranks 35th.

Low Birth Weight: **D-**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural New Mexico is 8.8 percent. The national average is 8 percent. New Mexico ranks 36th in the category.

ACCESS TO CARE

Primary Care: **C+**

New Mexico ranks 21st in the U.S. for the number of primary care physicians practicing in rural counties (58.7 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **B+**

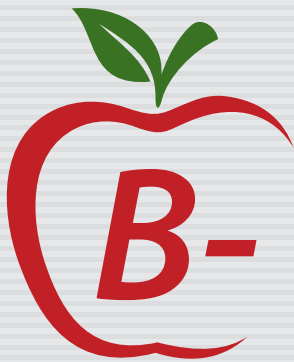
New Mexico ranks 12th in the U.S. for the number of psychiatrists practicing in rural counties. New Mexico has 4.9 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **C**

New Mexico ranks 26th in the nation for rural access to dental care with 48 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **F**

20.8 percent of New Mexico's rural population under age 65 is uninsured. The average uninsured rate for urban residents of New Mexico is 18 percent. New Mexico is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



NEW YORK

Along with New Jersey and Pennsylvania, the Empire State is part of the Mid-Atlantic division of the Northeast U.S. Census region. Excluding New Jersey, a state with no rural counties, Mid-Atlantic states rank near the middle of the nation for rural health. New York (18) ranks higher than neighboring state Pennsylvania (25).

18/47

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

New York is one of four states receiving a grade of “B-”

NEW YORK RECEIVED A GRADE OF “B-” BECAUSE:

New York ranked in the second quintile of states for its rates of mortality in rural counties.

New York ranked in the third quintile of states for measures of daily health and quality of life in rural counties.

New York ranked in the second quintile of states for health care access in rural counties.

New York is more urbanized than most U.S. states, but it still has a fairly substantial rural population. Health disparities in the rural and remote North Country region of upstate New York are well documented, and the region struggles with recruiting providers, resulting in 40 percent fewer primary care physicians per capita than the rest of the state.

In recent years, significant investments have been made to improve the way primary care is delivered in the Adirondack region, and attempts are being made to address the state’s rural dentist shortage, as well. To expand treatment options and address the continued shortage of dentists in underserved areas, New York has passed legislation authorizing dentists to be added to the successful “Doctors Across New York” program.

The state has also made recent efforts to improve health care for veterans, including providing combat veterans employed by the state with additional days of paid leave to obtain health services and counseling, and by adding Post Traumatic Stress Disorder as a qualifying condition in New York’s medical marijuana program.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 18 Critical

Access Hospitals in the state, as well as 9 Rural Health Clinics and 65 Federally Qualified Health Centers providing services at 590 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. New York shows a 20.1 percent increase in rural mortality as compared to urban counties. The state ranks 39th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in New York include:

- New York State Office of Rural Health www.health.ny.gov
- New York State Association for Rural Health www.nysarh.org
- Northeast Telehealth Resource Center netrc.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

NEW YORK BY THE NUMBERS

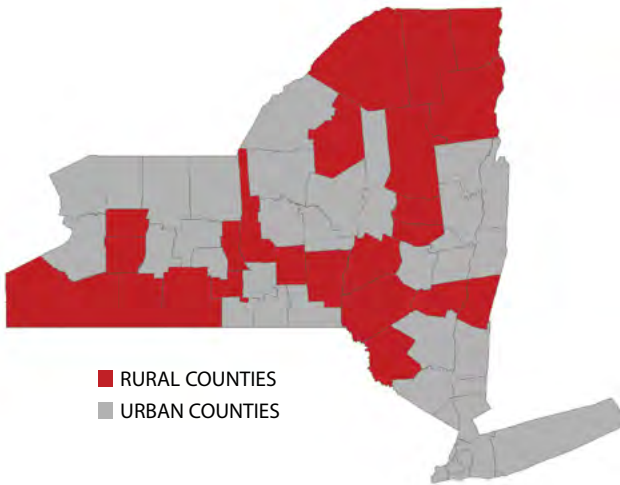
New York has an estimated population of 19,745,289 people, and 7 percent live in one of New York's 24 rural counties.

The poverty rate in rural New York is 15.5 percent, compared with 14.7 percent in urban areas of the state.

21.5 percent of the rural population has not completed high school, while 13.9 percent of the urban population lacks a high school diploma.

9.9 percent of rural New York residents are U.S. military veterans, and 11 percent of the rural population under age 65 lives with a disability.

89.8 percent of the state's rural population is Non-Hispanic White, 2.9 percent is Black/African-American, 4.1 percent is Hispanic/Latino, 0.7 percent is American Indian/Alaska Native and 0.9 percent is Asian.



MORTALITY

Heart Disease: *D*

Heart disease is the leading cause of death in New York, and the state is ranked 34th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 198.4 per 100,000. The national average is 168.5 per 100,000.

Cancer: *B+*

Cancer is the second leading cause of death in New York, and the state is ranked 18th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 164.8 per 100,000. The national average is 158.5 per 100,000.

CLRD: *C+*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in New York, and the state is ranked 21st in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 50.1 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *B*

The percentage of New Yorkers reporting poor general health is close to the national average. The state ranked 17th for rural counties (14 percent) and 29/51 for urban counties (15.3 percent).

Mental Health: *C*

Rural residents of New York reported an average of 3.9 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 26th for self-reported mental health in rural counties.

Physical Health: *C+*

The number of physically unhealthy days reported in rural New York is 3.8 in 30 days, while urban residents report 3.6 days. The national average is 3.9. Rural New York ranks 23rd.

Low Birth Weight: *B-*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural New York is 7.3 percent. The national average is 8 percent. New York ranks 19th in the category.

ACCESS TO CARE

Primary Care: *C-*

New York ranks 27th in the U.S. for the number of primary care physicians practicing in rural counties (52.6 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *A*

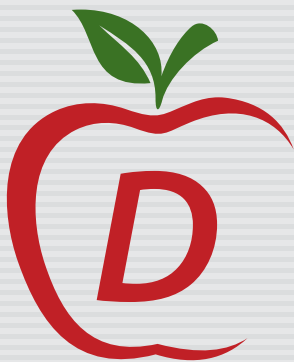
New York ranks 7th in the U.S. for the number of psychiatrists practicing in rural counties. New York has 6.4 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *D+*

New York ranks 31st in the nation for rural access to dental care with 40.2 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *A*

10.3 percent of New York's rural population under age 65 is uninsured. The average uninsured rate for urban residents of New York is 11.1 percent. New York is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



34/47

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

North Carolina is one of three states receiving a grade of “D”

NORTH CAROLINA RECEIVED A GRADE OF “D” BECAUSE:

North Carolina ranked in the fourth quintile of states for its rates of mortality in rural counties.

North Carolina ranked in the fourth quintile of states for measures of daily health and quality of life in rural counties.

North Carolina ranked in the fourth quintile of states for health care access in rural counties.

NORTH CAROLINA

Along with Delaware, Florida, Georgia, Maryland, South Carolina, Virginia and West Virginia, North Carolina is part of the South Atlantic division of the South U.S. Census region. With the exception of Maryland and Delaware (a state with no rural counties), most states in the division have poor rural health rankings. North Carolina (34) performed better than Florida (37), West Virginia (39), Georgia (40), South Carolina (44), but the Tar Heel State fell behind Maryland (16) and Virginia (32).

North Carolina has a broad mix of rural and urban areas, but approximately one-in-five North Carolinians, almost 2.2 million people, live in a rural county.

In addition to poor health outcomes, residents of rural North Carolina have limited access to care. In some rural counties, more than one out of every four nonelderly persons is uninsured, and there are 66 counties that are considered primary care shortage areas, 22 counties that are behavioral health shortage areas and 69 counties that are dental shortage areas. Most of these counties are rural.

The number of babies born with a low birth weight in rural North Carolina is also cause for concern. In 2014, 8.9 percent of live births in the state were low birth weight. In rural counties, the total was almost 10 percent. Black infants (13.5 percent) were about 2 times as likely as Hispanic infants (6.7 percent) to be born with a low birth weight during 2012-2014.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 21 Critical Access Hospitals in the state, as well as 73 Rural Health Clinics and 38 Federally Qualified Health Centers providing services at 222 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. North Carolina shows a 10.5 percent increase in rural mortality as compared to urban counties. The state ranks 29th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in North Carolina include:

- North Carolina Office of Rural Health www.ncdhhs.gov/divisions/orh
- North Carolina Rural Health Leadership Alliance: foundationhli.org/programs/nc-rural-health-leadership-alliance
- Mid-Atlantic Telehealth Resource Center www.matrc.org
- North Carolina Rural Health Research Program: www.shepscenter.unc.edu/programs-projects/rural-health

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

NORTH CAROLINA BY THE NUMBERS

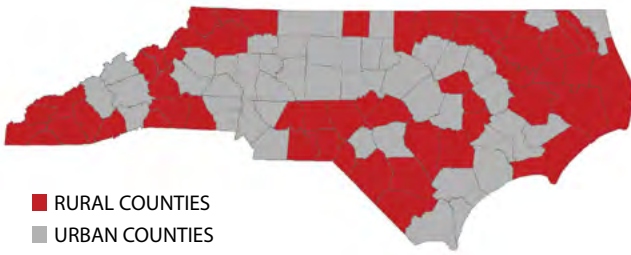
North Carolina has an estimated population of 10,146,788 people, and 21.7 percent live in one of North Carolina's 54 rural counties.

The poverty rate in rural North Carolina is 19.2 percent, compared with 14.3 percent in urban areas of the state.

18.8 percent of the rural population has not completed high school, while 12.8 percent of the urban population lacks a high school diploma.

9.6 percent of rural North Carolina residents are U.S. military veterans, and 12.9 percent of the rural population under age 65 lives with a disability.

64.9 percent of the state's rural population is Non-Hispanic White, 21.8 percent is Black/African-American, 7.2 percent is Hispanic/Latino, 3.5 percent is American Indian/Alaska Native and 0.7 percent is Asian.



MORTALITY

Cancer: **C**

Cancer is the leading cause of death in North Carolina, and the state is ranked 26th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 172.3 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: **C-**

Heart disease is the second leading cause of death in North Carolina, and the state is ranked 27th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 189.7 per 100,000. The national average is 168.5 per 100,000.

CLRD: **B**

Chronic lower respiratory disease (CLRD) is the third leading cause of death in North Carolina, and the state is ranked 17th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 48.4 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **D**

The percentage of North Carolinians reporting poor general health is among the highest in the nation. The state ranked 34th for rural counties (20.3 percent) and 38/51 for urban counties (16.8 percent).

Mental Health: **D+**

Rural residents of North Carolina reported an average of 4 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 32nd for self-reported mental health in rural counties.

Physical Health: **D**

The number of physically unhealthy days reported in rural North Carolina is 4.3 in 30 days, while urban residents report 3.8 days. The national average is 3.9. Rural North Carolina ranks 33rd.

Low Birth Weight: **F**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural North Carolina is 9.6 percent, well above the national average of 8 percent. North Carolina ranks 41st in the category.

ACCESS TO CARE

Primary Care: **D+**

North Carolina ranks 32nd in the U.S. for the number of primary care physicians practicing in rural counties (50.6 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **B-**

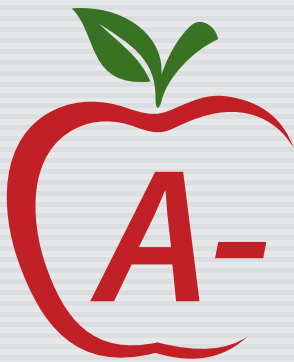
North Carolina ranks 19th in the U.S. for the number of psychiatrists practicing in rural counties. North Carolina has 3.4 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **D-**

North Carolina ranks 36th in the nation for rural access to dental care with 36.7 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **D**

19.3 percent of North Carolina's rural population under age 65 is uninsured. The average uninsured rate for urban residents of North Carolina is 16 percent. North Carolina is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



NORTH DAKOTA

Along with Iowa, Kansas, Minnesota, Missouri, Nebraska and South Dakota, North Dakota is a member of the West North Central division of the Midwest U.S. Census region. Most members of the West North Central division rank near the top of the nation for rural health, but Kansas (24) and Missouri (35) underperform. North Dakota (10) also outperforms South Dakota (11), but the Peace Garden State falls behind Minnesota (5), Nebraska (8) and Iowa (9) in the final rankings.

10/47

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

North Dakota is one of three states receiving a grade of “A-”

NORTH DAKOTA RECEIVED A GRADE OF “A-” BECAUSE:

North Dakota ranked in the first quintile of states for its rates of mortality in rural counties.

North Dakota ranked in the first quintile of states for measures of daily health and quality of life in rural counties.

North Dakota ranked in the second quintile of states for health care access in rural counties.

North Dakota is one of the more rural states in the country and more than half of the population lives in a rural county, making it all the more remarkable that the state performs so well in this year’s RHQ Rural Health Report Card.

Rural provider supply remains a serious cause for concern, however. According to a report prepared by the University of North Dakota School of Medicine and Health Sciences Advisory Council, there has been a chronic shortage of primary care providers in the state dating back decades, and the problem is projected to get worse in the years to come. Part of the problem is an inadequate number of providers, but a larger portion of the problem is a maldistribution of providers disproportionately located in urbanized areas of the state.

North Dakota is addressing its health care delivery challenges with a plan for health care workforce development, the Healthcare Workforce Initiative (HWI). The HWI has already increased medical and health sciences class sizes along with increasing residency slots.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 36 Critical Access Hospitals in the state, as well as 52 Rural Health Clinics and 4 Federally Qualified

Health Centers providing services at 16 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. North Dakota shows a 10.1 percent increase in rural mortality as compared to urban counties. The state ranks 25th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in North Dakota include:

- North Dakota State Office of Rural Health ruralhealth.und.edu/projects/state-office-of-rural-health
- North Dakota Rural Health Association www.ndrha.org
- Great Plains Telehealth Resource Center www.gptrac.org
- Targeted Rural Health Education Project www.ndrha.org/trhe
- Rural Health Reform Policy Research Center: ruralhealth.und.edu/projects/health-reform-policy-research-center

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

NORTH DAKOTA BY THE NUMBERS



■ RURAL COUNTIES
■ URBAN COUNTIES

North Dakota has an estimated population of 757,952 people, and 50.1 percent live in one of North Dakota's 47 rural counties.

The poverty rate in rural North Dakota is 9.9 percent, compared with 11.6 percent in urban areas of the state.

10.1 percent of the rural population has not completed high school, while 6.3 percent of the urban population lacks a high school diploma.

10.2 percent of rural North Dakota residents are U.S. military veterans, and 7 percent of the rural population under age 65 lives with a disability.

85.9 percent of the state's rural population is Non-Hispanic White, 1.1 percent is Black/African-American, 3.2 percent is Hispanic/Latino, 7.1 percent is American Indian/Alaska Native and 0.6 percent is Asian.

MORTALITY

Heart Disease: **B**

Heart disease is the leading cause of death in North Dakota, and the state is ranked 14th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 158.5 per 100,000. The national average is 168.5 per 100,000.

Cancer: **B**

Cancer is the second leading cause of death in North Dakota, and the state is ranked 15th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 156.3 per 100,000. The national average is 158.5 per 100,000.

Accidents: **B**

Accidents are the fourth leading cause of death in North Dakota, and North Dakota ranked 14th out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 52 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **A-**

The percentage of North Dakotans reporting poor general health is among the lowest in the nation. The state ranked 8th for rural counties (13 percent) and 5/51 for urban counties (11.8 percent).

Mental Health: **A+**

Rural residents of North Dakota reported an average of 3 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 3rd for self-reported mental health in rural counties.

Physical Health: **A+**

The number of physically unhealthy days reported in rural North Dakota is 2.9 in 30 days. Urban residents report 2.7 days. The national average is 3.9. Rural North Dakota ranks 1st in the U.S.

Low Birth Weight: **A-**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural North Dakota is 6.5 percent. The national average is 8 percent. North Dakota ranks 10th in the category.

ACCESS TO CARE

Primary Care: **D+**

North Dakota ranks 31st in the U.S. for the number of primary care physicians practicing in rural counties (50.8 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **B-**

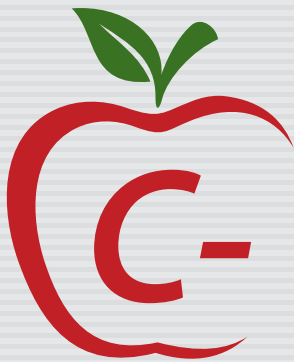
North Dakota ranks 20th in the U.S. for the number of psychiatrists practicing in rural counties. North Dakota has 3.2 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **B-**

North Dakota ranks 19th in the nation for rural access to dental care with 51.7 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **A-**

12 percent of North Dakota's rural population under age 65 is uninsured. The average uninsured rate for urban residents of North Dakota is 9 percent. North Dakota is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



28/47

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

Ohio is one of three states receiving a grade of “C-”

NORTH CAROLINA RECEIVED A GRADE OF “C-” BECAUSE:

Ohio ranked in the fourth quintile of states for its rates of mortality in rural counties.

Ohio ranked in the third quintile of states for measures of daily health and quality of life in rural counties.

Ohio ranked in the third quintile of states for health care access in rural counties.

OHIO

Along with Illinois, Indiana, Michigan and Wisconsin, Ohio is a member of the East North Central division of the Midwest U.S. Census region. With the exception of high-performing Wisconsin, all states in the division rank near the middle of the nation for rural health. Ohio (28) ranked higher than Indiana (29), but the Buckeye State fell behind Wisconsin (7), Michigan (21) and Illinois (27) in the final rankings.

Ohio ranks a bit below the national average in this year’s RHQ Rural Health Report Card. Like many of its regional neighbors, one contributing factor to its underwhelming rural health performance may be the state’s well-documented problem with opioid abuse.

Ohio has the fifth highest rate of drug overdose deaths (24.6 deaths per 100,000) in the United States. Unintentional drug overdose has become the leading cause of injury-related death in Ohio, and in 2015 there were 3,050 overdose deaths in the state.

In rural areas of the state, people have extremely limited access to medication-assisted treatment, a critical issue in the rural areas of southwest Ohio where opioid abuse rates are particularly high.

Looking ahead, Ohio also faces challenges with provider supply in rural counties. There are 137 Health Professional Shortage Areas designated for primary care in Ohio.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 33 Critical Access Hospitals in the state, as well as 48 Rural Health Clinics and 45 Federally Qualified Health Centers providing services at 252 sites.

URBAN-RURAL DIVIDE

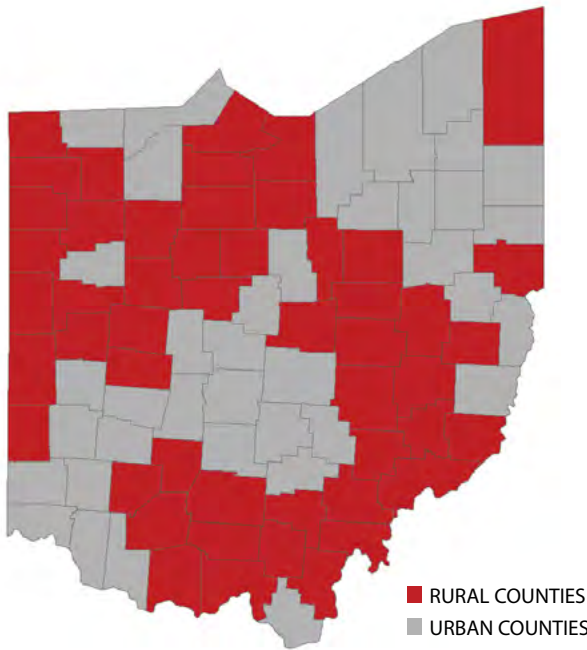
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Ohio shows a 4 percent increase in rural mortality as compared to urban counties. The state ranks 12th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Ohio include:

- Ohio State Office of Rural Health www.odh.ohio.gov/SORH
- Appalachian Rural Health Institute www.ohio.edu/chsp/arhi
- Upper Midwest Telehealth Resource Center www.umtrc.org
- Integrating Professionals for Appalachian Children www.ipacohio.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



OHIO BY THE NUMBERS

Ohio has an estimated population of 11,614,373 people, and 20.3 percent live in one of Ohio's 50 rural counties.

The poverty rate in rural Ohio is 14.3 percent, compared with 14.6 percent in urban areas of the state.

13.1 percent of the rural population has not completed high school, while 10.3 percent of the urban population lacks a high school diploma.

9.7 percent of rural Ohio residents are U.S. military veterans, and 11.1 percent of the rural population under age 65 lives with a disability.

93.1 percent of the state's rural population is Non-Hispanic White, 2 percent is Black/African-American, 2.5 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.5 percent is Asian.

MORTALITY

Heart Disease: *D*

Heart disease is the leading cause of death in Ohio, and the state is ranked 35th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 203.5 per 100,000. The national average is 168.5 per 100,000.

Cancer: *D+*

Cancer is the second leading cause of death in Ohio, and the state is ranked 30th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 177.1 per 100,000. The national average is 158.5 per 100,000.

CLRD: *D*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Ohio, and the state is ranked 35th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 58.1 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *C-*

The percentage of Ohioans reporting poor general health is close to the national average. The state ranked 29th for rural counties (16.6 percent) and 31/51 for urban counties (19.1 percent).

Mental Health: *D+*

Rural residents of Ohio reported an average of 4 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 31st for self-reported mental health in rural counties.

Physical Health: *C*

The number of physically unhealthy days reported in rural Ohio is 3.9 in 30 days, while urban residents report 3.7 days. The national average is 3.9. Rural Ohio ranks 27th.

Low Birth Weight: *C+*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Ohio is 7.5 percent. The national average is 8 percent. Ohio ranks 22nd in the category.

ACCESS TO CARE

Primary Care: *D-*

Ohio ranks 36th in the U.S. for the number of primary care physicians practicing in rural counties (48.7 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *D+*

Ohio ranks 30th in the U.S. for the number of psychiatrists practicing in rural counties. Ohio has 2.4 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *D*

Ohio ranks 34th in the nation for rural access to dental care with 37.5 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *B*

13 percent of Ohio's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Ohio is 10.9 percent. Ohio is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



OKLAHOMA

Along with Arkansas, Louisiana and Texas, Oklahoma is a member of the West South Central division of the South U.S. Census region. All four states in the division showed significant similarities in our reporting, and all four states received a low grade. The Sooner State (41) ranked behind Texas (36) and Arkansas (38) in the division, but it outperformed Louisiana (46) in the final rankings.

41/47

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

Oklahoma is one of nine states receiving a failing grade.

OKLAHOMA RECEIVED A GRADE OF "F" BECAUSE:

Oklahoma ranked in the fifth quintile of states for its rates of mortality in rural counties.

Oklahoma ranked in the fourth quintile of states for measures of daily health and quality of life in rural counties.

Oklahoma ranked in the fifth quintile of states for health care access in rural counties.

Oklahoma has a large rural population as a percentage of the total population of the state. Oklahoma also has the 4th highest rate of death from all causes in the nation, according to a 2014 State of the State's Health Report.

Tobacco use continues to be a leading preventable cause of death in Oklahoma, according to a 2015 Oklahoma Health Improvement Plan. Smoking causes about 6,000 deaths per year in the state, more than alcohol, auto accidents, HIV/AIDS, suicides, murders and illegal drugs combined. Oklahoma's adult smoking rate, 23.7 percent, is still far above the national average of 17.8 percent. Approximately one in four Oklahoma adults smoke compared to one in five nationally.

Oklahoma has made progress in recent years in reducing the state's high uninsured rate, but that progress appears to have stalled.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 37 Critical Access Hospitals in the state, as well as 58 Rural Health Clinics and 20 Federally Qualified Health Centers providing services at 88 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference

in health outcomes between rural and urban counties. Oklahoma shows a 12.3 percent increase in rural mortality as compared to urban counties. The state ranks 31st for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Oklahoma include:

- Oklahoma Office of Rural Health www.healthsciences.okstate.edu/rural-health/orh.cfm
- Rural Health Association of Oklahoma www.rhao.org
- Heartland Telehealth Resource Center heartlandtrc.org
- OSU Center for Rural Health osururalhealth.blogspot.com
- Rural Oklahoma Network business.okstate.edu/chsi/research-network.html

For more information about the data sources used and methodology employed in RHQ's 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

OKLAHOMA BY THE NUMBERS

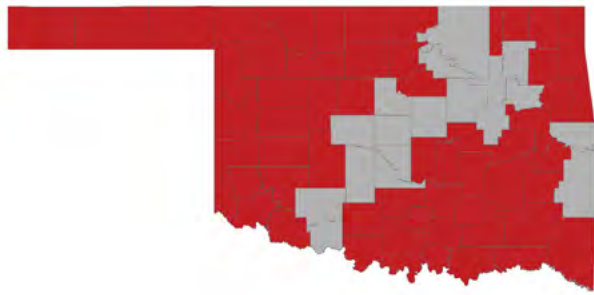
Oklahoma has an estimated population of 3,923,561 people, and 34.3 percent live in one of Oklahoma's 59 rural counties.

The poverty rate in rural Oklahoma is 19 percent, compared with 15 percent in urban areas of the state.

15 percent of the rural population has not completed high school, while 12 percent of the urban population lacks a high school diploma.

10.1 percent of rural Oklahoma residents are U.S. military veterans, and 12.7 percent of the rural population under age 65 lives with a disability.

69.8 percent of the state's rural population is Non-Hispanic White, 3.3 percent is Black/African-American, 7.7 percent is Hispanic/Latino, 10.5 percent is American Indian/Alaska Native and 0.8 percent is Asian.



■ RURAL COUNTIES
■ URBAN COUNTIES

MORTALITY

Heart Disease: **F**

Heart disease is the leading cause of death in Oklahoma, and the state is ranked last (47/47) in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 258.3 per 100,000. The national average is 168.5 per 100,000.

Cancer: **F**

Cancer is the second leading cause of death in Oklahoma, and the state is ranked 46th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 197.4 per 100,000. The national average is 158.5 per 100,000.

CLRD: **F**

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Oklahoma, and the state is ranked 46th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 73.5 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **D-**

The percentage of Oklahomans reporting poor general health is among the highest in the nation. The state ranked 38th for rural counties (20.9 percent) and 42/51 for urban counties (17.6 percent).

Mental Health: **D**

Rural residents of Oklahoma reported an average of 4.3 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 35th for self-reported mental health in rural counties.

Physical Health: **F**

The number of physically unhealthy days reported in rural Oklahoma is 4.6 in 30 days, while urban residents report 4 days. The national average is 3.9. Rural Oklahoma ranks 40th.

Low Birth Weight: **D+**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Oklahoma is 7.9 percent. The national average of 8 percent. Oklahoma ranks 30th in the category.

ACCESS TO CARE

Primary Care: **D-**

Oklahoma ranks 38th in the U.S. for the number of primary care physicians practicing in rural counties (46.4 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **D**

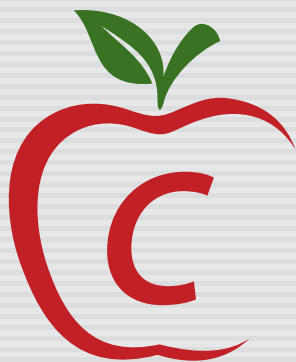
Oklahoma ranks 35th in the U.S. for the number of psychiatrists practicing in rural counties. Oklahoma has 2.1 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **C-**

Oklahoma ranks 27th in the nation for rural access to dental care with 42.9 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **F**

21.5 percent of Oklahoma rural population under age 65 is uninsured. The average uninsured rate for urban residents of Oklahoma is 18.1 percent. Oklahoma is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



OREGON

Along with Alaska, California, Hawaii and Washington, Oregon is a member of the Pacific division of the West U.S. Census region. The other four states in the division rank in the top half of the nation for rural health, but Oregon (26) slips into the bottom half. The Beaver State ranks behind Hawaii (4), California (15), Washington (17) and Alaska (22) in the final divisional rankings.

26/47

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

Oregon is one of three states receiving a grade of “C”

OREGON RECEIVED A GRADE OF “C” BECAUSE:

Oregon ranked in the third quintile of states for its rates of mortality in rural counties.

Oregon ranked in the third quintile of states for measures of daily health and quality of life in rural counties.

Oregon ranked in the second quintile of states for health care access in rural counties.

Oregon’s Office of Rural Health went on a listening tour in 2016. In the process they discovered that provider shortages are a primary source of concern across rural areas of the state. Discussion focused on recruiting primary care providers, dentists, behavioral health specialists and ancillary staff.

Oregon’s rural and frontier areas are also experiencing nursing shortages and are facing severe projected challenges with recruiting and retaining nurses.

The state’s rapidly aging population is another cause for concern. As of 2016, Oregon was home to over half a million residents aged 65 years and older, of which 43.5 percent reside in rural areas, and the 65+ population is expected to double by 2050.

Twenty-three counties have a life expectancy below the state average, and 18 of these are rural counties.

RURAL HEALTH CARE FACILITIES

A consistently discussed challenge for facilities on the listening tour was the lack of acute care availability in their areas. This shortage includes acute mental health care beds, substance abuse treatment and long-term care.

The Rural Health Information Hub, an organization funded by the Federal Office of Rural

Health Policy, reports that there are 25 Critical Access Hospitals in the state, as well as 83 Rural Health Clinics and 31 Federally Qualified Health Centers providing services at 214 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Oregon shows a 15.4 percent increase in rural mortality as compared to urban counties. The state ranks 33rd for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Oregon include:

- Oregon Office of Rural Health www.ohsu.edu/xd/outreach/oregon-rural-health/index.cfm
- Oregon Rural Health Association www.orha.org
- Northwest Regional Telehealth Resource Center: nrtrc.org
- Oregon Rural Practice-based Research Network www.ohsu.edu/xd/outreach/oregon-rural-practice-based-research-network/index.cfm

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

OREGON BY THE NUMBERS

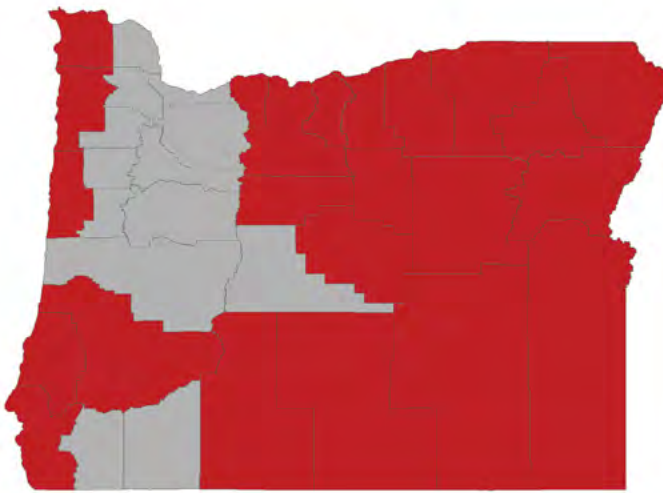
Oregon has an estimated population of 4,093,465 people, and 16.2 percent live in one of Oregon's 23 rural counties.

The poverty rate in rural Oregon is 15.4 percent, compared with 13 percent in urban areas of the state.

12.7 percent of the rural population has not completed high school, while 9.7 percent of the urban population lacks a high school diploma.

13.5 percent of rural Oregon residents are U.S. military veterans, and 13.7 percent of the rural population under age 65 lives with a disability.

80.6 percent of the state's rural population is Non-Hispanic White, 0.5 percent is Black/African-American, 12.5 percent is Hispanic/Latino, 2.2 percent is American Indian/Alaska Native and 0.9 percent is Asian.



■ RURAL COUNTIES
■ URBAN COUNTIES

MORTALITY

Cancer: *D+*

Cancer is the leading cause of death in Oregon, and the state is ranked 32nd in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 180.4 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: *A*

Heart disease is the second leading cause of death in Oregon, yet the state is ranked 7th in the U.S. for the low number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 151 per 100,000. The national average is 168.5 per 100,000.

CLRD: *D*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Oregon, and the state is ranked 33rd in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 55.8 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *D+*

The percentage of Oregonians reporting poor general health is close to the national average. The state ranked 30th for rural counties (16.9 percent) and 25/51 for urban counties (14.4 percent).

Mental Health: *F*

Rural residents of Oregon reported an average of 4.5 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 42nd for self-reported mental health in rural counties.

Physical Health: *D-*

The number of physically unhealthy days reported in rural Oregon is 4.5 in 30 days, while urban residents report 3.9 days. The national average is 3.9. Rural Oregon ranks 36th.

Low Birth Weight: *B+*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Oregon is 6.6 percent. The national average of 8 percent. Oregon ranks 12th in the category.

ACCESS TO CARE

Primary Care: *A-*

Oregon ranks 9th in the U.S. for the number of primary care physicians practicing in rural counties (71.8 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *C*

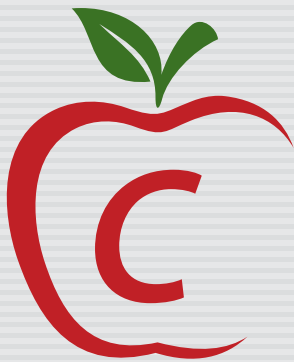
Oregon ranks 27th in the U.S. for the number of psychiatrists practicing in rural counties. Oregon has 2.6 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *A*

Oregon ranks 4th in the nation for rural access to dental care with 66.1 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *C-*

17 percent of Oregon's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Oregon is 14 percent. Oregon is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



PENNSYLVANIA

Along with New Jersey and New York, the Keystone State is part of the Mid-Atlantic division of the Northeast U.S. Census region. Excluding New Jersey, a state with no rural counties, Mid-Atlantic states rank near the middle of the nation for rural health. Pennsylvania (25) ranks lower than neighboring state New York (18).

25/47

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

Pennsylvania is one of three states receiving a grade of “C”

PENNSYLVANIA RECEIVED A GRADE OF “C” BECAUSE:

Pennsylvania ranked in the third quintile of states for its rates of mortality in rural counties.

Pennsylvania ranked in the second quintile of states for measures of daily health and quality of life in rural counties.

Pennsylvania ranked in the second quintile of states for health care access in rural counties.

Pennsylvania has the third largest rural population of any state, if you’re counting heads. One out of every five Pennsylvanians lives in a rural area, but many face limited access to care and uneven results in terms of health outcomes.

Preventable hospital stays in rural areas topped 67 per 1,000 Medicare enrollees, compared to 57 per 1,000 Medicare enrollees statewide.

The state has launched a number of recent initiatives to improve the health of Pennsylvania’s rural residents, including a prescription drug monitoring program, the expansion of telehealth services and an increased use of community health workers.

The Pennsylvania Rural Health Model is a new Centers for Medicare & Medicaid Services (CMS) alternative payment model designed to improve health and health care in rural Pennsylvania. There will be seven performance years for the program, which began on January 12, 2017 and will conclude on December 31, 2023.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 15 Critical Access Hospitals in the state, as well as 72 Rural Health Clinics and 44 Federally Qualified

Health Centers providing services at 252 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Pennsylvania shows a 6.2 percent increase in rural mortality as compared to urban counties. The state ranks 19th for rural/urban difference in mortality.

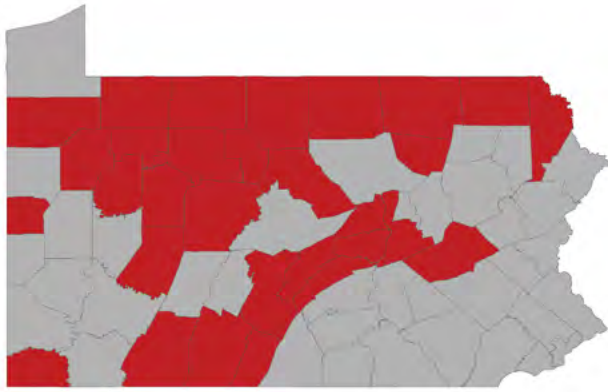
RURAL RESOURCES

Rural health resource organizations in Pennsylvania include:

- Pennsylvania Office of Rural Health www.porh.psu.edu
- Pennsylvania Rural Health Association www.paruralhealth.org
- Mid-Atlantic Telehealth Resource Center www.matrc.org
- Center for Rural Health Practice www.upb.pitt.edu/crhp

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

PENNSYLVANIA BY THE NUMBERS



■ RURAL COUNTIES
■ URBAN COUNTIES

Pennsylvania has an estimated population of 12,784,227 people, and 11.5 percent live in one of Pennsylvania's 30 rural counties.

The poverty rate in rural Pennsylvania is 13.8 percent, compared with 12.8 percent in urban areas of the state.

12.6 percent of the rural population has not completed high school, while 10.5 percent of the urban population lacks a high school diploma.

10.5 percent of rural Pennsylvania residents are U.S. military veterans, and 11.3 percent of the rural population under age 65 lives with a disability.

94 percent of the state's rural population is Non-Hispanic White, 2.2 percent is Black/African-American, 2 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.5 percent is Asian.

MORTALITY

Heart Disease: C-

Heart disease is the leading cause of death in Pennsylvania, and the state is ranked 28th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 193.3 per 100,000. The national average is 168.5 per 100,000.

Cancer: C-

Cancer is the second leading cause of death in Pennsylvania, and the state is ranked 29th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 175.4 per 100,000. The national average is 158.5 per 100,000.

Accidents: C-

Accidents are the third leading cause of death in Pennsylvania, and Pennsylvania ranked 29th out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 59.1 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: B-

The percentage of Pennsylvanians reporting poor general health is close to the national average. The state ranked 18th for rural counties (14.1 percent) and 24/51 for urban counties (14.1 percent).

Mental Health: C

Rural residents of Pennsylvania reported an average of 3.8 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 24th for self-reported mental health in rural counties.

Physical Health: B

The number of physically unhealthy days reported in rural Pennsylvania is 3.6 in 30 days, while urban residents report 3.4 days. The national average is 3.9. Rural Pennsylvania ranks 15th.

Low Birth Weight: C+

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Pennsylvania is 7.4 percent. The national average is 8 percent. Pennsylvania ranks 21st in the category.

ACCESS TO CARE

Primary Care: C-

Pennsylvania ranks 28th in the U.S. for the number of primary care physicians practicing in rural counties (52 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: B

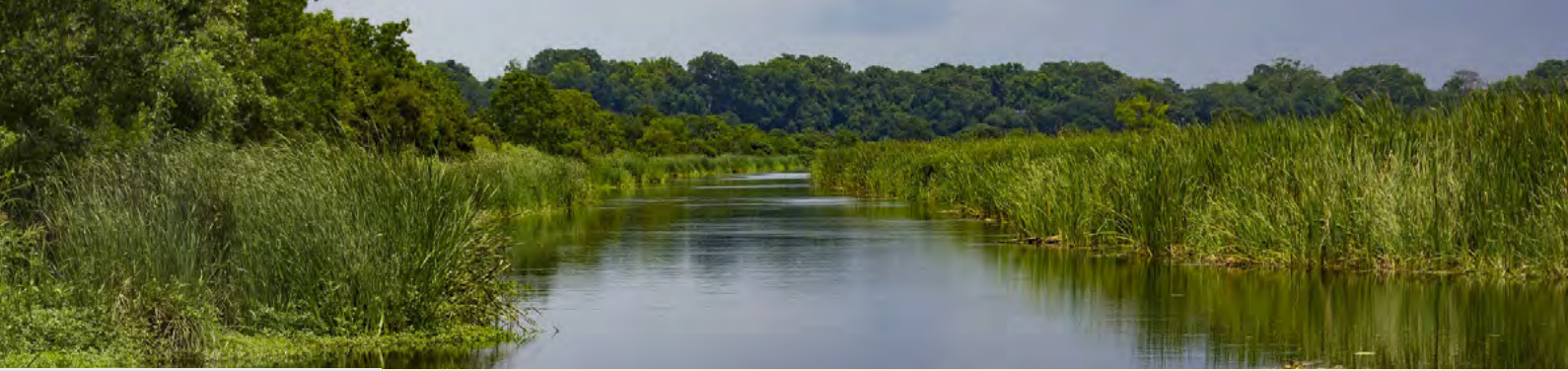
Pennsylvania ranks 14th in the U.S. for the number of psychiatrists practicing in rural counties. Pennsylvania has 4 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: C-

Pennsylvania ranks 28th in the nation for rural access to dental care with 41.4 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: B+

12.2 percent of Pennsylvania's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Pennsylvania is 10.1 percent. Pennsylvania is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



SOUTH CAROLINA

Along with Delaware, Florida, Georgia, Maryland, North Carolina, Virginia and West Virginia, South Carolina is part of the South Atlantic division of the South U.S. Census region. With the exception of northernmost division members Maryland and Delaware (a state with no rural counties), most states in the division have low rural health rankings. The Palmetto State ranked last in the division (44), behind Maryland (16), Virginia (32), North Carolina (34), Florida (37), West Virginia (39) and Georgia (40).

44/47

SOUTH CAROLINA

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

South Carolina is one of nine states receiving a failing grade.

SOUTH CAROLINA RECEIVED A GRADE OF "F" BECAUSE:

South Carolina ranked in the fifth quintile of states for its rates of mortality in rural counties.

South Carolina ranked in the fifth quintile of states for measures of daily health and quality of life in rural counties.

South Carolina ranked in the fourth quintile of states for health care access in rural counties.

South Carolina has more than one million rural residents, and rural areas of the state have a larger proportion of African-American residents.

In 2016, the South Carolina Office of Rural Health launched the South Carolina Rural Health Action Plan Task Force to improve the state's attempts to provide quality rural health care. Task force recommendations, designed to be achieved by the end of 2022, include ensuring every one has adequate and appropriate access, locally or via telehealth, to health care; supporting efforts to recruit and retain rural health care professionals; and advocating for every rural resident "to have a mechanism to receive timely health care services so that they do not delay care due to an inability to pay."

The task force also made recommendations concerning community assets and leadership, economic development, education and housing.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are five Critical Access Hospitals in the state, as well as 87 Rural Health Clinics and 22 Federally Qualified Health Centers providing services at 173 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference

in health outcomes between rural and urban counties. South Carolina shows a 14.9 percent increase in rural mortality as compared to urban counties. The state ranks 38th for rural/urban difference in mortality.

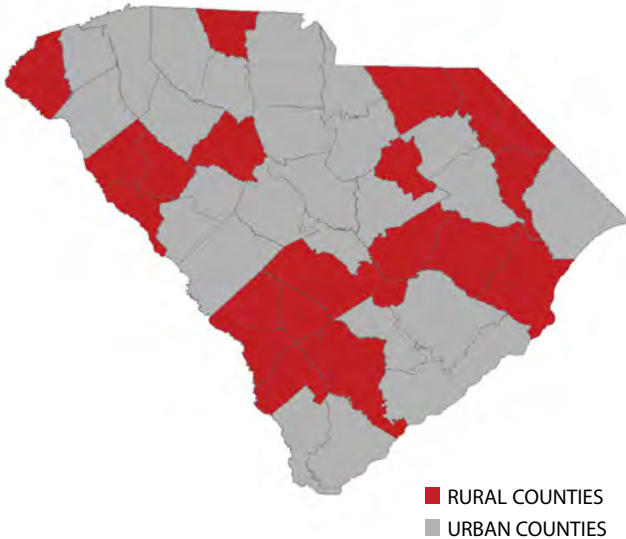
RURAL RESOURCES

Rural health resource organizations in South Carolina include:

- South Carolina Office of Rural Health scorh.net
- Southeastern Telehealth Resource Center www.setrc.us
- South Carolina Rural Health Research Center: rhr.sph.sc.edu

For more information about the data sources used and methodology employed in RHQ's 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

SOUTH CAROLINA BY THE NUMBERS



South Carolina has an estimated population of 4,863,300 people, and 23.7 percent live in one of South Carolina's 20 rural counties.

The poverty rate in rural South Carolina is 20.4 percent, compared with 14.4 percent in urban areas of the state.

21.5 percent of the rural population has not completed high school, while 13.9 percent of the urban population lacks a high school diploma.

9.2 percent of rural South Carolina residents are U.S. military veterans, and 13.6 percent of the rural population under age 65 lives with a disability.

54.2 percent of the state's rural population is Non-Hispanic White, 39.9 percent is Black/African-American, 3.5 percent is Hispanic/Latino, 0.5 percent is American Indian/Alaska Native and 0.5 percent is Asian.

MORTALITY

Heart Disease: *F*

Heart disease is the leading cause of death in South Carolina, and the state is ranked 39th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 212.8 per 100,000. The national average is 168.5 per 100,000.

Cancer: *D-*

Cancer is the second leading cause of death in South Carolina, and the state is ranked 38th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 188.8 per 100,000. The national average is 158.5 per 100,000.

CLRD: *C+*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in South Carolina, and the state is ranked 22nd in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 50.3 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *D-*

The percentage of South Carolinians reporting poor general health is among the highest in the nation. The state ranked 36th for rural counties (20.7 percent) and 32/51 for urban counties (15.7 percent).

Mental Health: *F*

Rural residents of South Carolina reported an average of 4.1 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 41st for self-reported mental health in rural counties.

Physical Health: *D-*

The number of physically unhealthy days reported in rural South Carolina is 4.6 in 30 days, while urban residents report 3.8 days. The national average is 3.9. Rural South Carolina ranks 38th.

Low Birth Weight: *F*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural South Carolina is 11.3 percent, well above the national average of 8 percent. South Carolina ranks 46th in the category.

ACCESS TO CARE

Primary Care: *D*

South Carolina ranks 33rd in the U.S. for the number of primary care physicians practicing in rural counties (50.2 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *D-*

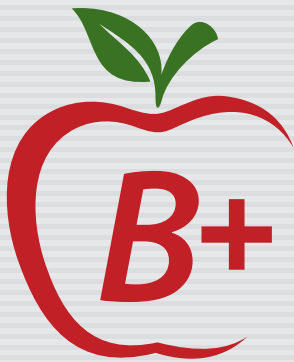
South Carolina ranks 36th in the U.S. for the number of psychiatrists practicing in rural counties. South Carolina has 2.1 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *F*

South Carolina ranks 43rd in the nation for rural access to dental care with 32 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *D*

19.2 percent of South Carolina's rural population under age 65 is uninsured. The average uninsured rate for urban residents of South Carolina is 16.6 percent. South Carolina is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



SOUTH DAKOTA

Along with Iowa, Kansas, Minnesota, Missouri, Nebraska and North Dakota, South Dakota is a member of the West North Central division of the Midwest U.S. Census region. Most members of the West North Central division rank near the top of the nation for rural health, but Kansas (24) and Missouri (35) underperform. South Dakota (11) outperforms Kansas and Missouri, but the Mount Rushmore State falls behind Minnesota (5), Nebraska (8), Iowa (9) and North Dakota (10) in the final rankings.

11/47

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

South Dakota is one of three states receiving a grade of “B+”

SOUTH DAKOTA RECEIVED A GRADE OF “B+” BECAUSE:

South Dakota ranked in the second quintile of states for its rates of mortality in rural counties.

South Dakota ranked in the first quintile of states for measures of daily health and quality of life in rural counties.

South Dakota ranked in the third quintile of states for health care access in rural counties.

South Dakota has a large rural population percentage (51.9 percent) spread across an equally large land mass. Nevertheless, the state performs well in this year’s RHQ Rural Health Report Card.

As is the case with many surrounding states, however, South Dakota is experiencing ‘rural flight,’ where, despite falling populations in rural counties, the overall population of the state is increasing. This trend is active among health care providers, as well.

According to the South Dakota Department of Health Office of Rural Health, there are 86 primary care shortage area designations of various types (geographic areas, population groups and facilities) across South Dakota, and the three areas with the greatest shortages are located on tribal land or are Indian Health Service Facilities.

In addition, more than half of all counties in the state represent designated dental health shortage areas based on rural geography or low-income, and all but two of the largest metropolitan areas of the state are designated as mental health shortage areas.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 38 Critical Access Hospitals in the state, as well as 60

Rural Health Clinics and six Federally Qualified Health Centers providing services at 49 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. South Dakota shows a 12.5 percent increase in rural mortality as compared to urban counties. The state ranks 30th for rural/urban difference in mortality.

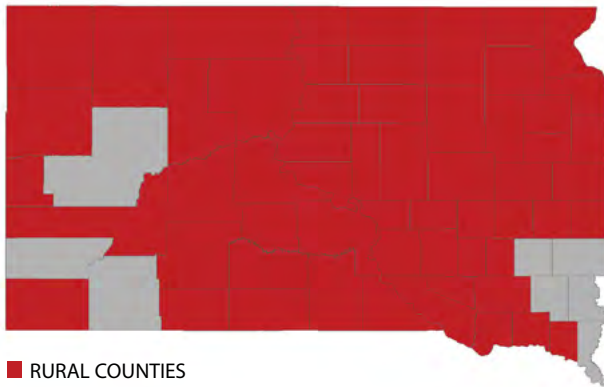
RURAL RESOURCES

Rural health resource organizations in South Dakota include:

- South Dakota Office of Rural Health doh.sd.gov/providers/RuralHealth
- Office of Rural Health, EMS Program dps.sd.gov
- Great Plains Telehealth Resource Center www.gptrac.org
- Rural Office of Community Services dss.sd.gov/economicassistance/communityassistance/rural.aspx

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

SOUTH DAKOTA BY THE NUMBERS



■ RURAL COUNTIES
■ URBAN COUNTIES

South Dakota has an estimated population of 865,454 people, and 51.9 percent live in one of South Dakota's 58 rural counties.

The poverty rate in rural South Dakota is 15.3 percent, compared with 11 percent in urban areas of the state.

10.2 percent of the rural population has not completed high school, while 7.8 percent of the urban population lacks a high school diploma.

9.5 percent of rural South Dakota residents are U.S. military veterans, and 8.6 percent of the rural population under age 65 lives with a disability.

80.9 percent of the state's rural population is Non-Hispanic White, 0.7 percent is Black/African-American, 2.6 percent is Hispanic/Latino, 12.6 percent is American Indian/Alaska Native and 1.1 percent is Asian.

MORTALITY

Heart Disease: **A-**

Heart disease is the leading cause of death in South Dakota, and the state is ranked 10th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 156.8 per 100,000. The national average is 168.5 per 100,000.

Cancer: **B+**

Cancer is the second leading cause of death in South Dakota, and the state is ranked 11th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 154.5 per 100,000. The national average is 158.5 per 100,000.

CLRD: **B**

Chronic lower respiratory disease (CLRD) is the third leading cause of death in South Dakota, and the state is ranked 15th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 46.7 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **A**

The percentage of South Dakotans reporting poor general health is among the lowest in the nation. The state ranked 5th for rural counties (12.6 percent) and 4/51 for urban counties (11.1 percent).

Mental Health: **A+**

Rural residents of South Dakota reported an average of 2.8 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 1st nationally for self-reported mental health in rural counties.

Physical Health: **A**

The number of physically unhealthy days reported in rural South Dakota is 3.2 in 30 days, while urban residents report 3 days. The national average is 3.9. Rural South Dakota ranks 5th.

Low Birth Weight: **A**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural South Dakota is 6.1 percent. The national average is 8 percent. South Dakota ranks 5th in the category.

ACCESS TO CARE

Primary Care: **B-**

South Dakota ranks 19th in the U.S. for the number of primary care physicians practicing in rural counties (59.8 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **C**

South Dakota ranks 25th in the U.S. for the number of psychiatrists practicing in rural counties. South Dakota has 2.9 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **C+**

South Dakota ranks 21st in the nation for rural access to dental care with 51.6 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **B-**

14.4 percent of South Dakota's rural population under age 65 is uninsured. The average uninsured rate for urban residents of South Dakota is 11.1 percent. South Dakota is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



TENNESSEE

Along with Alabama, Mississippi and Kentucky, Tennessee is a member of the East South Central Division of the South U.S. Census Region. All four states in the division showed strong similarities in our reporting, and all four states received a failing grade. Tennessee performed better than Alabama (45) and Mississippi (47), but the Volunteer State fell behind Kentucky (42) in the final rankings.

43/47

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

Tennessee is one of nine states receiving a failing grade.

TENNESSEE RECEIVED A FAILING GRADE BECAUSE:

Tennessee ranked in the fifth quintile of states for its rates of mortality in rural counties.

Tennessee ranked in the fifth quintile of states for measures of daily health and quality of life in rural counties.

Tennessee ranked in the fourth quintile of states for health care access in rural counties.

Tennessee has well over a million rural citizens, but the state ranks last in the nation for the number of physically unhealthy days reported by rural residents, and the state performs poorly across many other rural health measures. Tennessee has seen eight rural hospitals close since 2010.

Tennessee also ranks among the worst in terms of statewide rates of hypertension, diabetes and obesity. In addition, more than 360,000 uninsured adults age 18 to 64, living below 138% of the poverty threshold in Tennessee, fall into the health coverage gap: they do not qualify for Medicaid (TennCare) based on their income levels. Tennessee did not adopt Medicaid expansion as offered under the ACA.

In June of 2017, the governor of Tennessee signed a joint resolution declaring pornography a “public health crisis” in the state.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 14 Critical Access Hospitals in the state, as well as 112 Rural Health Clinics and 29 Federally Qualified Health Centers providing services at 179 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference

in health outcomes between rural and urban counties. Tennessee shows a 13.8 percent increase in rural mortality as compared to urban counties. The state ranks 35th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Tennessee include:

- Tennessee Office of Rural Health tn.gov/health/topic/rural-health
- Tennessee Rural Health Association www.rhat.org
- South Central Telehealth Resource Center learntelehealth.org
- Tennessee Rural Partnership tnrp.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

TENNESSEE BY THE NUMBERS

Tennessee has an estimated population of 6,651,194 people, and 22.6 percent live in one of Tennessee's 53 rural counties.

The poverty rate in rural Tennessee is 18.7 percent, compared with 14.9 percent in urban areas of the state.

19.5 percent of the rural population has not completed high school, while 13 percent of the urban population lacks a high school diploma.

9.6 percent of rural Tennessee residents are U.S. military veterans, and 14.6 percent of the rural population under age 65 lives with a disability.

87.9 percent of the state's rural population is Non-Hispanic White, 6.1 percent is Black/African-American, 3.3 percent is Hispanic/Latino, 0.2 percent is American Indian/Alaska Native and 0.5 percent is Asian.



■ RURAL COUNTIES
■ URBAN COUNTIES

MORTALITY

Heart Disease: *F*

Heart disease is the leading cause of death in Tennessee, and the state is ranked 43rd in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 242.9 per 100,000. The national average is 168.5 per 100,000.

Cancer: *F*

Cancer is the second leading cause of death in Tennessee, and the state is ranked 45th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 195.7 per 100,000. The national average is 158.5 per 100,000.

CLRD: *F*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Tennessee, and the state is ranked 39th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 60.7 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *F*

The percentage of Tennesseans reporting poor general health is among the highest in the nation. The state ranked 40th for rural counties (21.7 percent) and 47/51 for urban counties (19.1 percent).

Mental Health: *F*

Rural residents of Tennessee reported an average of 4.8 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 45th for self-reported mental health in rural counties.

Physical Health: *F*

The number of physically unhealthy days reported in rural Tennessee is 5.1 in 30 days, while urban residents report 4.5 days. The national average is 3.9. Rural Tennessee ranks last in the nation (47/47).

Low Birth Weight: *D*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Tennessee is 8.8 percent. The national average is 8 percent. Tennessee ranks 35th in the category.

ACCESS TO CARE

Primary Care: *F*

Tennessee ranks 41st in the U.S. for the number of primary care physicians practicing in rural counties (45.3 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *D-*

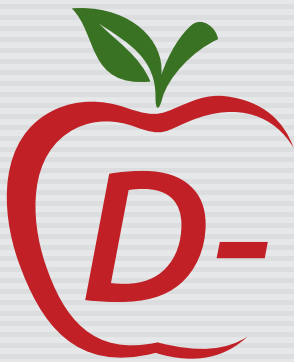
Tennessee ranks 37th in the U.S. for the number of psychiatrists practicing in rural counties. Tennessee has 2.1 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *F*

Tennessee ranks 42nd in the nation for rural access to dental care with 32.3 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *C*

16.7 percent of Tennessee's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Tennessee is 14.3 percent. Tennessee is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



TEXAS

Along with Arkansas, Louisiana and Oklahoma, Texas is a member of the West South Central division of the South U.S. Census region. All four states in the division showed significant similarities in our reporting, and all four states received a low grade. The Lone Star State (36) performed best in the division, followed by Arkansas (38), Oklahoma (41) and Louisiana (46) in the final rankings.

36/47

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

Texas is one of three states receiving a grade of “D-”

TEXAS RECEIVED A GRADE OF “D-” BECAUSE:

Texas ranked in the fourth quintile of states for its rates of mortality in rural counties.

Texas ranked in the fourth quintile of states for measures of daily health and quality of life in rural counties.

Texas ranked in the fifth quintile of states for health care access in rural counties.

Texas has the highest percentage and number of uninsured residents in the nation, and 16 rural hospitals, nearly 10 percent of all rural hospitals in the state, have closed since 2013.

The state’s rural health care system faces declining reimbursement rates along with rising costs, according to a 2017 study produced by the Texas Organization of Rural and Community Hospitals (TORCH). Demographic shifts are also dramatically changing the makeup of the state’s rural populations.

Recent studies published by the Texas Tech University Health Sciences Center’s F. Marie Hall Institute for Rural and Community Health show clear disparities in mortality from common causes of death in rural areas of the state and primary care provider supply shortages that are significantly larger in rural areas, particularly in West and South Texas.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 82 Critical Access Hospitals in the state, as well as 305 Rural Health Clinics in Texas and 73 Federally Qualified Health Centers providing services at 447 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference

in health outcomes between rural and urban counties. Texas shows a 18.8 percent increase in rural mortality as compared to urban counties. The state ranks 43rd for rural/urban difference in mortality.

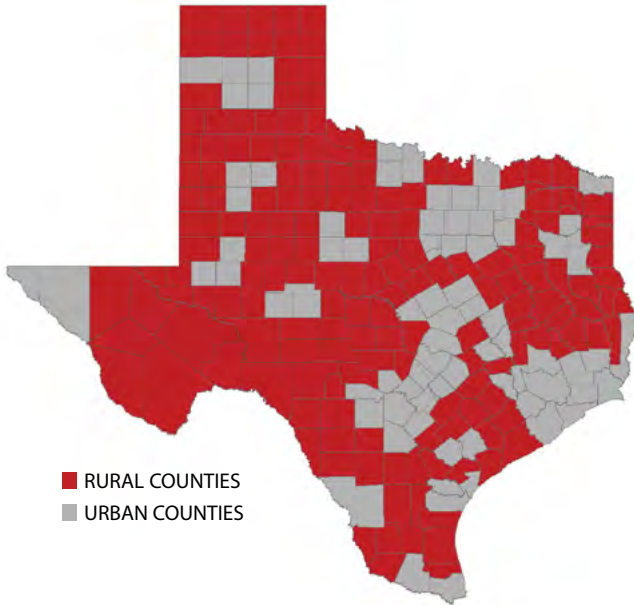
RURAL RESOURCES

Rural health resource organizations in Texas include:

- Texas State Office of Rural Health www.texasagriculture.gov/GrantsServices/RuralEconomicDevelopment/StateOfficeofRuralHealth.aspx
- Texas Rural Health Association trha.org
- TexLa Telehealth Resource Center www.texlatrc.org
- Texas Organization of Rural & Community Hospitals: www.torchnet.org
- Texas Association of Rural Health Clinics www.tarhc.org
- F. Marie Hall Institute for Rural and Community Health: www.ttuhscc.edu/rural-health

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

TEXAS BY THE NUMBERS



Texas has an estimated population of 27,862,596 people, and 11 percent live in one of Texas's 172 rural counties.

The poverty rate in rural Texas is 18.1 percent, compared with 15.3 percent in urban areas of the state.

21.9 percent of the rural population has not completed high school, while 17.5 percent of the urban population lacks a high school diploma.

9.1 percent of rural Texas residents are U.S. military veterans, and 11.3 percent of the rural population under age 65 lives with a disability.

57 percent of the state's rural population is Non-Hispanic White, 7.9 percent is Black/African-American, 32.9 percent is Hispanic/Latino, 0.3 percent is American Indian/Alaska Native and 0.5 percent is Asian.

MORTALITY

Heart Disease: **D-**

Heart disease is the leading cause of death in Texas, and the state is ranked 38th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 209.7 per 100,000. The national average is 168.5 per 100,000.

Cancer: **B-**

Cancer is the second leading cause of death in Texas, and the state is ranked 19th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 165.5 per 100,000. The national average is 158.5 per 100,000.

Stroke: **F**

Cerebrovascular disease is the third leading cause of death in Texas, and the state is ranked 39th in the U.S. for deaths by stroke among rural residents. The age-adjusted rate for stroke in rural counties is 46.7 per 100,000. The national average is 37.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **D-**

The percentage of Texans reporting poor general health is among the highest in the nation. The state ranked 37th for rural counties (20.7 percent) and 45/51 for urban counties (18.7 percent).

Mental Health: **B-**

Rural residents of Texas reported an average of 3.6 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 18th for self-reported mental health in rural counties.

Physical Health: **D+**

The number of physically unhealthy days reported in rural Texas is 4.1 in 30 days, while urban residents report 3.7 days. The national average is 3.9. Rural Texas ranks 31st.

Low Birth Weight: **D+**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Texas is 8.3 percent. The national average is 8 percent. Texas ranks 32nd in the category.

ACCESS TO CARE

Primary Care: **F**

Texas ranks 46th in the U.S. for the number of primary care physicians practicing in rural counties (39.1 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **F**

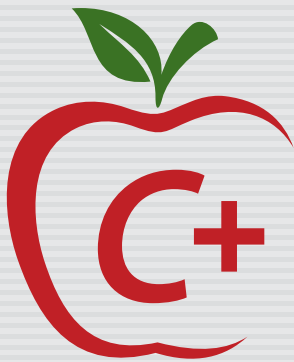
Texas ranks 40th in the U.S. for the number of psychiatrists practicing in rural counties. Texas has 1.8 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **F**

Texas ranks 44th in the nation for rural access to dental care with 31 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **F**

25.3 percent of Texas's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Texas is 22.6 percent, ranking last in the country. Texas is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



UTAH

Along with Arizona, Colorado, Idaho, Montana, Nevada, New Mexico and Wyoming, Utah is part of the Mountain division of the West U.S. Census region. With the exception of high performers Colorado and Wyoming, all states in the division rank near the middle of the nation for rural health. Utah (23) ranks higher than Nevada (30), New Mexico (31) and Arizona (33), but the Beehive State falls behind Colorado (12), Wyoming (14), Montana (19) and Idaho (20).

23/47

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

Utah is one of three states receiving a grade of “C+”

UTAH RECEIVED A GRADE OF “C+” BECAUSE:

Utah ranked in the second quintile of states for its rates of mortality in rural counties.

Utah ranked in the third quintile of states for measures of daily health and quality of life in rural counties.

Utah ranked in the third quintile of states for health care access in rural counties.

Utah has the youngest population in America, according to the Utah Department of Health. 82 rural hospitals in the United States have closed since 2010, but none have closed in Utah. The state helps rural facilities by administering federal money through various grants, and doctors in rural areas can also apply for up to \$15,000 per year from the Department of Health to apply toward their student loans.

The state still faces challenges in other areas of rural health care delivery, however. Much of the state is sparsely populated, and thirteen counties qualify as “frontier” because the population density is under 6.1 persons per square mile. For the most isolated portions of the state, ambulances must travel more than an hour to the scene, and behavioral health care can require travel over even longer distances.

Native American health care is another cause for concern in some rural areas of the state. Not all tribes have equal access to health care resources, which are often allocated based on population size. As a result, at least one of Utah’s smaller tribes has no medical services on the reservation, according to the 2013 Utah Rural Health Plan.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 12 Critical

Access Hospitals in the state, as well as 14 Rural Health Clinics and 13 Federally Qualified Health Centers providing services at 51 sites.

URBAN-RURAL DIVIDE

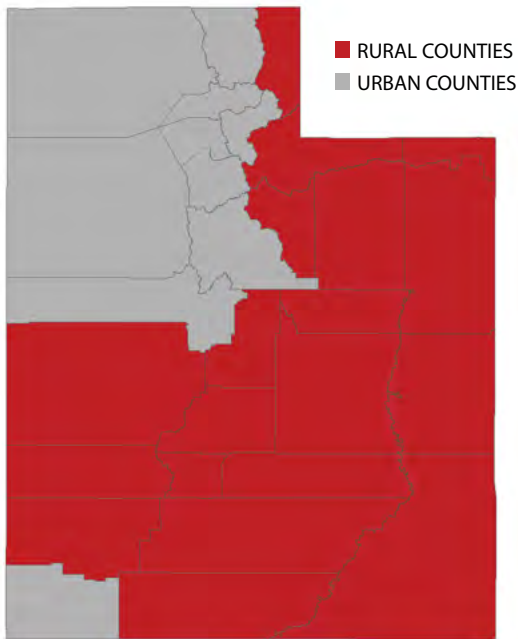
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Utah shows a 4.9 percent increase in rural mortality as compared to urban counties. The state ranks 15th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Utah include:

- Utah Office of Primary Care and Rural Health: health.utah.gov/primarycare/index.php
- Rural Health Association of Utah www.suu.edu/ahec/rhau.html
- Southwest Telehealth Resource Center www.southwesttrc.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



UTAH BY THE NUMBERS

Utah has an estimated population of 3,051,217 people, and 10.6 percent live in one of Utah's 19 rural counties.

The poverty rate in rural Utah is 13.9 percent, compared with 9.8 percent in urban areas of the state.

10 percent of the rural population has not completed high school, while 8.6 percent of the urban population lacks a high school diploma.

7.4 percent of rural Utah residents are U.S. military veterans, and 7.6 percent of the rural population under age 65 lives with a disability.

84.2 percent of the state's rural population is Non-Hispanic White, 0.4 percent is Black/African-American, 9 percent is Hispanic/Latino, 4.1 percent is American Indian/Alaska Native and 0.8 percent is Asian.

MORTALITY

Heart Disease: *B+*

Heart disease is the leading cause of death in Utah, and the state is ranked 11th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 157.2 per 100,000. The national average is 168.5 per 100,000.

Cancer: *A+*

Cancer is the second leading cause of death in Utah, and the state is ranked 2nd in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 132.6 per 100,000. The national average is 158.5 per 100,000.

Accidents: *D*

Accidents are the third leading cause of death in Utah, and Utah ranked 33rd out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 60.5 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *B*

The percentage of Utahns reporting poor general health is relatively low. The state ranked 16th for rural counties (14 percent) and 9/51 for urban counties (12.3 percent).

Mental Health: *B*

Rural residents of Utah reported an average of 3.6 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 15th for self-reported mental health in rural counties.

Physical Health: *B-*

The number of physically unhealthy days reported in rural Utah is 3.7 in 30 days, while urban residents report 3.4 days. The national average is 3.9. Rural Utah ranks 18th.

Low Birth Weight: *C*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Utah is 7.7 percent. The national average is 8 percent. Utah ranks 26th in the category.

ACCESS TO CARE

Primary Care: *C*

Utah ranks 24th in the U.S. for the number of primary care physicians practicing in rural counties (55.5 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *F*

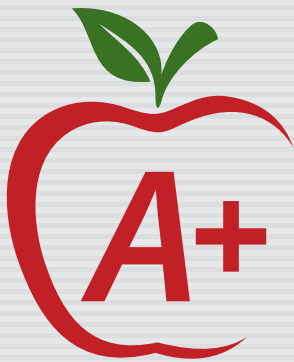
Utah ranks 39th in the U.S. for the number of psychiatrists practicing in rural counties. Utah has 1.9 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *B*

Utah ranks 14th in the nation for rural access to dental care with 54.3 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *D+*

18.6 percent of Utah's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Utah is 14.1 percent. Utah is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



2/47

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

Vermont is one of three states receiving a grade of “A+”

VERMONT RECEIVED A GRADE OF “A+” BECAUSE:

Vermont ranked in the first quintile of states for its rates of mortality in rural counties.

Vermont ranked in the first quintile of states for measures of daily health and quality of life in rural counties.

Vermont ranked in the first quintile of states for health care access in rural counties.

VERMONT

Along with Connecticut, Maine, Massachusetts, New Hampshire and Rhode Island, the Green Mountain State is a member of the New England division of the Northeast U.S. Census region. Excluding Rhode Island, a state with no rural counties, all states in New England receive high rankings for rural health, and Vermont comes in behind only neighboring New Hampshire (1) in the national rankings. Vermont (2) performed better than Connecticut (3), Massachusetts (6) and Maine (13) in the final rankings.

Vermont continues to be one of the healthiest states in the country, despite being one the nation’s most rural states.

One look at the state’s Healthy Vermonters 2020 Performance Scorecard reveals a state that not only sets ambitious goals but takes steps to achieve them. Vermont was ranked 20th in American Health Rankings in 1990 and 1991, but the state has ranked consistently at or near the top for the past several years.

Vermont’s strengths include some of the social determinants that are at the foundation of good health: a high rate of education, higher median household income, lower unemployment, few violent crimes, high rates of health insurance coverage and ready availability of primary care providers.

Vermont’s aging population could pose challenges going forward, however. Vermont is aging faster than other states, and the age gap is widening, from about two years in 2000 to four years in 2010. More than one-third of Vermonters are between the ages of 40 and 64.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 8 Critical Access Hospitals in the state, as well as 11 Rural Health Clinics and 11 Federally Qualified Health Centers providing services at 61 sites.

URBAN-RURAL DIVIDE

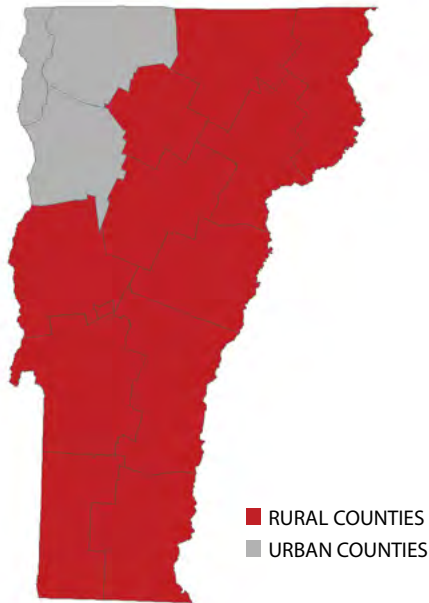
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Vermont shows a 6.8 percent increase in rural mortality as compared to urban counties. The state ranks 18th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Vermont include:

- Vermont Office of Rural Health and Primary Care: www.healthvermont.gov/health-professionals-systems/hospitals-health-systems/rural-health
- New England Rural Health RoundTable www.newenglandruralhealth.org
- Northeast Telehealth Resource Center netrc.org
- Center for Rural Emergency Services and Trauma: med.dartmouth-hitchcock.org/crest.html

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



VERMONT BY THE NUMBERS

Vermont has an estimated population of 624,594 people, and 65.1 percent live in one of Vermont's 11 rural counties.

The poverty rate in rural Vermont is 12.7 percent, compared with 10.3 percent in urban areas of the state.

8.7 percent of the rural population has not completed high school, while 7.2 percent of the urban population lacks a high school diploma.

9.6 percent of rural Vermont residents are U.S. military veterans, and 11 percent of the rural population under age 65 lives with a disability.

94.9 percent of the state's rural population is Non-Hispanic White, 0.7 percent is Black/African-American, 1.6 percent is Hispanic/Latino, 0.3 percent is American Indian/Alaska Native and 0.8 percent is Asian.

MORTALITY

Heart Disease: **B**

Heart disease is the leading cause of death in Vermont, and the state is ranked 15th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 158.8 per 100,000. The national average is 168.5 per 100,000.

Cancer: **B-**

Cancer is the second leading cause of death in Vermont, and the state is ranked 20th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 167.1 per 100,000. The national average is 158.5 per 100,000.

Accidents: **A-**

Accidents are the third leading cause of death in Vermont, and Vermont ranked 9th out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 48.8 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **A+**

The percentage of Vermonters reporting poor general health is among the lowest in the nation. The state ranked 2nd for rural counties (11.2 percent) and 1st for urban counties (9.1 percent).

Mental Health: **B+**

Rural residents of Vermont reported an average of 3.5 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 13th for self-reported mental health in rural counties.

Physical Health: **A-**

The number of physically unhealthy days reported in rural Vermont is 3.3 in 30 days, while urban residents report 2.9 days. The national average is 3.9. Rural Vermont ranks 9th.

Low Birth Weight: **B+**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Vermont is 6.5 percent. The national average is 8 percent. Vermont ranks 11th in the category.

ACCESS TO CARE

Primary Care: **A+**

Vermont ranks 3rd in the U.S. for the number of primary care physicians practicing in rural counties (95.3 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **A+**

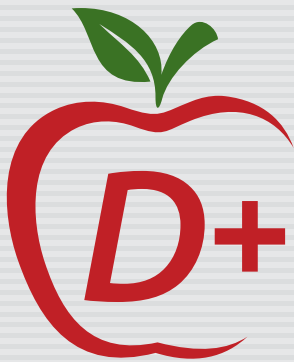
Vermont ranks 2nd in the U.S. for the number of psychiatrists practicing in rural counties. Vermont has 17.3 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **A-**

Vermont ranks 8th in the nation for rural access to dental care with 61.1 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **A+**

7.7 percent of Vermont's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Vermont is 5.5 percent. Vermont is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



VIRGINIA

Along with Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina and West Virginia, Virginia is part of the South Atlantic division of the South U.S. Census region. With the exception of northernmost division members Maryland and Delaware (no rural counties), most states in the division have poor rural health rankings. Virginia (32) performed better than North Carolina (34), Florida (37), West Virginia (39), Georgia (40) and South Carolina (44). Old Dominion fell behind Maryland (16) in divisional rankings.

32/47

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

Vermont is one of three states receiving a grade of “D+”

VIRGINIA RECEIVED A GRADE OF “D+” BECAUSE:

Virginia ranked in the fourth quintile of states for its rates of mortality in rural counties.

Virginia ranked in the fourth quintile of states for measures of daily health and quality of life in rural counties.

Virginia ranked in the fourth quintile of states for health care access in rural counties.

Virginia’s rural counties have some of the most significant disparities in health outcomes, and the rural southwest, south side, northern neck and eastern shore regions are some of the least healthy areas of the state in terms of morbidity and mortality.

According to Virginia’s latest Rural Health Plan, significant barriers often limit rural residents’ access to health care. Appropriate services may not be available nearby, and many rural residents report driving several hours to access specialty care or even primary care. Even safety net providers in some rural communities have unintentional barriers, such as income limits in free and sliding scale clinics that exclude people who need such services.

Rates of low birth weight also continue to be a cause for concern in Virginia, and racial disparities may play a role. According to the National Center for Health Statistics, statewide preterm birth rates from 2011-2013 were highest for black infants (15 percent), followed by Native Americans (13.5 percent), Hispanics (12 percent), Asians (10.1 percent) and then whites (9.7 percent).

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are eight Critical Access Hospitals in the state, as well as 30 Rural Health Clinics and 26 Federally

Qualified Health Centers providing services at 142 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Virginia shows a large 29.1 increase in rural mortality as compared to urban counties. The state ranks last in the nation (47/47) for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Virginia include:

- Virginia State Office of Rural Health www.vdh.virginia.gov/OMHHE/primary-care/ruralhealth
- Virginia Rural Health Association www.vrha.org
- Mid-Atlantic Telehealth Resource Center www.matrc.org
- Rural Health Initiative Program www.richmond.va.gov/The_Rural_Health_Initiative.asp
- Virginia Rural Health Resource Center www.vrhc.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

VIRGINIA BY THE NUMBERS

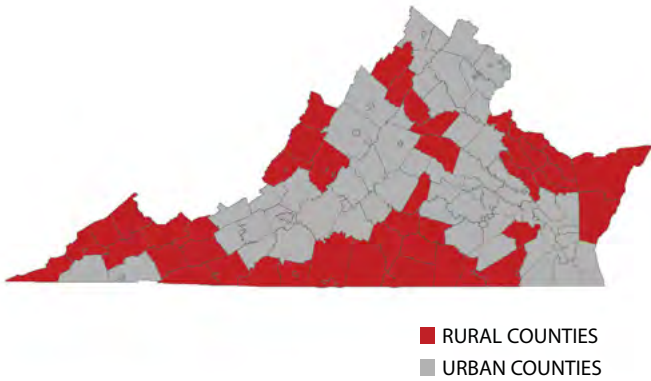
Virginia has an estimated population of 8,411,808 people, and 12.4 percent live in one of Virginia's 53 rural counties.

The poverty rate in rural Virginia is 16.7 percent, compared with 10.2 percent in urban areas of the state.

19.8 percent of the rural population has not completed high school, while 10.4 percent of the urban population lacks a high school diploma.

9.9 percent of rural Virginia residents are U.S. military veterans, and 12.8 percent of the rural population under age 65 lives with a disability.

75.9 percent of the state's rural population is Non-Hispanic White, 19 percent is Black/African-American, 2.8 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.6 percent is Asian.



MORTALITY

Heart Disease: *D*

Heart disease is the leading cause of death in Virginia, and the state is ranked 33rd in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 198.3 per 100,000. The national average is 168.5 per 100,000.

Cancer: *F*

Cancer is the second leading cause of death in Virginia, and the state is ranked 39th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 188.8 per 100,000. The national average is 158.5 per 100,000.

Accidents: *D-*

Accidents are the third leading cause of death in Virginia, and Virginia ranked 36th out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 61.5 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *D+*

The percentage of Virginians reporting poor general health is relatively high. The state ranked 31st for rural counties (17.1 percent) and 20/51 for urban counties (13.5 percent).

Mental Health: *B*

Rural residents of Virginia reported an average of 3.6 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 17th for self-reported mental health in rural counties.

Physical Health: *C+*

The number of physically unhealthy days reported in rural Virginia is 3.8 in 30 days, while urban residents report 3.1 days. The national average is 3.9. Rural Virginia ranks 21st.

Low Birth Weight: *F*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Virginia is 9.4 percent, well above the national average of 8 percent. Virginia ranks 40th in the category.

ACCESS TO CARE

Primary Care: *D*

Virginia ranks 35th in the U.S. for the number of primary care physicians practicing in rural counties (48.7 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *C*

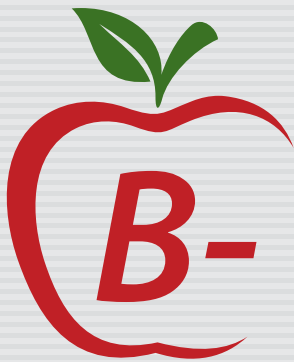
Virginia ranks 24th in the U.S. for the number of psychiatrists practicing in rural counties. Virginia has 2.9 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *D-*

Virginia ranks 37th in the nation for rural access to dental care with 35.6 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *C*

16.8 percent of Virginia's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Virginia is 12.5 percent. Virginia is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



WASHINGTON

Along with Alaska, California, Hawaii and Oregon, Washington is a member of the Pacific division of the West U.S. Census region. Four of the five states in the division, including Washington, ranked in the top half of the nation for rural health. Washington (17) ranked higher than Alaska (22) and Oregon (26), but the Evergreen State fell behind Hawaii (4) and California (15) in the final divisional rankings.

17/47

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

Washington is one of three states receiving a grade of “B-”

WASHINGTON RECEIVED A GRADE OF “B-” BECAUSE:

Washington ranked in the first quintile of states for its rates of mortality in rural counties.

Washington ranked in the second quintile of states for measures of daily health and quality of life in rural counties.

Washington ranked in the third quintile of states for health care access in rural counties.

Washington has millions of rural residents, but according to a 2017 Healthier Washington report, rural residents in the state are, as a group, older and sicker, and they have higher rates of obesity and substance abuse.

Washington’s Rural Health Innovation Accelerator Committee (RHIAC) is attempting to address these issues. The committee has already made a number of recommendations, including redefining primary care to include virtual care, care teams and alternative settings convenient for patients.

The group is also calling for the creation of public-private partnerships to find novel solutions for rural health issues and a broader systemwide policy investment that creates an environment of collaboration.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 39 Critical Access Hospitals in the state, as well as 118 Rural Health Clinics and 28 Federally Qualified Health Centers providing services at 291 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Washington shows a 6.2 percent

increase in rural mortality as compared to urban counties. The state ranks 17th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Washington include:

- Washington State Office of Community and Rural Health: www.doh.wa.gov/ForPublicHealthandHealthcareProviders/RuralHealth
- Washington Rural Health Association www.wrha.com
- Northwest Regional Telehealth Resource Center: www.nrtrc.org
- Washington Rural Health Collaborative www.rhcc.org
- Rural Health Clinic Association of Washington: rhca.wa.net

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

WASHINGTON BY THE NUMBERS

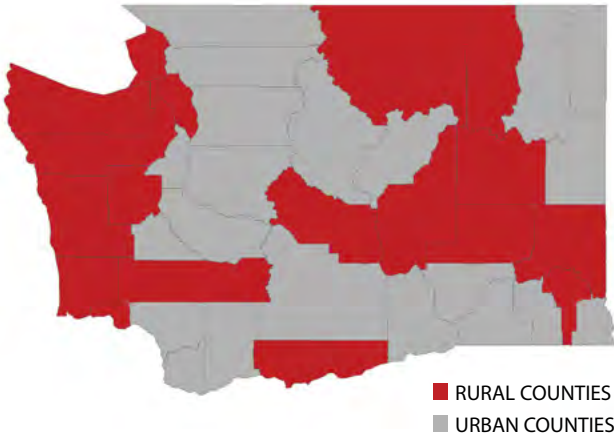
Washington has an estimated population of 7,288,00 people, and 10 percent live in one of Washington's 18 rural counties.

The poverty rate in rural Washington is 16.4 percent, compared with 10.7 percent in urban areas of the state.

12 percent of the rural population has not completed high school, while 9.3 percent of the urban population lacks a high school diploma.

13.4 percent of rural Washington residents are U.S. military veterans, and 12 percent of the rural population under age 65 lives with a disability.

77.3 percent of the state's rural population is Non-Hispanic White, 1.1 percent is Black/African-American, 13.7 percent is Hispanic/Latino, 2.4 percent is American Indian/Alaska Native and 2.1 percent is Asian.



MORTALITY

Cancer: C

Cancer is the leading cause of death in Washington, and the state is ranked 23rd in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 167.4 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: A-

Heart disease is the second leading cause of death in Washington, and the state is ranked 9th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 155.6 per 100,000. The national average is 168.5 per 100,000.

Accidents: B-

Accidents are the fourth leading cause of death in Washington, and Washington ranked 11th out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 49.1 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: C

The percentage of rural Washingtonians reporting poor general health is close to the national average. The state ranked 24th for rural counties (15.7 percent) and 12/51 for urban counties (19.1 percent).

Mental Health: C

Rural residents of Washington reported an average of 3.8 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 25th for self-reported mental health in rural counties.

Physical Health: C-

The number of physically unhealthy days reported in rural Washington is 4 in 30 days, while urban residents report 3.4 days. The national average is 3.9. Rural Washington ranks 28th.

Low Birth Weight: A

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Washington is 6 percent. The national average is 8 percent. Washington ranks 4th in the category.

ACCESS TO CARE

Primary Care: C

Washington ranks 25th in the U.S. for the number of primary care physicians practicing in rural counties (54.8 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: D

Washington ranks 33rd in the U.S. for the number of psychiatrists practicing in rural counties. Washington has 2.4 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: B+

Washington ranks 13th in the nation for rural access to dental care with 57.1 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: C

16.9 percent of Washington's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Washington is 12.7 percent. Washington is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



WEST VIRGINIA

Along with Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina and Virginia, West Virginia is part of the South Atlantic division of the South U.S. Census region. With the exception of division members Maryland and Delaware (a state with no rural counties), most states in the division have low rural health ranks. West Virginia (39) performed better than Georgia (40) and South Carolina (44), but the Mountain State fell behind Maryland (16), Virginia (32), North Carolina (34) and Florida (37).

39/47

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

West Virginia is one of nine states receiving a failing grade.

WEST VIRGINIA RECEIVED A FAILING GRADE BECAUSE:

West Virginia ranked in the fifth quintile of states for its rates of mortality in rural counties.

West Virginia ranked in the fifth quintile of states for measures of daily health and quality of life in rural counties.

West Virginia ranked in the third quintile of states for health care access in rural counties.

West Virginia is struggling. The opioid overdose death rate in the state ranked highest in the nation in 2015, and a large percentage of the population affected lives in rural areas. Long distances between people and resources contributes to a lack of access to health care, particularly behavioral health care and dental care.

The state's population is also among the oldest in the country. West Virginia is one of only seven states with a median age above 40.

In addition, West Virginia's population has one of the highest rates of adult obesity in the U.S. Among the 54 states and territories that participated in the Behavioral Risk Factor Surveillance System in 2010, West Virginia reported the third highest percentage of obesity. Obesity prevalence does not vary by gender, education or income.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 20 Critical Access Hospitals in the state, as well as 53 Rural Health Clinics and 28 Federally Qualified Health Centers providing services at 270 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban

counties. West Virginia shows a 3.6 percent increase in rural mortality as compared to urban counties. The state ranks 14th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in West Virginia include:

- West Virginia Division of Rural Health & Recruitment: www.dhhr.wv.gov/hpcd/Pages/default.aspx/OCHSHPDivisions/RuralHealthandRecruitment/tabid/1919/Default.aspx
- West Virginia Rural Health Association wvrha.org
- Mid-Atlantic Telehealth Resource Center www.matrc.org
- West Virginia Center for Rural Health Development: wvruralhealth.org

For more information about the data sources used and methodology employed in RHQ's 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

WEST VIRGINIA BY THE NUMBERS

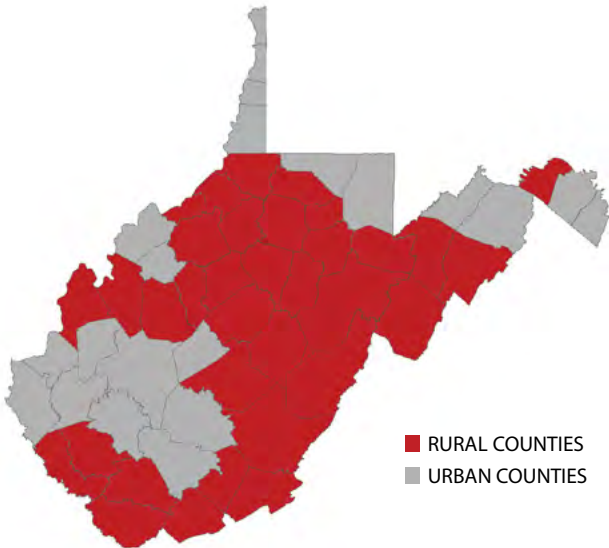
West Virginia has an estimated population of 1,831,102 people, and 38.2 percent live in one of West Virginia's 34 rural counties.

The poverty rate in rural West Virginia is 18.7 percent, compared with 17.4 percent in urban areas of the state.

17.6 percent of the rural population has not completed high school, while 13.4 percent of the urban population lacks a high school diploma.

10.2 percent of rural West Virginia residents are U.S. military veterans, and 15.9 percent of the rural population under age 65 lives with a disability.

95 percent of the state's rural population is Non-Hispanic White, 2.2 percent is Black/African-American, 1 percent is Hispanic/Latino, 0.1 percent is American Indian/Alaska Native and 0.3 percent is Asian.



MORTALITY

Cancer: *F*

Cancer is the leading cause of death in West Virginia, and the state is ranked 44th in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 193.7 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: *D-*

Heart disease is the second leading cause of death in West Virginia, and the state is ranked 36th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 204 per 100,000. The national average is 168.5 per 100,000.

CLRD: *F*

Chronic lower respiratory disease (CLRD) is the third leading cause of death in West Virginia, and the state is ranked 44th in the U.S. for deaths by CLRD among rural residents. The age-adjusted rate for CLRD in rural counties is 68.4 per 100,000. The national average is 41.6 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: *F*

The percentage of West Virginians reporting poor general health is among the highest in the nation. The state ranked 42nd for rural counties (22.7 percent) and last (51/51) for urban counties (19.1 percent).

Mental Health: *F*

Rural residents of West Virginia reported an average of 4.8 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 46th for self-reported mental health in rural counties.

Physical Health: *F*

The number of physically unhealthy days reported in rural West Virginia is 5 in 30 days, while urban residents report 4.8 days. The national average is 3.9. Rural West Virginia ranks 45th.

Low Birth Weight: *F*

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural West Virginia is 9.7 percent, well above the national average of 8 percent. West Virginia ranks 42nd in the category.

ACCESS TO CARE

Primary Care: *B*

West Virginia ranks 16th in the U.S. for the number of primary care physicians practicing in rural counties (60.7 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: *C-*

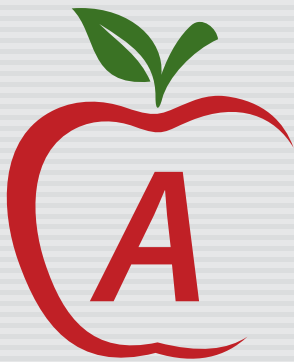
West Virginia ranks 29th in the U.S. for the number of psychiatrists practicing in rural counties. West Virginia has 2.5 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: *D*

West Virginia ranks 33rd in the nation for rural access to dental care with 37.9 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: *B-*

14.8 percent of West Virginia's rural population under age 65 is uninsured. The average uninsured rate for urban residents of West Virginia is 13.1 percent. West Virginia is one of 31 states that adopted Medicaid expansion as offered under the Affordable Care Act. ■



WISCONSIN

Along with Illinois, Indiana, Michigan and Ohio, the Badger State is a member of the East North Central division of the Midwest U.S. Census region. Wisconsin performed considerably better than all other states in the division, which otherwise rank near the middle of the nation for rural health. Wisconsin (7) outperforms Michigan (21), Illinois (27), Ohio (28) and Indiana (29) in the final rankings.

7/47

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

Wisconsin is one of four states receiving a grade of "A"

WISCONSIN RECEIVED A GRADE OF "A" BECAUSE:

Wisconsin ranked in the second quintile of states for its rates of mortality in rural counties.

Wisconsin ranked in the first quintile of states for measures of daily health and quality of life in rural counties.

Wisconsin ranked in the first quintile of states for health care access in rural counties.

Wisconsin is one the nation's top performers in this years RHQ Rural Health Report Card, and the state's Critical Access Hospitals also ranked first in the nation on 28 federal quality measures. Not bad.

The report from the Medicare Beneficiary Quality Improvement Project ranks the health care at Wisconsin's rural hospitals as among the best in terms of patient outcomes. The state ranked high due in part to fewer deaths tied to HIV, less antipsychotic drug use in nursing homes and fewer cases of sepsis after operations. The report also notes that rural hospitals in Wisconsin are more financially stable than most.

Wisconsin health insurance premiums are also growing considerably slower than other states. While Wisconsin decided not to adopt the Medicaid expansion, thousands of previously uninsured Wisconsinites enrolled in health coverage through the state's BadgerCare Medicaid waiver, which increases coverage to low-income populations.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 58 Critical Access Hospitals in the state, as well as 76 Rural Health Clinics and 17 Federally Qualified Health Centers providing services at 101 sites.

URBAN-RURAL DIVIDE

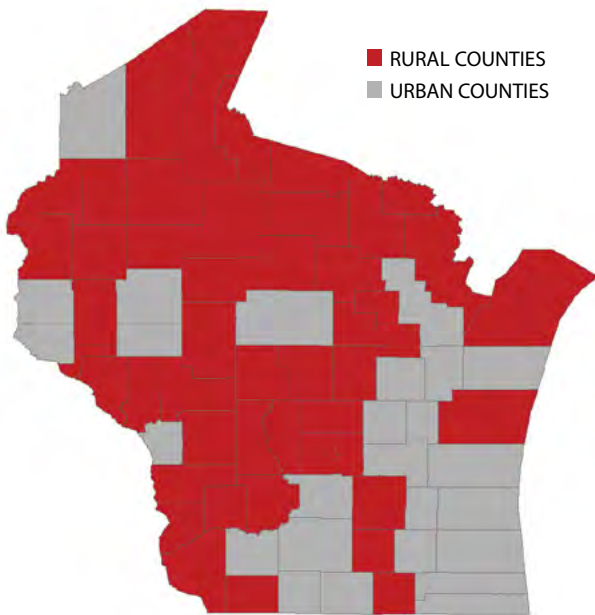
Most U.S. states report a marked difference in health outcomes between rural and urban counties. Wisconsin shows a 4.4 percent increase in rural mortality as compared to urban counties. The state ranks 11th for rural/urban difference in mortality.

RURAL RESOURCES

Rural health resource organizations in Wisconsin include:

- Wisconsin Office of Rural Health worh.org
- Wisconsin Academy for Rural Medicine www.med.wisc.edu/education/md-program/warm
- Great Plains Telehealth Resource Center www.gptrac.org
- Rural Health Initiative wiruralhealth.org
- Rural Wisconsin Health Cooperative www.rwhc.com

For more information about the data sources used and methodology employed in RHQ's 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.



WISCONSIN BY THE NUMBERS

Wisconsin has an estimated population of 5,778,708 people, and 25.9 percent live in one of Wisconsin's 46 rural counties.

The poverty rate in rural Wisconsin is 11.3 percent, compared with 11.9 percent in urban areas of the state.

9.9 percent of the rural population has not completed high school, while 8.6 percent of the urban population lacks a high school diploma.

10.3 percent of rural Wisconsin residents are U.S. military veterans, and 8.8 percent of the rural population under age 65 lives with a disability.

91.8 percent of the state's rural population is Non-Hispanic White, 0.8 percent is Black/African-American, 3.6 percent is Hispanic/Latino, 1.6 percent is American Indian/Alaska Native and 0.9 percent is Asian.

MORTALITY

Cancer: C+

Cancer is the leading cause of death in Wisconsin, and the state is ranked 21st in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 167.1 per 100,000. The national average is 158.5 per 100,000.

Heart Disease: B-

Heart disease is the second leading cause of death in Wisconsin, and the state is ranked 18th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 161.2 per 100,000. The national average is 168.5 per 100,000.

Accidents: A-

Accidents are the third leading cause of death in Wisconsin, and the state ranked 10th out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 48.9 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: B+

The percentage of Wisconsin residents reporting poor general health is relatively low. The state ranked 12th for rural counties (13.5 percent) and 21/51 for urban counties (13.5 percent).

Mental Health: B+

Rural residents of Wisconsin reported an average of 3.4 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 11th for self-reported mental health in rural counties.

Physical Health: B+

The number of physically unhealthy days reported in rural Wisconsin is 4.5 in 30 days, while urban residents report 4.1 days. The national average is 3.9. Rural Wisconsin ranks 12th.

Low Birth Weight: A

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Wisconsin is 6.1 percent. The national average is 8 percent. Wisconsin ranks 6th in the category.

ACCESS TO CARE

Primary Care: B+

Wisconsin ranks 12th in the U.S. for the number of primary care physicians practicing in rural counties (67.6 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: B

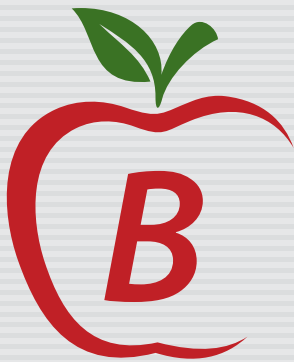
Wisconsin ranks 16th in the U.S. for the number of psychiatrists practicing in rural counties. Wisconsin has 3.7 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: B-

Wisconsin ranks 18th in the nation for rural access to dental care with 52 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: A-

10.5 percent of Wisconsin's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Wisconsin is 8.7 percent. Wisconsin is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■



WYOMING

Along with Arizona, Colorado, Idaho, Montana, Nevada, New Mexico and Utah, Wyoming is part of the Mountain division of the West U.S. Census region. With the exception of high performers Colorado and Wyoming, all states in the division rank near the middle of the nation for rural health. Wyoming (14) ranks higher than Montana (19), Idaho (20), Utah (23), Nevada (30), New Mexico (31) and Arizona (33). The Equality State falls behind only Colorado (12) in the final divisional rankings.

14/47

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

Wyoming is one of four states receiving a grade of “B”

WYOMING RECEIVED A GRADE OF “B” BECAUSE:

Wyoming ranked in the first quintile of states for its rates of mortality in rural counties.

Wyoming ranked in the third quintile of states for measures of daily health and quality of life in rural counties.

Wyoming ranked in the second quintile of states for health care access in rural counties.

Wyoming is wide open. With the exception of people living in and around Cheyenne and Casper, the remaining population lives in rural areas. Nevertheless, the state gets high marks for many measures of rural health care.

The relatively high percentage of babies born in Wyoming with a low birth weight remain a cause for concern, however. The problem has worsened in Wyoming since 2008, and the Wyoming Health Department has said the problem is due in part to women smoking or drinking too much during pregnancy. 13 percent of Wyoming mothers reported smoking in the last three months of pregnancy, according to Wyoming BRFSS and PRAMS Data.

American Indian babies are also 1.9 times as likely to die compared with White babies in the state, according to Wyoming Vital Statistics Services.

Wyoming also continues to have one of the highest rates of suicide in the nation. The state had the fourth-highest rate of deaths by suicide in the country in 2014, according to the CDC. Suicide was the seventh-highest cause of death in the state that year.

RURAL HEALTH CARE FACILITIES

The Rural Health Information Hub, an organization funded by the Federal Office of Rural Health Policy, reports that there are 16 Critical

Access Hospitals in the state, as well as 16 Rural Health Clinics and 6 Federally Qualified Health Centers providing services at 13 sites.

URBAN-RURAL DIVIDE

Most U.S. states report a marked difference in health outcomes between rural and urban counties. Wyoming shows an unusual, and unusually large, decrease (-10.7 percent) in rural mortality as compared to urban counties. As a result, the state ranks first nationally for rural/urban difference in mortality.

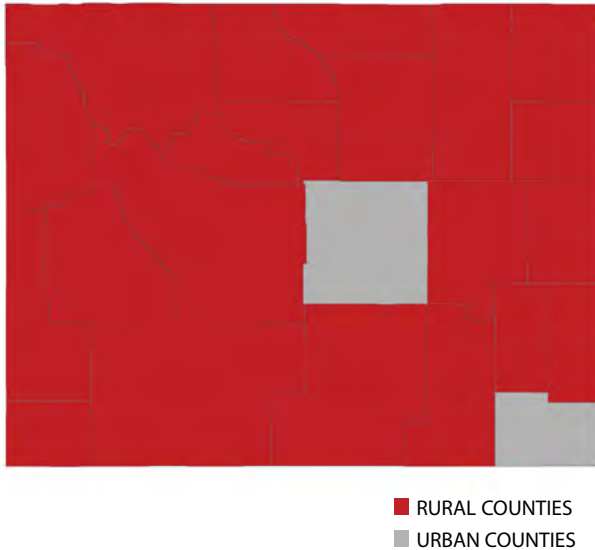
RURAL RESOURCES

Rural health resource organizations in Wyoming include:

- Wyoming Office of Rural Health health.wyo.gov/publichealth/rural/officeofruralhealth
- Wyoming Rural and Frontier Health Division health.wyo.gov/publichealth/rural/
- Northwest Regional Telehealth Resource Center: www.nrtrc.org

For more information about the data sources used and methodology employed in RHQ’s 2017 Rural Health Report Card, visit www.RuralHealthQuarterly.com.

WYOMING BY THE NUMBERS



Wyoming has an estimated population of 585,501 people, and 69.4 percent live in one of Wyoming's 21 rural counties.

The poverty rate in rural Wyoming is 12.1 percent, compared with 9.5 percent in urban areas of the state.

7.7 percent of the rural population has not completed high school, while 7.8 percent of the urban population lacks a high school diploma.

10 percent of rural Wyoming residents are U.S. military veterans, and 8.3 percent of the rural population under age 65 lives with a disability.

85.2 percent of the state's rural population is Non-Hispanic White, 0.6 percent is Black/African-American, 8.9 percent is Hispanic/Latino, 2.4 percent is American Indian/Alaska Native and 0.8 percent is Asian.

MORTALITY

Heart Disease: **A-**

Heart disease is the leading cause of death in Wyoming, and the state is ranked 8th in the U.S. for the number of deaths by heart disease among rural residents. The age-adjusted rate for heart disease in rural counties is 153.1 per 100,000. The national average is 168.5 per 100,000.

Cancer: **A+**

Cancer is the second leading cause of death in Wyoming, and the state is ranked 3rd in the U.S. for deaths by cancer among rural residents. The age-adjusted rate for cancer in rural counties is 137 per 100,000. The national average is 158.5 per 100,000.

Accidents: **F**

Accidents are the third leading cause of death in Wyoming, and Wyoming ranked 43rd out of 47 states for accidental death in rural counties. The statewide rate for accidental death is 70.4 per 100,000. The national average is 43.2 per 100,000.

QUALITY OF LIFE

Fair/Poor Health: **B**

The percentage of Wyomingites reporting poor general health is relatively low. The state ranked 15th for rural counties (13.9 percent) and 23/51 for urban counties (14 percent).

Mental Health: **A-**

Rural residents of Wyoming reported an average of 3.4 mentally unhealthy days in the past 30 days. The national average is 3.7 days. The state ranked 9th for self-reported mental health in rural counties.

Physical Health: **B**

The number of physically unhealthy days reported in rural Wyoming is 3.6 in 30 days, while urban residents report 3.7 days. The national average is 3.9. Rural Wyoming ranks 14th.

Low Birth Weight: **D+**

The percentage of live births with low birth weight (< 5 pounds, 8 ounces) in rural Wyoming is 8.3 percent. The national average is 8 percent. Wyoming ranks 31st in the category.

ACCESS TO CARE

Primary Care: **B+**

Wyoming ranks 11th in the U.S. for the number of primary care physicians practicing in rural counties (67.7 per 100,000). The national average for rural counties is 54.5 per 100,000.

Mental Care: **B+**

Wyoming ranks 13th in the U.S. for the number of psychiatrists practicing in rural counties. Wyoming has 4.7 per 100,000 residents. The U.S. rural average is 3.4.

Dental Care: **B+**

Wyoming ranks 12th in the nation for rural access to dental care with 57.2 dentists per 100,000 rural residents. The national rural average is 42.8.

Uninsured Rate: **C+**

15.6 percent of Wyoming's rural population under age 65 is uninsured. The average uninsured rate for urban residents of Wyoming is 14.8 percent. Wyoming is one of 19 states that did not adopt Medicaid expansion as offered under the Affordable Care Act. ■

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 the details at RHQ@ttuhsc.edu.

31st Annual AHA Rural Health Care Leadership Conference

February 4 - 7, 2018
Arizona Grand Resort and Spa, 8000 S. Arizona Grand Parkway
Phoenix, AZ
www.healthforum-edu.com/rural/overview.dhtml

NRHA Rural Health Policy Institute

February 6 - 8, 2018
Omni Shoreham Hotel, 2500 Calvert Street NW
Washington, D.C.
www.ruralhealthweb.org

Michigan Rural Health Conference

March 3 - 4, 2018
Soaring Eagle Casino and Resort, 6800 Soaring Eagle Blvd.
Mount Pleasant, MI
www.mcrh.msu.edu/events/events2.html

National Association of Rural Health Clinics 2018 Institute

March 19 - 21, 2018
Hyatt Regency Riverwalk, 123 Losoya St.
San Antonio, TX 78205
narhc.org

NWRHC Annual Conference

March 26 - 28, 2018
Davenport Grand Hotel, Spokane, 10 S Post Street
Spokane, WA 99201
www.wrha.com

19th Annual Rural Health Conference: Substance Abuse in Alabama

April 25 - 26, 2018
Bryant Conference Center, 240 Paul W Bryant Drive
Tuscaloosa, AL
rhc.ua.edu

NRHA Annual Rural Health Conference

May 8 - 11, 2018
New Orleans Marriot Hotel, 555 Canal St
New Orleans, LA
www.ruralhealthweb.org

Rural Hospital Innovation Summit

May 8 - 11, 2018
New Orleans Marriot Hotel, 555



Canal St
New Orleans, LA
www.ruralhealthweb.org

NRHA Health Equity Conference

May 8, 2018
New Orleans Marriot Hotel, 555 Canal St
New Orleans, LA
www.ruralhealthweb.org

Rural Medical Education Conference

May 8, 2018
New Orleans Marriot Hotel, 555 Canal St
New Orleans, LA
www.ruralhealthweb.org

Oklahoma Rural Health Conference

May 22 - 23, 2018
Embassy Suites Norman Hotel and Conference Center, 2501 Conference Dr.
Norman, OK 73069
www.rhao.org

Wisconsin Rural Health Conference

June 27 - 29, 2018
Osthoff Resort, 101 Osthoff Avenue
Elkhart Lake, WI
www.wha.org

NRHA SRHA Leadership Conference

July 17 - 18, 2018
Omni Shoreham Hotel, 2500 Calvert Street NW
Washington, D.C.
www.ruralhealthweb.org

NRHA Rural Quality and Clinical Conference

July 18 - 20, 2018
Omni Shoreham Hotel, 2500 Calvert Street NW
Washington, D.C.
www.ruralhealthweb.org

Rural Health Clinic Conference

September 25 - 26, 2018
Sheraton Kansas City Hotel at Crown Center, 2345 McGee Street
Kansas City, MO
www.ruralhealthweb.org

Critical Access Hospital Conference

September 27 - 29, 2018
Sheraton Kansas City Hotel at Crown Center, 2345 McGee Street
Kansas City, MO
www.ruralhealthweb.org

35th Annual Oregon Rural Health Conference

October 3 - 5, 2018
The Riverhouse, 3075 N. Business 97 Bend, OR
www.ohsu.edu/xd/outreach/oregon-rural-health/contact.cfm

National Association of Rural Health Clinics Fall 2018 Institute

October 23 - 25, 2018
Hyatt Regency Lake Tahoe, 111 Country Club Drive
Incline Village, NV
narhc.org ■



TEXAS
RURAL HEALTH
ASSOCIATION

Making a Healthy Difference for Rural Texans



SERVING THE TEXAS RURAL HEALTH COMMUNITY

The obstacles faced by health care providers and patients in rural areas are vastly different than those in urban areas. The Texas Rural Health Association (TRHA) is a nonprofit organization whose primary goal is to improve the health of rural Texans. Since 1984, individuals and organizations of TRHA have been dedicated to providing leadership on rural health care issues through advocacy, communication, and education.



THE TRHA MISSION

- ❖ Promote rural health as a distinct concern in Texas.
- ❖ Serve as a strong and unifying voice for concerned citizens, community leaders, public officials, and health care providers and organizations working to improve rural health in Texas.
- ❖ Advocate for rural health and promote an enhanced status and improved health system for rural Texans.
- ❖ Provide a forum for exchange and distribution of information and ideas related to improvement of rural health.
- ❖ Encourage the development of appropriate health resources to all rural areas of Texas.

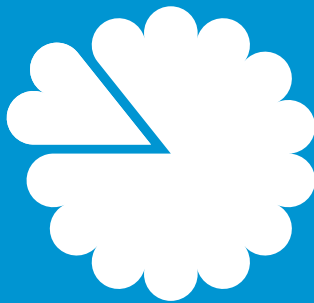


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