

# THE STATE OF RURAL HEALTHCARE IN THE U.S.



**1** IN **5** U.S. RESIDENTS LIVE IN A RURAL AREA (65 MILLION PEOPLE)<sup>1</sup>



**1** IN **4** AMERICANS LIVE MORE THAN 1 HR. FROM A LEVEL I OR II TRAUMA CENTER (85 MILLION PEOPLE)



**134** RURAL HOSPITALS HAVE CLOSED SINCE 2010<sup>2</sup>



PATIENT TO PRIMARY CARE PHYSICIAN RATIO

RURAL: **100K** TO **39.8**<sup>5</sup>

URBAN: **100K** TO **53.3**<sup>6</sup>



AN ESTIMATED **1/3** OF RURAL HOSPITALS ARE AT RISK FOR CLOSING<sup>3</sup>



**40%** OF RURAL HOSPITALS HAVE NEGATIVE OPERATING MARGINS



**\$902K-\$9.5M** LOST IN WAGES, SALARIES, AND BENEFITS FOR RURAL RESIDENTS DUE TO CLOSURES<sup>4</sup>

**MORTALITY RATES** FOR THE 5 LEADING CAUSES OF DEATH ARE ALL **HIGHER IN RURAL AREAS.**



HEART DISEASE



CANCER



ACCIDENTAL INJURY



LOWER RESPIRATORY DISEASE



STROKE



RURAL HEALTHCARE AFFORDABILITY, GEOGRAPHIC PROXIMITY, AND OVERALL QUALITY ARE LESS THAN THAT IN NON-RURAL AREAS<sup>7</sup>



RURAL EMERGENCY DEPARTMENTS ARE **LESS LIKELY TO BE STAFFED BY EMERGENCY MEDICINE PHYSICIANS** AND MORE LIKELY TO BE STAFFED BY FAMILY MEDICINE PHYSICIANS, OR SOMETIMES ADVANCED PRACTICE PROVIDERS LIKE NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS.

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