

## Why Rural Health?

About 61 million (15%) of Americans reside in rural areas.



## Infrastructure

Since 2010, nearly 170 rural hospitals have closed or discontinued inpatient services. Currently, 50% of rural hospitals operating on on negative margins. When a rural hospital closes, not only does the community lose access to vital health care, but a major employer and community lynchpin exits, affecting the larger community.

## Rural Barriers to Access

People living in rural areas are at greater risk of poor health conditions due to:

- Health care workforce shortages
- Lower rates of health insurance coverage
- Limited availability of health care and public health services
- Vulnerable health care facilities
- Distance and transportation limitations
- Inadequate broadband access
- Higher prevalence of chronic disease
- Lower socio-economic population

### Critical Access Hospitals (CAHs)

CAHs reduce the financial vulnerability of rural hospitals and improve access to healthcare by keeping essential services in rural communities through receiving certain benefits, such as cost-based reimbursement for Medicare services.

1,353

CAHs  
operating  
in the US

### Rural Prospective Payment System (PPS) Hospitals

Recognizing that many rural hospitals are the only health care facility in their communities and that their survival is vital to ensure access to health care, Congress created special PPS designations including Sole Community Hospitals (SCH), Medicare Dependent Hospitals (MDH), and Low Volume Hospitals (LVH).

2,231

current rural  
PPS hospitals  
in the US

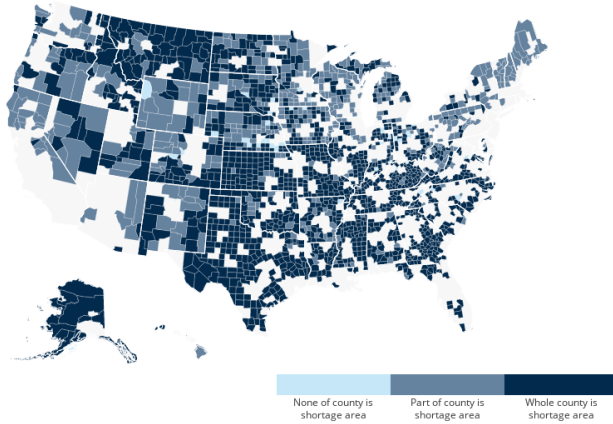
### Rural Health Clinics (RHCs)

RHCs are public, nonprofit, or for-profit healthcare facilities that use a team approach to healthcare delivery, using advanced practice nurses and physician assistants to provide services. To receive Centers for Medicare & Medicaid Services (CMS) certification, RHCs must be located in a non-urban area that is designated as underserved.

62%

of the rural  
population are  
served by RHCs

Health Professional Shortage Areas: Primary Care, by County, 2023 - Nonmetropolitan



Source: [data.HRSA.gov](https://data.HRSA.gov), May 2023.

Only 10% of US physicians practice in rural areas, despite rural representing nearly 20% of the US population.

## Equity

Rural areas are more likely to be affected by social determinants of health and inequities that prevent proper healthcare access and impact health outcomes, such as:

- Higher rates of unemployment and poverty- rural median incomes average 20% below urban areas, with 25% of rural children living in poverty
- Access to safe and affordable housing- 6% of homes in rural are considered of inadequate quality
- Access to healthy food- 15% of rural households are food insecure
- Access to childcare and early childhood development- 59% of rural communities are classified as child care deserts
- Access to safe and affordable transportation

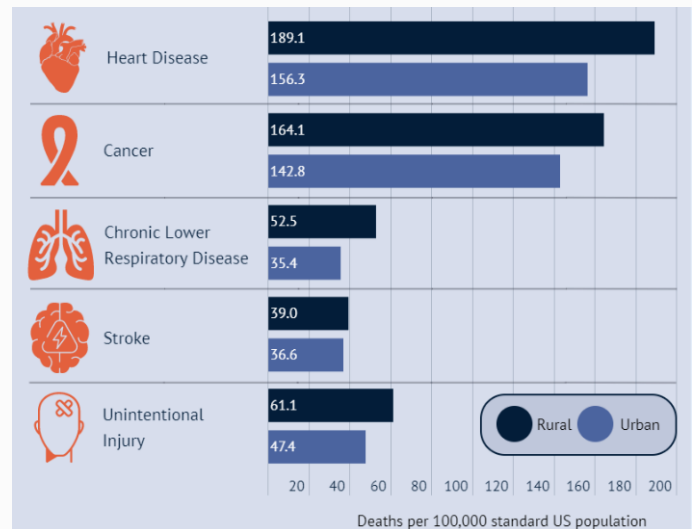
Rural residents have greater transportation difficulties reaching health care providers, often traveling twice the distance compared to urban residents for care.

## Workforce

80% of rural America is medically underserved.

Students who train in a rural area are more likely to practice in a rural area. A recent study showed the likelihood of rural practice among family medicine residents experiencing at least 50% rural training time was 5-fold higher than those who did no rural training during their rotations.

## Rural Mortality Disparities



Source: [NIHCM.org](https://www.nihcm.org)

53% of rural Americans lack access to 25 Mbps/3 Mbps of bandwidth, the benchmark for internet speed. Lack of high-speed internet can be a hindrance to using telehealth to access health care.