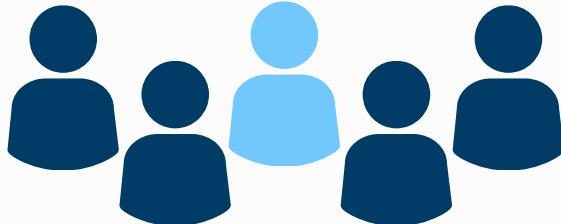


# Rural Health 101

## Why Rural Health?

**About 62 million (20%) of Americans reside in rural areas.**



### Infrastructure

**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 status

Since 2010, over 200 rural hospitals have closed or discontinued inpatient services. Nearly 50% of rural hospitals operate 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.

### Critical Access Hospitals (CAHs)

The CAH designation reduces the financial vulnerability of rural hospitals and improves access to healthcare by keeping essential services in rural communities through receiving cost-based reimbursement for Medicare services.

### 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).

### Rural Health Clinics (RHCs)

RHCs increase access to primary care in rural, underserved communities. RHCs receive cost-based reimbursement for providing services and must use a team-based approach to care including physician and non-physician practitioners.

**1,377**

CAHs operating in the US

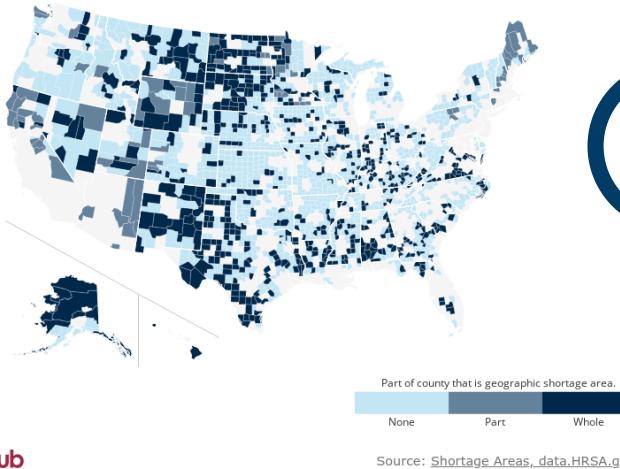
**979**

current rural PPS hospitals in the US

**5,461**

RHCs serve the rural population

Health Professional Shortage Areas: Primary Care, Geographic, by County, October 2025 - Nonmetropolitan



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

## Rural Opportunity

Rural areas are more likely to be affected by social determinants of health and challenges 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 healthy food:** 15.9% of rural households are food insecure
- **Access to childcare and early childhood development:** 63.3% of classified child care deserts are in rural, low-income areas
- **Access to safe and affordable transportation**
- **Access to affordable internet connection speeds**

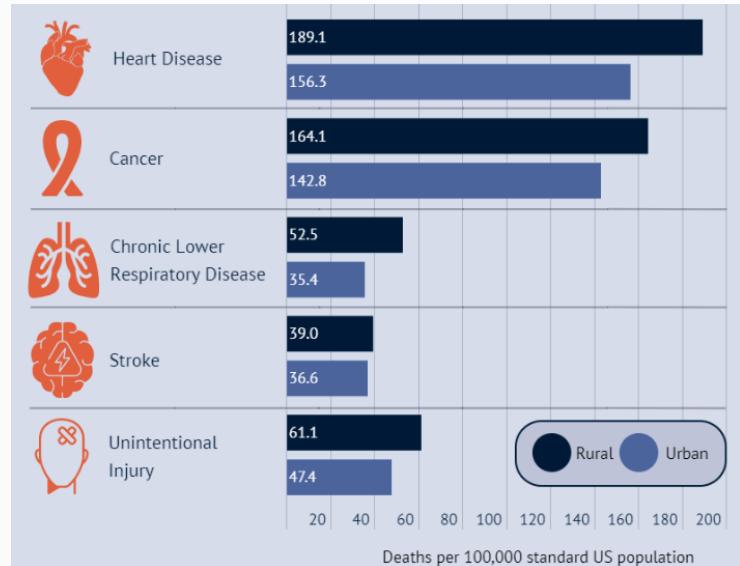
Rural residents have greater transportation difficulties reaching health care providers, often traveling twice the distance compared to urban residents for care.

## 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](#).

22.3% of rural Americans and 27.7% of Americans in Tribal lands lack access to 25 Mbps/3 Mbps of broadband bandwidth, the benchmark for internet speed. Lack of high-speed internet can be a hindrance to using telehealth to access health care.