



Beyond the County Line: Understanding Rural Health

Center Forward Basics

April 2025

Overview

A unique set of geographic, economic, and demographic factors shapes access to healthcare in rural America. Rural communities span vast distances, often lack robust infrastructure, and experience significant challenges in attracting and retaining healthcare providers of all kinds including professional, paraprofessional, paid and unpaid caregivers etc. These barriers contribute to persistent disparities in access to care, health outcomes, and life expectancy compared to urban populations. The U.S. Census Bureau and the Office of Management and Budget officially define rural areas based on population density and distance from metropolitan centers. Nearly 60 million Americans live in rural areas, yet many face disproportionately high rates of poverty, disability, and chronic illness.

Rural Americans are more likely to be older and underinsured, with a higher likelihood of relying on public insurance such as Medicaid or Medicare. A 2023 report from Georgetown University found Medicaid plays an outsized role in small towns and rural areas, providing coverage for millions of individuals with low incomes and helping to sustain local health systems. However, inconsistent insurance coverage, especially in non-expansion states, continues to create coverage gaps affecting individual patient health and hospital finances. Geographic isolation further compounds these disparities. People often delay or forgo care altogether when they do not have access to reliable transportation, particularly specialist visits or non-urgent but necessary preventative or follow-up care. The closure of more than 130 rural hospitals since 2010, with more at risk, has left significant swaths of rural America without emergency or inpatient care, sometimes requiring travel of over an hour to the nearest hospital. Rural health does have some positives to build on including higher rates of trust, familiarity, and community-based approaches.

In this Basic, we explore complex challenges to rural health, including workforce shortages, closures, and inequities contributing to proportionally poorer health outcomes.

Public Health Frontlines

Public health in rural areas reflects broader systemic challenges, magnified by geographic and social isolation. One particularly acute issue is firearm-related injury and death. Although commonly associated with urban violence, studies have found rural areas experience higher per capita firearm fatalities, driven largely by suicides and unintentional shootings. Cultural norms around gun ownership and limited access to mental health services have made firearm safety

Center Forward Basics

Center Forward brings together members of Congress, not-for-profits, academic experts, trade associations, corporations and unions to find common ground. Our mission: to give centrist allies the information they need to craft common sense solutions.

Key Statistics:

- Rural Americans are 40% more likely to experience preventable hospitalizations from chronic conditions
- Rural suicide rates are nearly double urban areas
- At least 1,200 independently owned rural pharmacies have closed between 2003-2021
- More than 75% of rural residents lack mental health services within 30 minutes
- 25% of children in rural areas are covered by Medicaid or CHIP
- 10% of physicians and 8% of pharmacists practice in rural areas (20% of the population)
- 88% of rural counties are considered primary care health professional shortage areas
- 35% of rural hospitals operate at a financial loss
- 4% of new physicians choose to practice in rural areas
- Rural adults are 1.5X more likely to be uninsured than their urban counterparts
- 37% of Medicare beneficiaries have no access to a local

a pressing but under-addressed issue in these communities. Public health researchers emphasize the need for culturally competent and community-based interventions that emphasize safe storage and reduce stigma around mental health care.

- Medicare Advantage plan
73% of employees favor telehealth flexibilities

Substance use is another significant public health crisis disproportionately affecting rural areas. Opioid use disorder, methamphetamine abuse, and alcohol dependency remain major concerns, yet treatment resources remain sparse. According to the CDC and the Rural Health Information Hub, rural residents are more likely to die from overdoses than their urban peers, in part because of longer response times, fewer treatment centers, and gaps in local harm reduction resources. Expanding the availability of Narcan, medication-assisted treatment (MAT), syringe exchange programs, and integrated behavioral health models is essential to reducing the prevalence of substance use disorder in rural areas.

Maternal health disparities are also especially pronounced in the rural patient population. Pregnant individuals in rural areas often lack access to prenatal care and birthing facilities. Over 50% of rural counties lack obstetric services entirely, contributing to increased maternal and infant mortality. Women who live in rural areas are also more likely to deliver without access to doulas or midwives, both of which are linked to improved outcomes. With many labor and delivery units closing, doulas are vital for healthcare access. These gaps are even more stark for Black, Hispanic, and American Indian/Alaska Native women, who face intersecting racial and geographic barriers to care. Federal initiatives like the HRSA Rural Maternity and Obstetrics Management Strategies (RMOMS) and home visiting programs have shown promise in stemming these inequalities.

Bridging the Rural Health Access Gap

Access to care in rural America extends beyond physical distance. It is a multifaceted challenge encompassing workforce shortages, technological limitations, and underfunded infrastructure. Primary care access is especially limited, with over 60% of Health Professional Shortage Areas (HPSAs) located in rural or partially rural counties. Specialty care—such as oncology, endocrinology, and cardiology—is even more scarce. Community Health Centers (CHCs) and Rural Health Clinics (RHCs) serve as critical access points, providing services to millions of residents annually. However, demand for these services far exceeds capacity, particularly in mental health and behavioral substance use disorder care and services.

To help address workforce shortages, rural communities increasingly rely on physician assistants (PAs), nurse practitioners (NPs), and other non-physician providers. These professionals can offer high-quality, cost-effective care, especially in primary and urgent care settings, but do not replace physicians. Studies from the Journal of the American Academy of PAs (JAAPA) and the California Health Care Foundation (CHCF) show PAs and NPs are often the sole healthcare providers in remote clinics. Recruitment and retention of all kinds of providers remains difficult due to professional isolation, lower pay, and limited support.

Telehealth has emerged as a promising solution to access challenges by offering virtual therapy and psychiatric care for many patients who live in rural areas. Rather than traveling great distances to access care, individuals can seek help from a greater number of locations, often closer to where they reside. Still, rural broadband infrastructure remains inconsistent, limiting the reach of these services. Some groups suggest federal regulations permitting the use of audio-only care where clinically appropriate and efforts like the USDA ReConnect Program and the FCC's Affordable Connectivity Program are essential to closing the access digital divides. Additionally, some groups have urged Congress to extend first dollar coverage for Health Savings Accounts (HSAs) to telehealth services. According to these advocates, this change would expand access through employer sponsored coverage.

Pharmacy Deserts and Prescription Disconnects

Pharmacies serve as more than just dispensaries in rural communities—they are essential healthcare hubs, offering immunizations, health screenings, medication counseling, and chronic disease management. As a result, rural communities are

at risk of losing critical healthcare services if their pharmacy or pharmacies close. When a rural community loses retail pharmacy services, rural residents may need to travel long distances to receive in-person pharmacy services including basic medicines and healthcare supplies.

The closures of rural pharmacies have direct consequences for public health. Patients are more likely to experience gaps in medication adherence, delays in treatment, and reduced access to preventive care like flu shots or blood pressure checks. At the same time, technological innovation offers new possibilities. The increasing use of oral therapeutics, particularly small-molecule drugs, can be shipped directly to patients, providing a promising solution for chronic disease management in areas lacking medical infrastructure. Additionally, mail-order pharmacy services can provide essential access to medications, counseling, and medication adherence services in underserved areas and for medications requiring specialized clinical care, distribution, handling, or administration.

Outlook and Conclusion

Rural health sits at the intersection of nearly every major healthcare challenge—from workforce and infrastructure to maternal health, behavioral health care, and access to innovation. Despite serving one in five Americans, rural communities face disproportionate barriers that often go unseen in national debates. Addressing these disparities is not a partisan issue—it is a shared goal. Ensuring geography does not determine health outcomes will require creative thinking, targeted investment, and continued collaboration across sectors and the aisle.

Link to Additional Resources

- American Association of Medical Colleges: [Attracting the next generation of physicians to rural medicine](#)
- American Hospital Association: [Enhanced Premium Tax Credits Affecting Patients in Rural Communities](#)
- American Journal of Public Health: [Urban-Rural Differences in Suicide](#)
- Aspen Center: [What We Learned - Rural Narrative Change](#)
- California Healthcare Foundation: [Nurse Practitioners in Underserved Communities](#)
- Center for Disease Control: [Preventing Chronic Disease and Promoting Health in Rural Communities](#)
- Center for Disease Control: [Suicide in Rural America](#)
- Chartis Group: [Unrelenting Pressure Pushes Rural Safety Net Crisis into Uncharted Territory](#)
- Chartis Group: [2025 Rural Health State of the State](#)
- Children's Hospital Association: [Overcoming Rural Health Care Challenges](#)
- Children's Hospital Association: [Sustaining a Rural Workforce](#)
- Department of Agriculture: [Rural-Urban Continuum Codes](#)
- Federation of American Hospitals: [Rural Health Agenda](#)
- Future of Pharmacy Care Coalition: [Resources](#)
- Georgetown University: [Medicaid's Coverage Role in Small Towns and Rural Areas](#)
- Government Accountability Office: [Maternal Mortality and Morbidity](#)
- HealthAffairs: [Declines in Pediatric Mortality Fall Short for Rural US Children](#)
- HealthFORCE: [Resources](#)
- Journal of the American Academy of PAs: [Physician assistants in rural communities](#)
- Journal of the American Academy of PAs: [Physician assistants and nurse practitioners in rural EDs](#)
- Kaiser Family Foundation: [Key Facts about the Uninsured Population](#)
- MedPAC: [Medicare Advantage Status Report](#)
- National Rural Health Association: [Rural Health](#)
- National Academies of Science, Engineering, and Medicine: [Rural Transportation Issues](#)
- National Rural Health Association: [Systemic Review of Factors Impacting Suicide Among Rural Adults](#)
- National Rural Health Research Center: [Collaborating and Innovating to Improve Health of Rural Communities](#)
- Rural Health Research Gateway: [Projected Contributions of Nurse Practitioners for Opioid Use Disorder in Rural Areas](#)