

Your voice. Louder.

NATIONAL RURAL HEALTH ASSOCIATION



Who we are

The National Rural Health Association is a national nonprofit and nonpartisan membership organization with more than 21,000 members. NRHA membership consists of a diverse collection of individuals and organizations, all of whom share the common bond of an interest in rural health. The delivery of health care in rural America is drastically changing. NRHA strives to improve the health of the 60 million who call rural America home.

2018 NRHA

Rural Health Champions

Legislative Award

Senator Joe Manchin (D-WV)
Senator John McCain (R-AZ)
Senator Susan Collins (R-ME)
Representative Lynn Jenkins (R-KS-2)
Representative Cheri Bustos (D-IL-17)
Representative Terri Sewell (D-AL-7)

Legislative Staff Award

Steffanie Bezruki
- office of Rep. Cheri Bustos (D-IL)
Beth Wikler
- office of Sen. Tina Smith (D-MN)
Taylor Hittle
- office of Rep. Markwayne Mullin (R-OK)

Our mission:

To provide leadership on rural health issues through advocacy, communications, education and research.

What we fight for

NRHA fights for access to care.

Rural populations are per capita older, poorer and sicker than their urban counterparts. Yet, medical deserts are appearing across rural America leaving many of the most vulnerable populations without timely access to care. Continued cuts have severely hurt rural providers, creating job loss and negative changes in service availability.

NRHA fights for a robust rural workforce.

Rural areas have far fewer health care providers and face dramatic challenges in recruiting and retaining a health care workforce. 77% of rural counties in the United States are Primary Care Health Professional Shortage Areas while 9% have no physicians at all. The uneven distribution of health care providers between rural and urban areas represents an inequality regarding access of care and has an impact on the health of the populations.

NRHA fights to support strong funding for the rural health safety net.

The federal investment in rural health programs is a small portion of federal health care spending, but it is critical to rural Americans. These safety net programs increase access to health care providers, improve health outcomes for rural Americans and increase the quality and efficiency of health care delivery in rural America.

Rural Americans – the facts:

Rural residents make up about 20% of the U.S. population but 23% of Medicare beneficiaries. Those 60 million rural Americans are scattered over 95% of the landmass in the U.S.

Rural Americans are older and sicker than their urban counterparts, suffering higher rates of chronic disease such as heart disease and diabetes.

According to a January 2017 Center for Disease Control study, a higher percentage of rural Americans die prematurely.

The opioid crisis is catastrophic in rural America. In fact, the rate of overdose deaths in non-metro counties is 45% higher than in metro counties.

Extreme distances, weather, geography, systemic health care workforce shortages and the hospital closure crisis make access to care the prevailing concern for rural patients.

In an emergency, rural patients must travel twice as far as urban residents to the closest hospital. As a result, 60% of trauma deaths occur in rural America, even though only 20% of Americans live in rural areas.

#RuralHealthDisparities

Health care in rural America is critical to the communities overall wellbeing. It can comprise as much as 20% of the rural economy.

200,000 jobs were lost annually in rural America during the Great Recession, and 19% of rural Americans, including 25% of rural children, are still living in poverty.

In most rural communities, the hospital is the first or second largest employer, but only if the community still has a hospital. 88 rural hospitals have closed since 2010, and 674 (1/3 of all rural hospitals) are vulnerable to closure.

44% of rural hospitals operate at a loss and 30% operate below a -3% margin. Rural hospitals have absorbed a combined \$318 million in cuts under sequestration, resulting in a loss of 7, 129 community health care jobs and a \$769 million loss to GDP.

If all 674 vulnerable hospitals close, we will lose 99,000 direct health care jobs and 137,000 community jobs, and \$277 billion in GDP. Per-capita annual rural incomes will decrease by \$703.

#RebuildRural #SaveRural