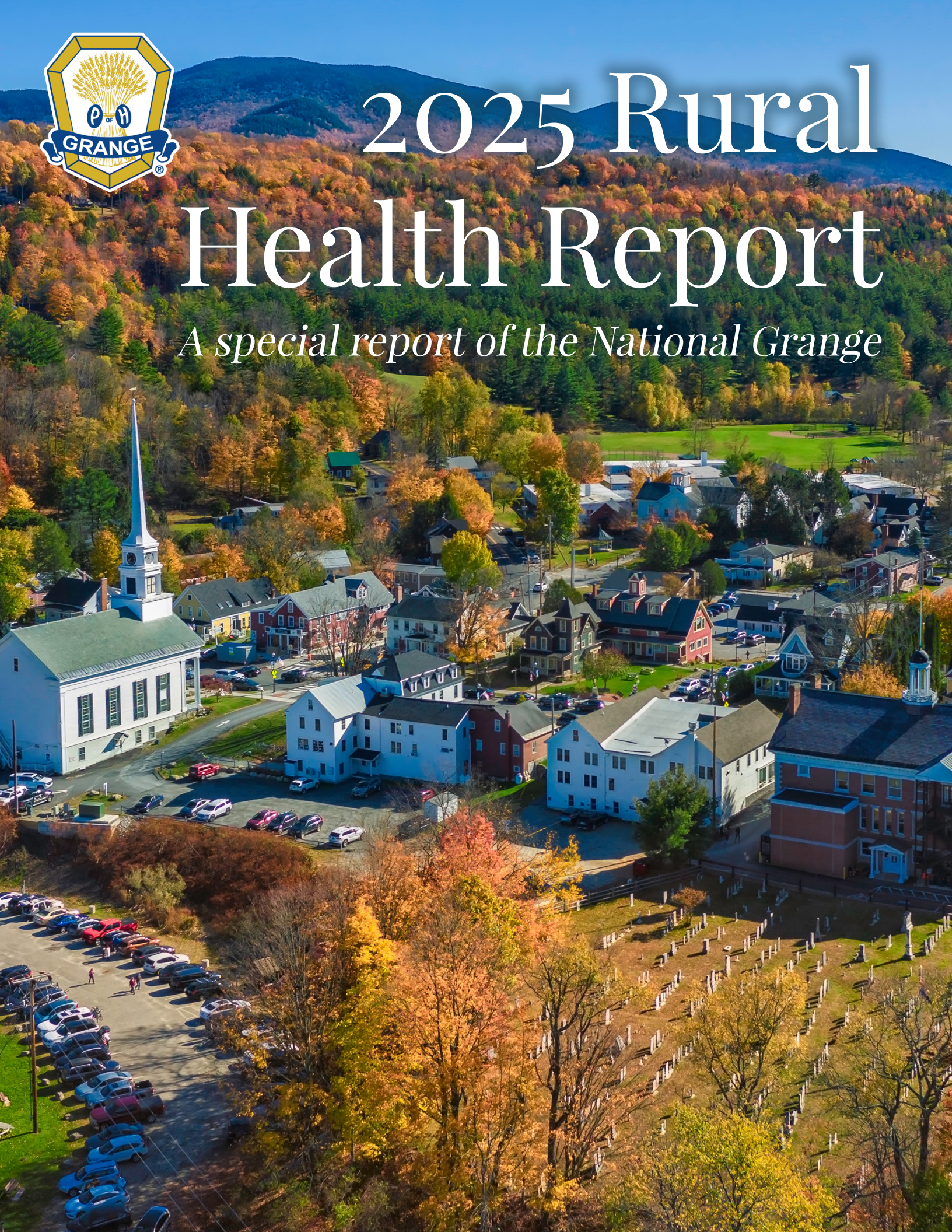

2025 Rural Health Report

A special report of the National Grange

WHAT IS THE GRANGE?

OFFICIAL NAME:
The National Grange of the Order of Patrons of Husbandry

ESTABLISHED: 1867

HEADQUARTERS:
1616 H St. NW,
Washington, DC

MISSION: "Strengthening individuals, families and communities through service, education, nonpartisan grassroots advocacy and agricultural awareness."

MOTTO: "In essentials, unity; in non-essentials, liberty; in all things, charity.

STRUCTURE: The National Grange is a grassroots organization with local chapters, also called Granges, in roughly 1,400 communities and rural areas across the United States. Each local Grange sets their agenda for service. education and outreach based on the needs of their community.

MEMBERSHIP: 140,000

KEY PRIORITY ISSUES:

- **Rural Broadband Expansion**
- **Farm Bill and legislation favorable for agricultural producers**
- **Quality Healthcare & Education**

What Is the Grange?

The Grange, founded in 1867, is one of America's oldest grassroots organizations. Built on values of education, advocacy, and community, it brings together people who care about rural life and want to make a difference.

The Grange Is Grassroots Advocacy

We give members a voice—from town halls to Capitol Hill. Whether it's protecting farms or expanding rural broadband, Grangers help shape policy and stand up for rural communities.

The Grange Is Community Service

Grangers roll up their sleeves to support neighbors—organizing food drives, youth programs, and community events. We know our towns, and we work hard to make them better.

The Grange Is a Family

As a fraternal organization, the Grange offers more than membership—it builds lasting relationships. Through shared values and mutual support, members form strong bonds that strengthen both the organization and the communities we serve.

Join Us

Whether you're a farmer, a neighbor, or simply someone who cares about your community—there's a place for you in the Grange. Come be part of something meaningful.

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including graphs, charts, and infographics

The ***2025 Rural Health Report*** is a publication of the National Grange located at 1616 H St. NW, Suite 300, Washington DC 20006.

Lily Thomas and Chloe Schmitz co-authored and curated this piece.

with assistance from Legislative Director Burton Eller and Communications Director Philip J Vonada

The Grange is a longstanding advocate for rural communities, championing policies, especially in healthcare, that address the unique needs of rural Americans. We promote civic engagement across all age groups and empower our members to lead in shaping policy. To learn more about the Grange or submit questions regarding this report, please visit https://www.nationalgrange.org/ or contact info@nationalgrange.org.

Setting the Stage

The State of Health in Rural America

Five years after the onset of the COVID-19 pandemic, both long-lasting and new challenges persist in the U.S. healthcare system. However, few are as acutely experienced as those confronting rural America.

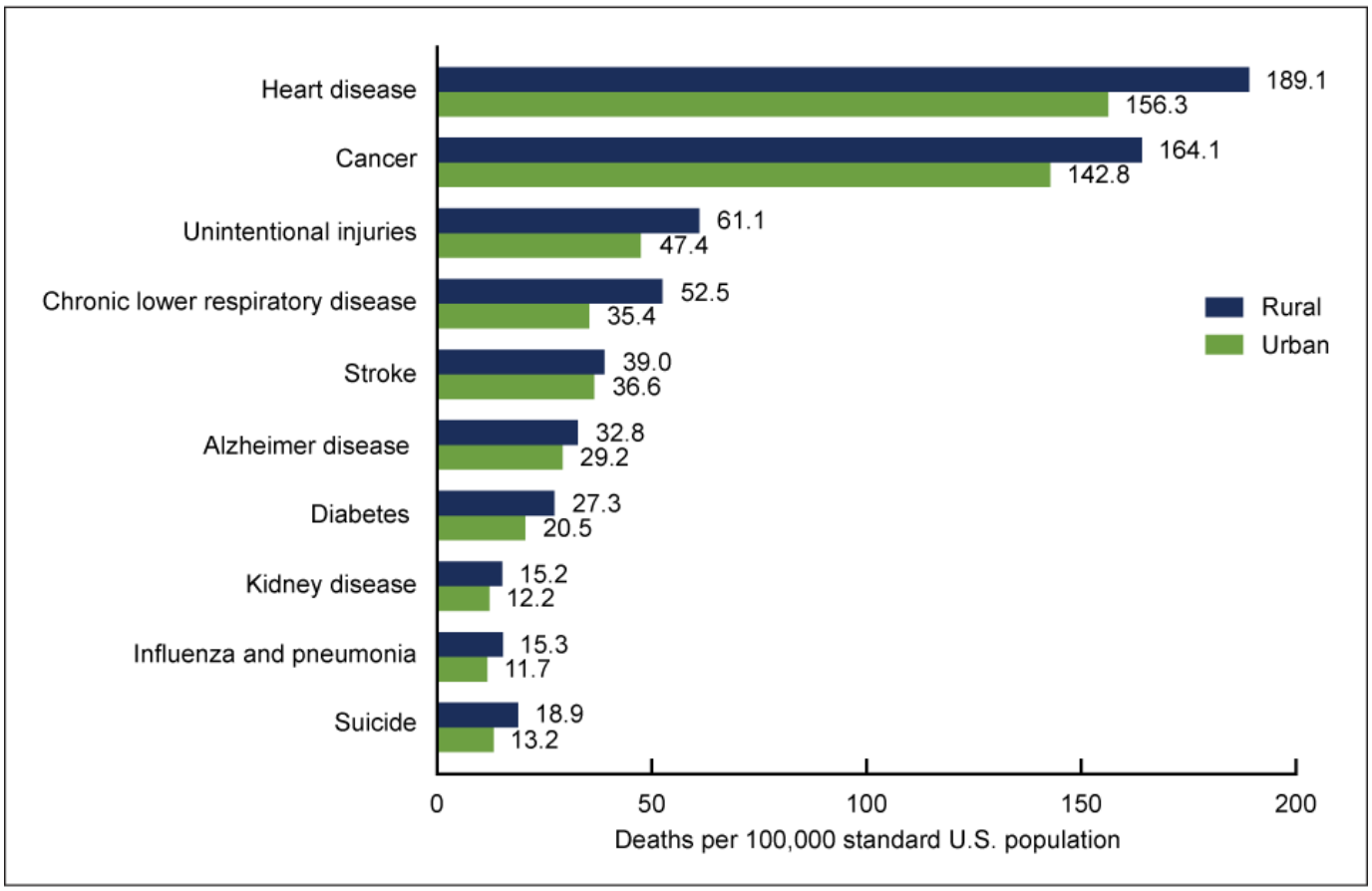
Healthcare has been in the national spotlight for decades; yet, debates over the Affordable Care Act, Medicaid expansions, supplemental nutrition programs, and rural hospital funding have once again taken center stage. While the pandemic faded from our daily lives, in its wake, it left a trail of deepened disparities and reshaped lasting issues, especially in the small towns and communities that form the backbone of rural America.

In recent years, rural communities have faced some of the most significant and damaging consequences for healthcare.

In recent years, rural communities have faced some of the most significant and damaging consequences for healthcare. Rural hospital closures have persistently continued at an alarming rate, with hundreds more at risk today. Entire regions have been left without proximate access to care, forcing residents to drive hours to obtain even basic services. Access to insurance has become increasingly complex, and critical public programs that these communities rely on face ongoing threats.

Jimmy Gentry, North Carolina State Grange President, recounted having to drive over 50 miles to the city to see a specialist, a journey infeasible for many rural Americans. While many of these issues are not new, they are becoming more urgent. Lack of preventative care, heightened exposure to environmental risks,

Age-adjusted death rates for the 10 leading causes of death, by urban-rural classification (2019)



NOTES: Urbanicity of county of residence is based on the 2013 NCHS Urban-Rural Classification Scheme for Counties; see Data source and methods. Causes of death are ranked according to the number of deaths for the total population. Rates for all causes in rural areas were significantly higher than rates in urban areas ($p < 0.05$). Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db417-tables.pdf#3.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

occupational hazards, increased cancer and chronic disease rates, deepening financial insecurity, and a plethora of other issues all contribute to the unremitting health crisis in rural America.

As the future of healthcare continues to be debated, one thing remains clear: rural communities must not be excluded in the coming wave of reform and funding. They risk falling even further behind, perhaps irreversibly so.

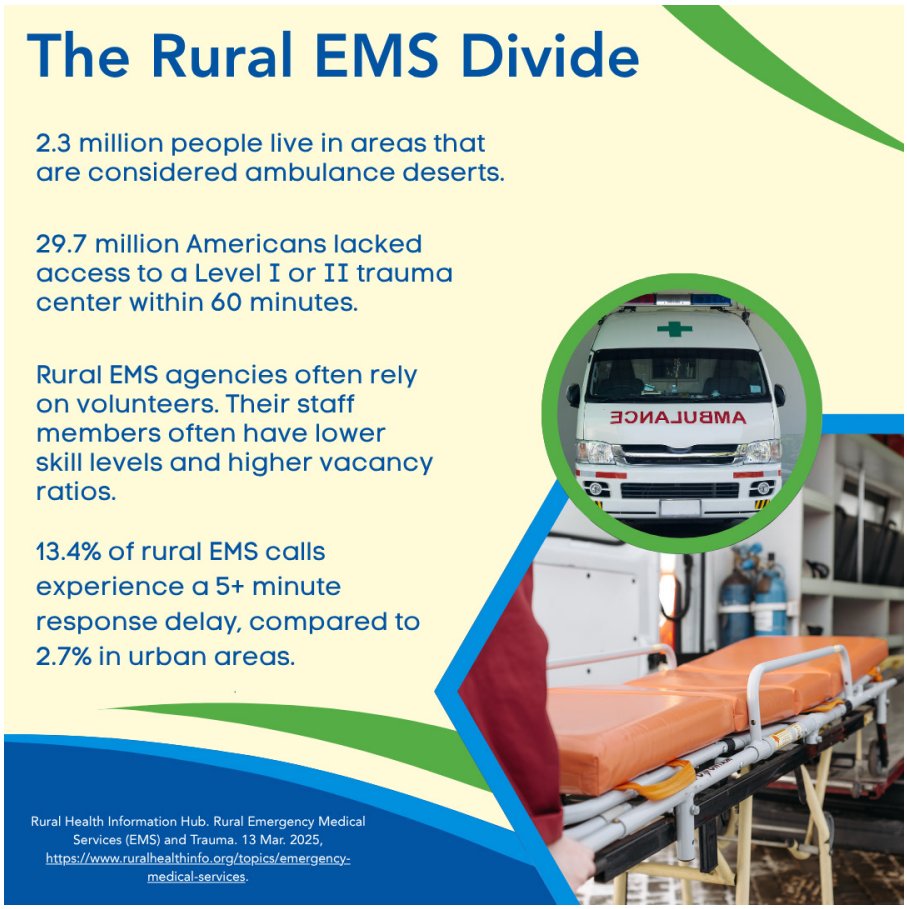
Where Does It Start?

The cracks within rural America's healthcare system have widened in recent years. While some may view them as separate, most of these issues stem from a single foundational issue: the persistent lack of access. Following the COVID-19 pandemic, the collapse of rural health systems has become an increasingly visible and pressing crisis. Since 2005, over 180 rural hospitals have closed, with many more undergoing major conversions.[1]

As of today, over 700 rural hospitals are at risk of closing or are facing significant cuts.[1] The slow erosion of the healthcare system in rural America has now been thrown into a full-blown emergency.

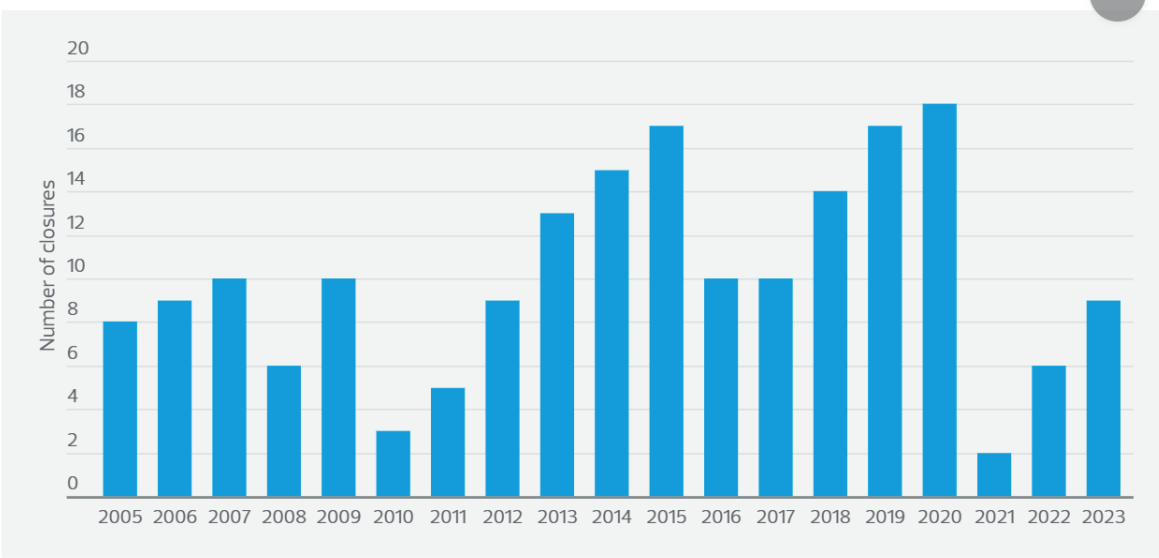
The issues themselves are neither surprising nor new. For decades, rural hospitals have operated on a fine line and thin margins, struggling under inadequate funding, lack of support, increasing competition from major systems, and rising demand.[1] The pace of the closures is increasing at an alarming rate, with no sign of slowing down. Charlene Shupp Espenshade, a Grange member from Pennsylvania, recounts her father having to drive over an hour to find a doctor to do his CDL physical. As debates over some major funding and support systems continue, the question of how rural hospitals will function without additional funding is at the forefront of everyone's minds.

Some of the most crucial national programs supporting these hospitals now face growing political threats. The Affordable Care Act, which helped reduce the uninsured rate from 23.8% in 2010 to 12.6% in 2023,[2] remains at the forefront of repeal and rollback efforts. These smaller rural hospitals already



RURAL HEALTH POST-COVID

Rural hospital closures 2005–2023



Source: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

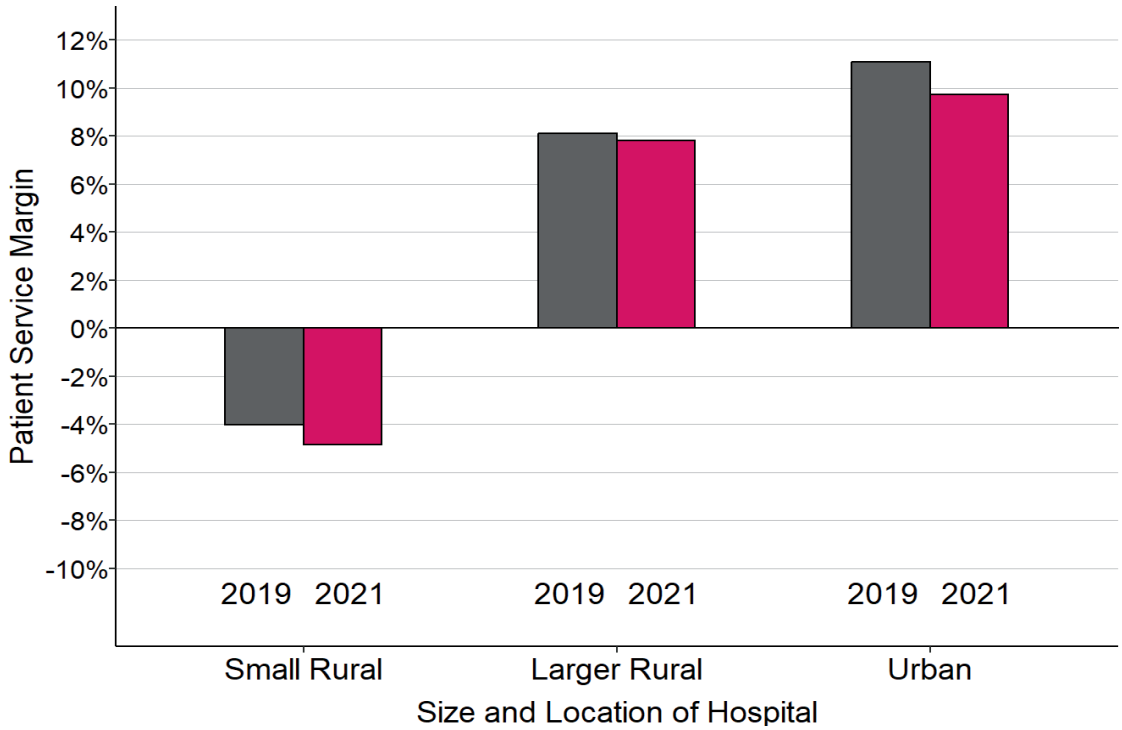
Since COVID and 2020, 35 rural hospitals have closed.

23% of rural hospitals are at risk of closure

PANDEMIC'S ZOOMTOWN EFFECT

Remote workers moving to rural areas during the pandemic drove up housing demand, causing home prices and rents to spike. Longtime residents are facing possibilities of being priced out of their own communities.

Small, rural hospitals faced major losses from privately insured patients during COVID. With less post-pandemic funding, many still struggle to recover.



operate at a significant disadvantage, often losing money on Medicaid and uninsured patients.[2] Unlike larger hospitals, which can offset those losses with profits made from private insurance, rural hospitals are regularly underfunded and inadequately reimbursed by those same private plans.[1] Some hospitals and medical centers remain standing only through state grants or local tax measures, which are not always guaranteed. Without meaningful intervention, the financial instability of rural hospitals may push even more communities to the edge of a healthcare void.

At the same time, these same rural hospitals face a chronic shortage of qualified medical personnel.[3] Several contributing factors are at play, including rural-urban pay disparities, fewer professional development opportunities, isolation, and resource strain.[3] Despite the urgency of this problem, no long-term fix has been introduced.

In rural communities, where there are higher rates of heart disease, diabetes, maternal and infant mortality,[3] and many other chronic conditions, the effects are especially grave. Many residents go undiagnosed or untreated simply because there are no providers available or wait times for future appointments are unreasonably long.[4] Without nearby hospitals or accessibility to specialized personnel, many rural Americans are left with limited choices. In fact, rural areas across the country face dramatically lower access to primary care physicians. According to the USDA, these areas lag far behind urban areas in terms of the number of doctors per capita.[5] The shortage of medical personnel, combined with limited access to hospitals, is resulting in significant delays in care. Specialists, such as OBoGYNs and other healthcare professionals, are often entirely unavailable within a reasonable driving distance, forcing patients to travel hours for basic care – adding even further costs to already expensive procedures – or to forgo it altogether.[6]

At its core, this is not just a crisis of infrastructure; it is a crisis of access. The inability to find care, whether due to closed hospitals, lack of providers, unaffordable insurance, or sheer distance, has become a defining feature of healthcare in rural America. The lack of access has shown its cascading effect, contributing to the increased dangers of chronic conditions, delaying early intervention, fueling preventable deaths, and deepening health disparities.

The following report examines the wide-ranging consequences of this crisis, including worsening public health outcomes and gaps in care that inequitably burden rural communities. Unless addressed directly, these interconnected problems will only worsen.

Cancer's Unequal Burden on Rural America

Across rural America, where grasslands and fields can stretch for miles, a health crisis is unfolding. Cancer has become a disproportionately lethal threat in these communities, largely due to persistence and widening disparities in healthcare access. While cancer affects individuals across all demographics, rural residents are more likely to die from it, not because they are diagnosed more frequently, but because the systems meant to detect, treat, and support them is often fragmented and inaccessible.

One of the most pressing issues in rural cancer care is the widespread shortage of healthcare infrastructure and medical professionals. Since 2005, over 180 rural hospitals have closed, and an additional 700 are at risk of closure due to financial instability.[6] For millions of rural Americans, the nearest hospital may be hours away. Access to oncologists, radiologists, and other specialists is even more limited, resulting in dangerous delays in screening, diagnosis, and treatment that can significantly lower survival rates. Kimberly Buchmeier, a lung cancer survivor from Auburn, Nebraska, described the toll vividly: "If I was sick from chemo… help was 75 miles away… and you're driving an hour and 20 minutes… just to get treatment."[7]

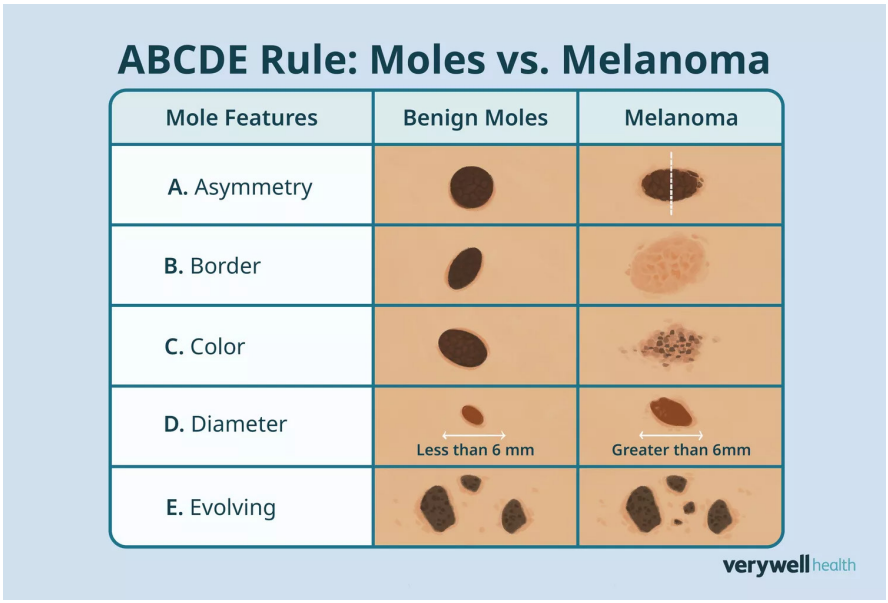
> **"If I was sick from chemo... help was 75 miles away... and you're driving an hour and 20 minutes... just to get treatment."**
> – *Kimberly Buchmeier, cancer survivor*

Access Barriers and Survival Disparities

According to the CDC, cancer mortality rates are 8% higher in rural areas than in urban ones, even though rural areas have a 2% lower incidence rate of new cancer cases.[6] This disparity highlights

the reality that survival depends not only on the biology of the disease but also on the timeliness and quality of care. Rural patients often present with more advanced-stage cancers, in part because they lack access to preventative screenings, face transportation barriers, or delay seeking care due to cost, inadequate insurance, or lack of trust in the healthcare system.[6]

Economic challenges further compound the crisis. Rural Americans are more likely to be uninsured or underinsured. Approximately 12.3% of rural residents are uninsured, compared to 10.1% of urban residents.[8] Many work in industries such as agriculture, construction, or service jobs that do not offer employer-based health coverage or paid time off for medical care.[9] Even insured patients often face high deductibles, limited networks, and prohibitive out-of-pocket costs, which can deter them from seeking timely medical care.[9] Lodging assistance is an overlooked but vital component of rural treatment accessibility. These barriers contribute to later-stage diagnoses and poorer outcomes, widening the rural-urban survival gap.



Significant Difference Seen for Rural People in Some Cancers

One of the most alarming trends in rural cancer epidemiology is the increasing incidence of early-onset colorectal cancer. A 2023 study found that people in rural counties had a 13% higher rate of early-onset colorectal cancer compared to those in metropolitan areas.[10] This is particularly troubling given that, nationally, colorectal cancer rates have declined over the last two decades due to increased screening and awareness.[11] However, rural populations are not benefiting equally from these improvements. According to a 2019 JAMA study, rural residents—especially those under the age of 50—are facing rising rates of early-onset colorectal cancer, while urban populations have seen a 15% decline in colorectal cancer among adults aged 50 to 75, largely due to greater access to early screening and colonoscopy services.[11]

A key factor driving this disparity is the underutilization of screening in rural areas. Only 60% of rural adults aged 50 to 75 are up to date on colorectal screenings, compared to 69% in urban settings.[6] Many residents are unaware of the new guidelines recommending screening to begin at age 45, and the ongoing shortage of primary care providers in rural areas means that routine preventive care is often delayed or neglected.

Genitourinary (GU) cancers, such as kidney, bladder, and prostate cancer, also show troubling patterns in rural populations. A study analyzing cancer trends in Pennsylvania found that while overall GU cancer incidence has declined, kidney cancer incidence increased by 7% in rural counties between 2010 and 2020, and bladder cancer rates remained steady compared to the declining rates in urban areas.[12] These outcomes are likely linked to a lack of access to urologists and diagnostic imaging, as well as nutritional challenges linked to rural food deserts.[13]

Skin cancer also presents a significant concern in rural America. Rural residents, especially those working in agriculture or construction, often have high occupational exposure to the sun. In a study done in Utah, melanoma incidence is 80% higher than the national average, and mortality is 31% higher.[14] Utah is an incredibly rural state, and this shows the staggering disparities in skin cancer. Despite these statistics, awareness and use of sunscreen or protective clothing remain low.

Efforts to improve education, prevention strategies, and dermatological access are essential to reduce these disparities. As a result, rural populations face worse outcomes due to late-stage diagnosis and limited access to dermatological care.

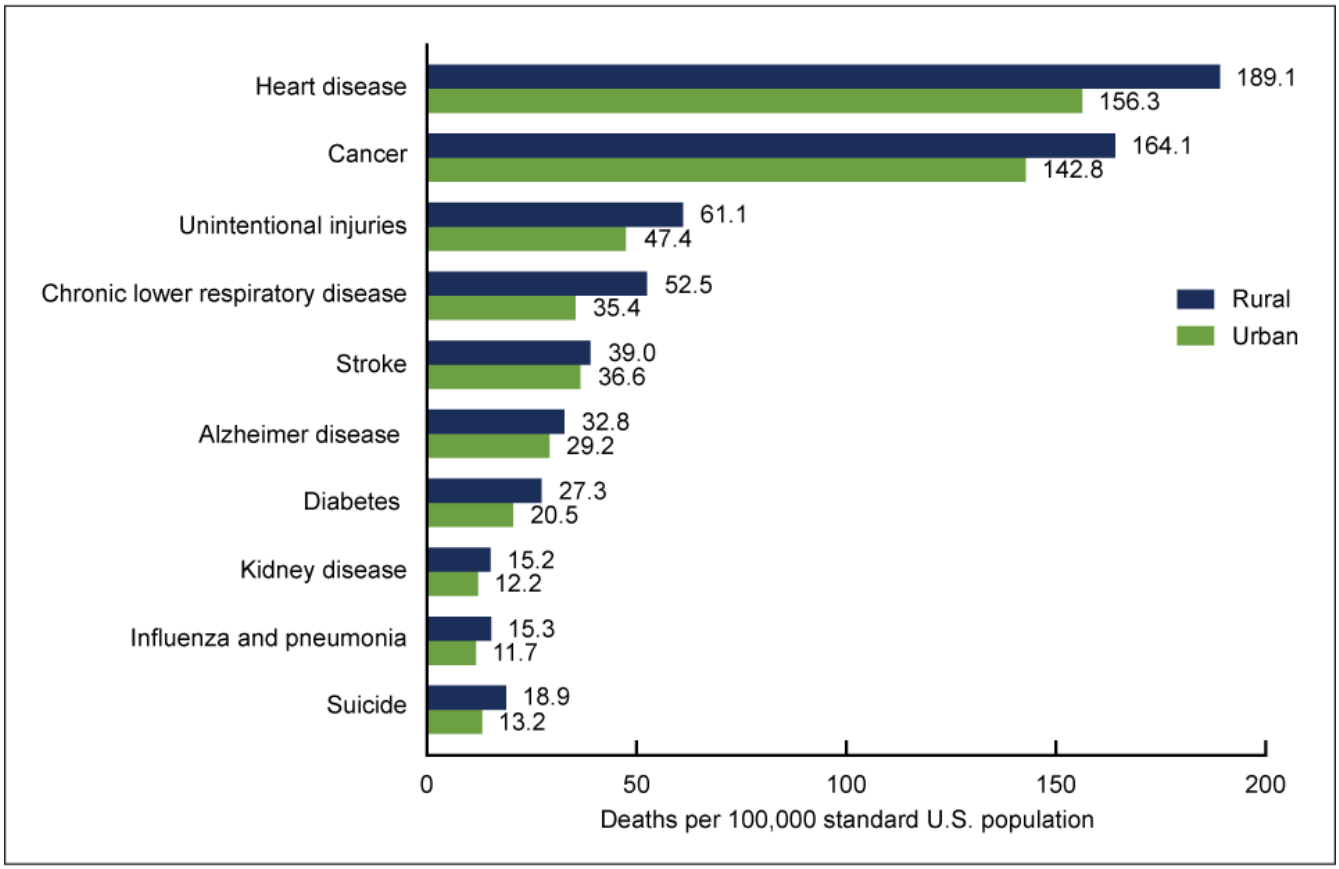
Why Cancer Rates are Rising in Rural Communities

Rising cancer rates in rural America are fueled by a combination of factors, including environmental exposure, behavioral risk factors, and systemic healthcare barriers. The trends have become increasingly visible in public health and portray the widening disparity between rural and urban cancer outcomes.

Environmental exposures are another underrecognized contributor to cancer disparities. A recent study by Stanford University linked chronic pesticide exposure in rural farming communities to increased prostate cancer incidence. Counties with the highest application rates of herbicide 2,4-D showed a 10-20% increase in prostate cancer incidence compared to those with minimal usage or exposure.[15] The Stanford report also notes that rural counties with the highest herbicide use saw not only increased cancer incidence but also higher age-adjusted mortality rates, suggesting cumulative environmental and health system effects.

Additionally, radon exposure, which is a known cause of lung cancer, remains a pertinent issue in rural states. In Iowa, 71.4% of homes exceed EPA's radon action level four, which contributes to approximately 400 radon-related lung cancer deaths annually.[16] Behavioral

Age-adjusted death rates for heart disease, cancer, and chronic lower respiratory disease, by urban-rural classification: United States, 1999–2019



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SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

risk factors in rural America also increase cancer incidence. Rural adults are more likely to smoke and be exposed to second-hand smoke than their urban counterparts.[6] This exposure can correlate to increased cancer incidence due to carcinogen exposure.

Cultural and Structural Barriers to Care

Cultural factors further complicate cancer care in rural communities. Many rural Americans place a high value on self-reliance and may delay seeking care until symptoms are severe. For example, farmers and agricultural workers, who are a critical part of the rural workforce, frequently cannot afford to miss a day of work, even when facing serious health concerns.

This issue is further complicated by structural barriers, including a lack of transportation, inadequate broadband for telehealth, and a limited number of local cancer care centers. More than 60% of rural counties lack an oncologist entirely.

Broadband limitations affect roughly 30% of rural households, making telehealth less accessible.[17] Geographic isolation and economic hardship often prevent rural patients from participating in clinical trials or accessing cutting-edge treatments, further deepening the disparity.[18] Bringing care closer to rural communities and improving healthcare literacy are essential to improving survival outcomes.

Bridging the Gap: Innovations in Rural Cancer Care

Despite these challenges, innovative strategies are being developed to bridge the rural-urban cancer care divide. Telemedicine has demonstrated significant potential in bringing oncology consultations to remote areas, although broadband access remains a barrier in some regions. Mobile health units equipped with diagnostic tools are being used to deliver cancer screening and preventative services to underserved communities.

In several pilot programs, the use of mobile screening units has lead to a 25% increase in mammogram participation in highly needed rural areas.[17] Community health workers are also playing a vital role in rural cancer care. By building trust and educating rural residents about cancer risks, symptoms, and screening, these local individuals often prove more effective than external providers in engaging patients. Their cultural familiarity and community presence help bridge gaps in communication, promote health-seeking behaviors, and connect individuals with critical medical resources.

A Cardiovascular Crisis

Cardiovascular disease (CVD) is the leading cause of death in the United States, but for rural Americans, it is an even more formidable threat. The roots of this disparity in healthcare access, socioeconomic strain, behavioral risk factors, and environmental conditions exacerbate rural residents' vulnerability.

As PBS NewsHour correspondent William Brangham put it, "It is about all of the days and weeks and months before you get to a doctor's office." In rural America, these days are often shaped by limited resources, long distances, and gaps in access to preventive care.

A Deadly Disparity: Rural Mortality from Cardiovascular Disease

A landmark study published in the Journal of the American College of Cardiology examined cardiovascular mortality from 2010 to 2022. The study reveals that rural adults aged 25-64 experienced a 21% increase in CVD-related deaths, compared to just a 3% increase for the same age group in urban areas.[19] These stark contrasts reflect a mortality trend in healthcare disproportionately affecting rural communities.

Dr. Rishi Wadhera, a cardiologist and lead researcher on rural heart disease, noted, "Leading up to the pandemic, cardiometabolic health was deteriorating in rural areas." He surmised that "... rural areas may have been more severely affected due to greater interruptions in access to health care and worsening socioeconomic conditions."

This illustrates that beyond individual health behaviors, broader systemic and structural challenges including economic disruptions have deepened rural America's cardiovascular crisis. Data supported by the National Institutes of Health further illustrates this trend. Adults in rural areas have a 19% higher risk of developing heart failure than those in urban regions. The risk is even more pronounced among black men in rural areas, who face a 34% higher likelihood.[20] This disparity cannot be attributed to the biology of people in rural America; social and structural disparities such as reduced access to healthcare, transportation limitations, food scarcity, and under-resourced medical facilities contribute significantly.

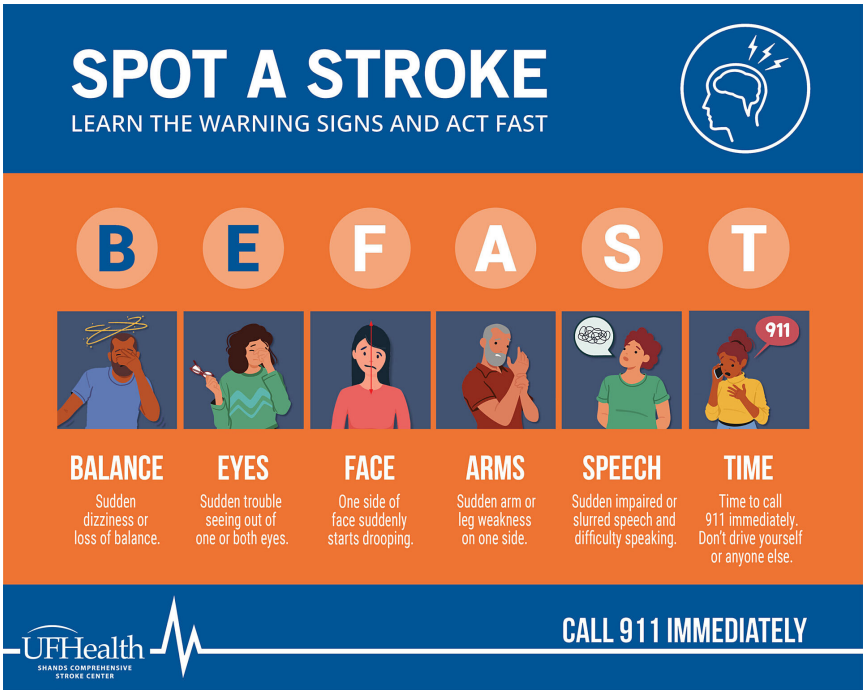
Adults in rural areas have a 19% higher risk of developing heart failure than those in urban regions.

A 2023 NIH study analyzing over 27,000 adults found that rural residents were far more likely to experience key risk factors for heart disease. Heart disease diagnoses were more common in rural areas, with 7% compared to 4% in their urban counterparts. Hypertension affected 37% of rural adults compared to 31% of urban adults; high cholesterol impacted 29% of rural adults compared to 27% in urban areas.[21] These seemingly small percentage differences represent millions of lives affected by conditions that elevate their risk of cardiac events.

When Minutes Matter: Rural Gaps in Stroke Care and Outcomes

A leading cause of long-term disability and death, strokes follow the same pattern of rural-urban disparities. While stroke mortality has declined nationally, rural

areas have not shared equally in this progress. A comprehensive review of stroke trends from 1999-2020 found that while stroke mortality fell in urban regions, it remained relatively stable in rural ones, indicating a persistent gap in stroke prevention and care.[22] A major driver of this disparity is reduced access to time-sensitive interventions. Rural patients are significantly less likely to receive advanced therapies such as intravenous thrombolysis or endovascular thrombectomy, treatments that must be administered within narrow time windows to be effective.[23]



A study published in *Stroke* found that patients in remote rural areas experienced the highest odds of in-hospital mortality following a stroke, a disparity that persisted over time.[24] Patients in remote, rural areas experienced the highest odds of death compared to their urban counterparts, a disparity that has persisted over time.[25]

Regional studies add further weight to this trend. In West Virginia, a largely rural state, stroke incidence and mortality were significantly above national averages. These outcomes were linked not only to hospital access but also to limited access to primary care, which delays the detection of early signs.[25]

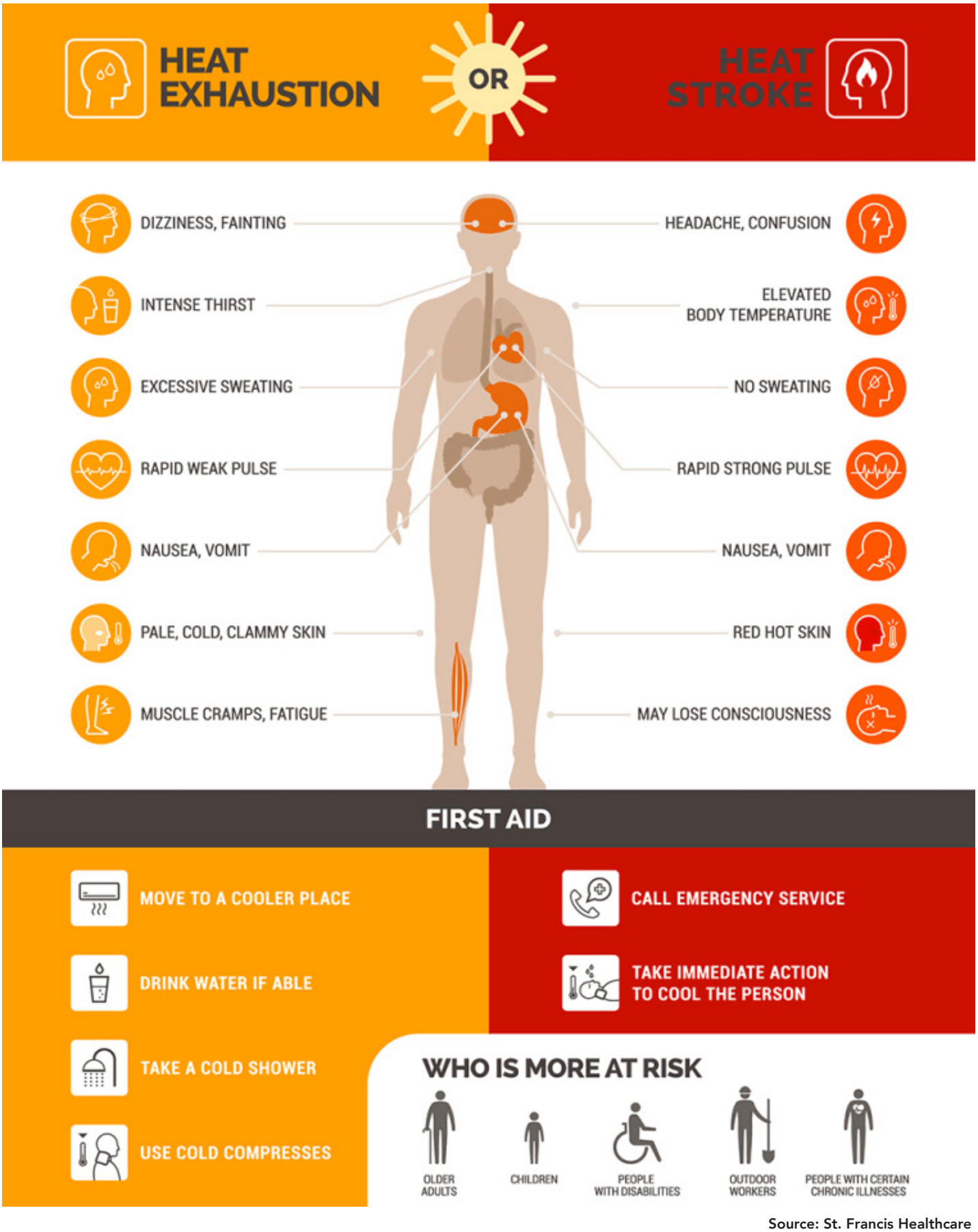
Access to emergency care in critical cardiac events is essential, yet rural residents face systemic delays. An analysis published in PubMed found that rural patients were significantly less likely to receive timely life-saving interventions such as coronary artery bypass grafting or thrombolytic therapy for ischemic stroke.[26] Consequently, 30-day mortality rates were higher in rural hospitals for acute myocardial infarction, heart failure, and stroke.[26] This aligns with additional findings that delays in ischemic stroke treatment are tied to lower survival rates in rural hospitals.[27]

The Hunger-Obesity Paradox: When Malnutrition Leads to Disease

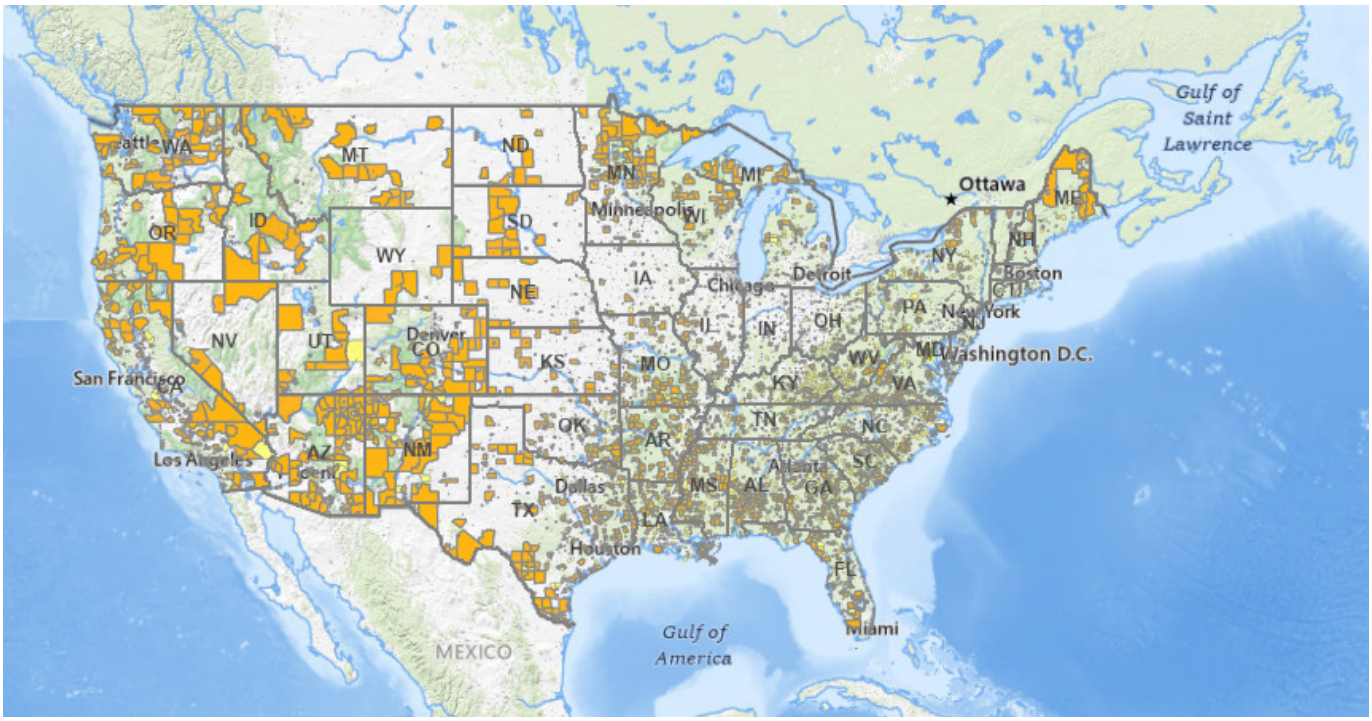
Obesity plays a central role in the rural heart disease epidemic, acting as both a driver and a consequence of systemic rural health disadvantages. According to the National Library of Medicine, 41% of rural adults meet the criteria for clinical obesity, compared to just 30% of adults in urban settings.[28] This disparity is not merely the result of individual lifestyle choices but reflects structural and environmental disadvantages. Rural residents are more likely to live in areas with fewer opportunities for physical activity. Rural communities often lack access to public parks, recreational areas, walking trails, and safe sidewalks. Rural schools may lack a robust physical education program or extracurricular sports due to limited funding. Furthermore, the long distances and time constraints associated with rural work and commuting often reduce the time available for necessary and life-saving exercise.

Although one might believe that because farmers produce food, they must also have unlimited access to it, but this is not the case. One of the most significant contributors to rural obesity is the high prevalence of food deserts. Food deserts are areas where residents have limited access to affordable and nutritious food. These are defined by both geographic distance from grocery stores and socioeconomic barriers to transportation or food affordability. According to the U.S. Department of Agriculture, approximately 17-20% of rural counties are classified as food deserts, affecting over 2 million Americans.[29]

In these food deserts, convenience stores, dollar stores, and gas stations often serve as primary food sources. These outlets rarely stock fresh produce, meat, or whole grains. Instead, they offer highly processed, calorie-dense items that are inexpensive but nutritionally inadequate. A study published in Obesity Research &



Source: St. Francis Healthcare



Food Deserts in the contiguous United States, using 2019 data.
Source: USDA Economic Research Service, ESRI

Clinical Practice emphasized that rural residents often consume more sugar-sweetened beverages, high-sodium snacks, and processed meats due to their affordability and accessibility.[29]

This structural lack of access to healthy food options directly correlates with higher obesity rates. Research has shown that individuals living in food deserts are more likely to be obese and develop related health conditions such as diabetes and hypertension.[30] Moreover, food insecurity has been associated with an increase in obesity. This is known as the "hunger obesity paradox."

This phenomenon occurs because people facing food insecurity often consume high-calorie foods that are low in nutrients, resulting in a cycle of overeating and undernutrition.[31] A recent study by the American Heart Association found that individuals with peripheral artery disease living in food deserts were 17% more likely to experience serious cardiovascular events such as heart attacks, strokes, or death, compared to those with better access to healthy food options.[32] This highlights how barriers to nutritious food increase the likelihood of life-threatening conditions for rural populations.

Policy, Access, and Hope for Rural Health

Heart disease, stroke, and obesity are issues plaguing rural America. Addressing these challenges requires investment in healthcare infrastructure, food access, and education. It will also require focused intervention to solve the mortality gap between rural and urban Americans. With targeted policies and community-driven solutions, there is endless potential to improve rural health outcomes and ensure that geography is no longer a predictor of illness.

The Urban-Rural Diabetes Divide

Diabetes is quietly becoming one of the most pressing issues facing rural communities. In urban areas, advances in treatment and prevention have decreased diabetes mortality and prevalence; rural Americans have faced a growing burden. Diabetes is 17% more prevalent in rural counties than urban ones.[33]

Yet for many rural Americans, diabetes management is a constant struggle made more difficult by the inaccessible and under-resourced healthcare systems in their communities. For many, glucose readings are a guess. "When I met her, she hadn't used [her glucose monitor] for weeks… She manages her diabetes by feel mostly," said a nurse working with a patient in rural Alabama.[34]

Without reliable broadband access, even basic monitoring tools become inaccessible. High-speed internet is essential for glucose monitor readings to be sent to doctors and allow the new technology to be adequately used.

Healthcare Access and Infrastructure Challenges

Diabetes-related mortality has declined steadily in urban areas over the last twenty years. This reflects improvements in care and early interventions. In stark contrast, rural counties have seen little change–and in some areas, increases – in diabetes-linked deaths. The more shocking increase has been in younger adults and the rural Black populations.[35] These trends reveal the underlying medical challenges, as well as social inequities, for rural Americans.

One of the largest obstacles facing rural residents is the lack of Diabetes Self-Management Education and Support (DSMES) programs. Over 62% of rural counties lack access to these vital resources that educate and empower patients to control their disease.[34] These programs provide education on diet, medication, and lifestyle. Cost is one of the most significant barriers, as rural residents often have lower incomes or are limited to no insurance coverage. Farmers and other agricultural workers commonly lack employer-based health insurance, which can deter them from accessing costly treatments.

Over 62% of rural counties lack access to ... vital resources that empower patients to control their diabetes.

Additionally, the nearest endocrinologist or diabetologist may be miles away, discouraging consistent care and diabetes management for many rural Americans. Jimmy Gentry, North Carolina State Grange President, recounted how insulin prices were catastrophically high for rural American before an insulin price cap was instituted by the federal government.

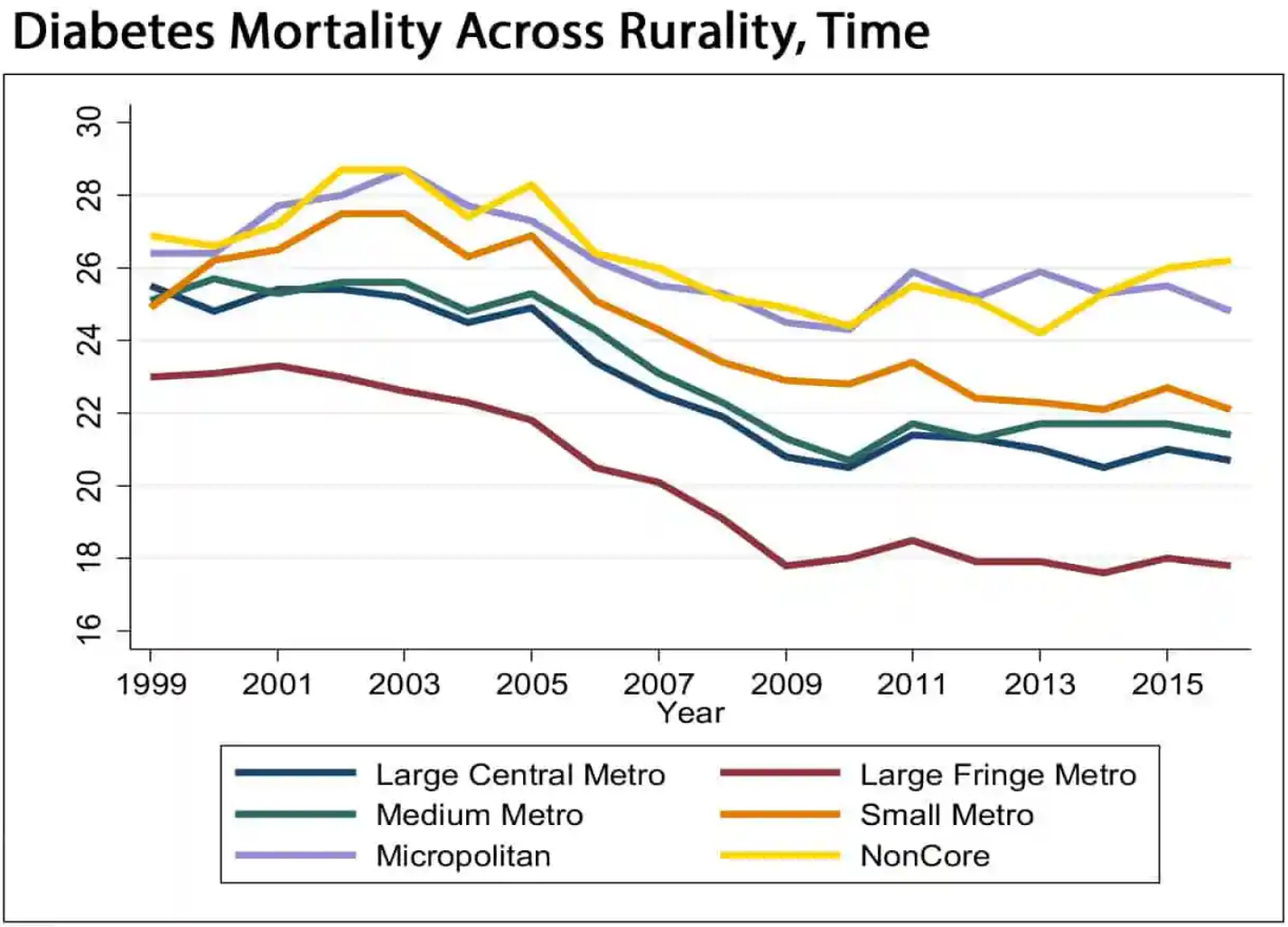
The healthcare worker shortage has also had a profound impact on receiving diabetes treatments and education in rural communities. The scarcity of endocrinologists, diabetes educators, and primary care providers inhibits early diagnoses in rural communities. Without routine access to these providers, many rural diabetics receive fragmented or delayed care, increasing the risk of disease progression. Research from the University of Maryland found that individuals with diabetes are more likely to develop severe outcomes such as end-stage kidney disease, heart failure, and heart attacks.[36] These complications are incredibly costly, both financially and physically. Rural Americans lack the healthcare resources to prevent this catastrophic progression.

Due to the prevalence of food deserts in rural America and a lack of reliable access to nutritious foods, such as good sources of protein, fresh fruits, whole grains, and vegetables, diabetes management can be nearly impossible. Poor nutrition spikes blood sugar and increases the risk of deadly complications.

Innovations and Solutions in Rural Diabetes Care

Despite these challenges, promising initiatives are beginning to bridge the gap in diabetes care. Telehealth has emerged as a critical tool in connecting all of America with reliable and cost-effective healthcare. Specialists nationwide can be reached at the click of a button, regardless of location, as long as those in need have access to reliable internet. Mobile clinics and community health programs bring Diabetes Self-Management Education and screenings directly into rural towns. This eliminated the transportation barrier that prevents many rural Americans from accessing healthcare.

Diabetes in rural America is a complex and growing health crisis marked by higher prevalence and increased mortality. The challenges stem from multiple, interrelated issues, including limited healthcare resources, economic hardship, and environmental limitations. Closing this gap is multifaceted. Expanding broadband to all rural Americans so they may access telehealth must be prioritized. Ending the food desert crisis will allow increased diabetes self-management. Addressing the unique needs of rural communities can ensure all Americans can live healthier lives free from the burden of diabetes.

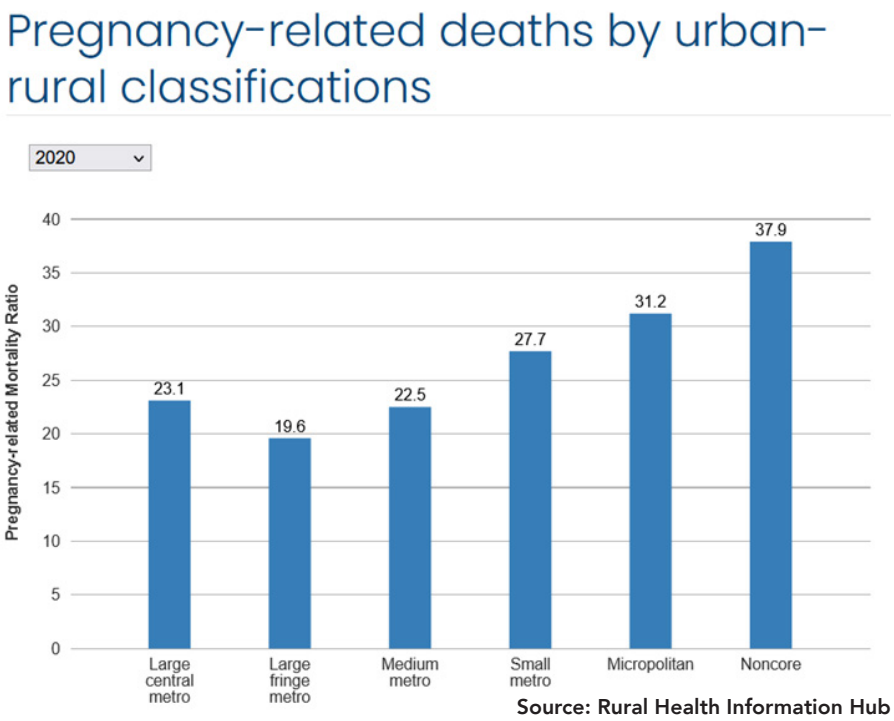


Source: The Changing Burden of Diabetes in Rural and Urban, Texas A&M School of Public Health, Southwest Rural Health Research Center, courtesy of *The Daily Yonder*

Prioritizing Women's Health: Rural Realities

Women living in rural America face unique and often overlooked challenges when it comes to healthcare and are currently on the precipice of a potential crisis. While healthcare access remains a challenge across rural communities, the gaps are extremely dangerous for women, whose medical care requires specialized, consistent, and preventive care throughout their lives.

Roughly 35% of U.S. counties are considered maternity care deserts, leaving residents with zero access to a hospital that offers obstetric services, or access to any OB-GYNs.[37] This inaccessibility issue leaves over 2.5 million women of childbearing age without access to adequate prenatal and maternal care. In rural areas, 67.4% of counties lack a single obstetric hospital, and 57.7% have no OB-GYN services.[38] Even as pregnancy complications arise, many women must travel 30 to 60 miles or more to reach a hospital with the necessary equipment and staff. In situations where minutes mean everything, this lack of access is extremely dangerous and concerning.



Source: Rural Health Information Hub

Higher Risks, Fewer Resources: Maternal Health Outcomes

As a result, rural women are at a significantly higher risk of serious pregnancy-related issues. According to the University of Michigan's Institute for Healthcare Policy and Innovation, women in rural areas are 9% more likely to suffer from life-threatening complications during childbirth, including higher possibilities of hemorrhages, sepsis, and eclampsia.[38] Women are being put in overwhelming danger due to the tremendous lack of access to healthcare.

Beyond maternity care, there is an alarming disparity in cancer detection and outcomes. Cervical and ovarian cancers, which are the most preventable and treatable forms of cancer if caught early on, are more likely to go undiagnosed or be detected later due to reduced access to early screenings, adequately trained and qualified specialists, and lengthy wait times for appointments.[39]

Insurance Insecurity: The Fragile Safety Net

There is a necessity in rural America for public health and insurance programs like Medicaid and Medicare, with rural women placing a great deal of dependency on them. Rural practices treat up to four times as many Medicaid patients as their urban counterparts, yet the ongoing threats to the funding of these services, along with the complex eligibility requirements and gaps in coverage, leave many women underinsured or uninsured in coverage.[40] Without these essential services, many rural women are forced to skip out on routine care or delay seeking treatment until it is too late.

Even in areas where services are available, they are often functionally inaccessible. From reduced schedules, lack of personnel, and overwhelming demand, it is difficult for women to access timely care. According to the National Partnership for Women and Families, many rural women face difficult decisions, having to choose between missing work, finding often costly childcare, or forgoing care.[41] All decisions that no one should have to make to access the most basic care.

Invisible Struggles: Addressing Mental Health

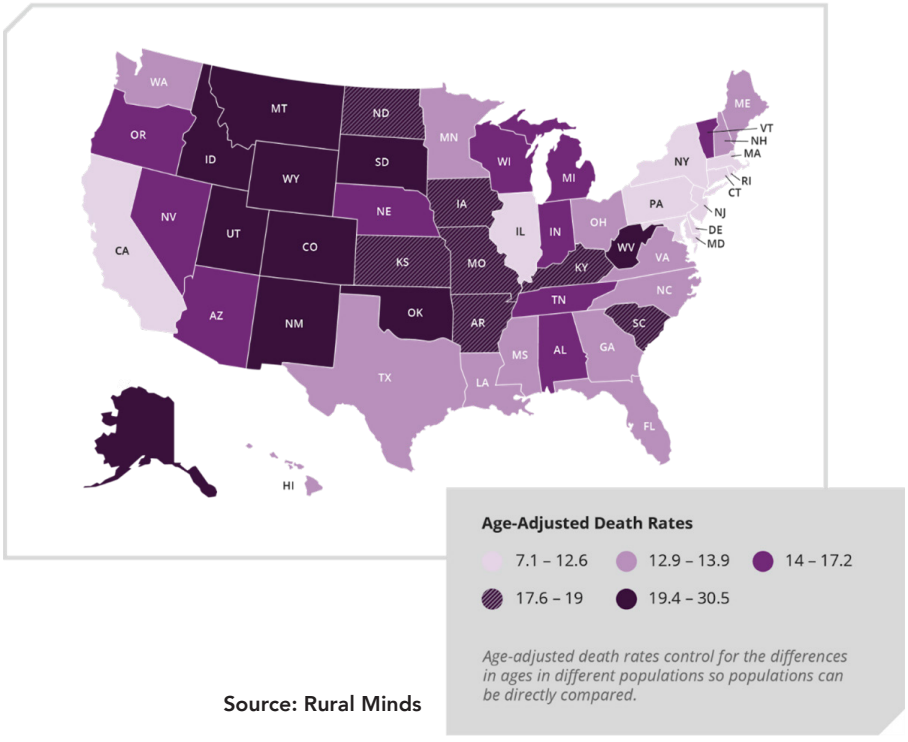
One of the most pressing and rising issues facing rural America is mental health. While mental illness is a growing concern nationwide, rural communities face unique, severe, and systemic barriers that have only deepened the crisis. According to Rural Minds, rural Americans experience higher depression and suicide rates, with suicide rates in rural counties being 64-68% higher than those living in urban areas.[42] Compounding the issues is the stark shortage of mental health care providers, with roughly 65% of rural counties lacking a single psychiatrist and 95% lacking access to child psychiatrists, leaving entire communities without yet another specialized care option.[43]

Recent data from the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that 7.1 million rural adults reported experiencing mental illness in 2022, with 1.9 million experiencing serious thoughts of suicide.[43] The alarming lack of treatment options in rural areas exacerbates these rates. The National Survey on Drug Use and Health reports that only 47.5% of rural adults with mental illness receive any treatment at all. From cultural stigma to a lack of access, the disturbing rates of lack of treatment are actively damaging these communities.[44]

Without intervention, this crisis will continue to escalate, worsening the broader collapse of rural health systems. Key risk factors, including social isolation, economic instability, opioid addiction, and persistent provider shortages, are forming a brutal cycle that perpetuates this suffering.[44]

Suicide Rates Across the United States

Suicide rates can vary substantially across geographic regions. People living in rural areas have much higher rates of suicide than people living in urban areas. Suicide rates increase as population density decreases and areas become more rural.



Source: Rural Minds

Economic Stress: A Dual Burden

Economic stress is one of the most powerful contributors to poor mental health in rural America. Declining industries, persistent poverty, and a lack of affordable insurance options all compound the increasing mental distress within rural communities.[45] Farmers face volatile and uncertain markets, climate threats, and increasing debt loads. There is a growing mental health crisis among American farmers, who are reporting overwhelmingly high levels of anxiety, depression, and suicidal thoughts. Many contribute cultural stigmas and shame as barriers keeping residents from seeking help, along with cost and geographic inaccessibility.

When care is available, it is often very expensive, making it frequently prohibitive to access, and even further exacerbating the economic stress of the situation.[44] Without crucial programs like Medicare and Medicaid, which can help pay for some of these services for uninsured individuals altogether, those facing a mental health crisis are frequently prevented from receiving care until it becomes an emergency. This financial barrier leaves many rural residents forced to choose between paying for care, or for necessities like food and electricity.

Confronting Addiction in Rural Communities

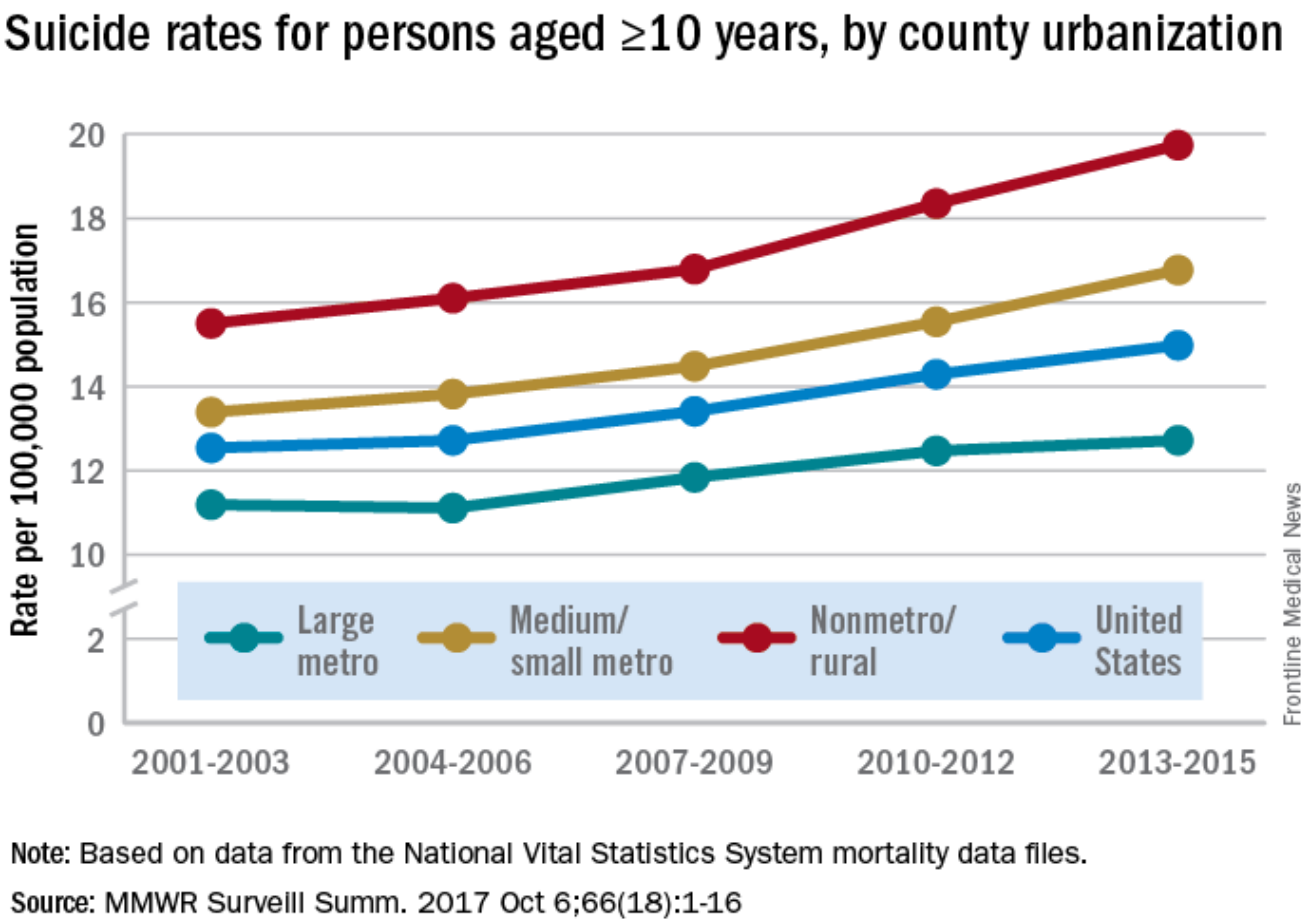
Substance abuse is a growing and urgent public health concern across rural America, with alcohol and opioids standing out as the largest contributors. While both have long and persistent histories in America, recent decades have shown a dramatic rise in their impact on rural communities.

The opioid crisis has deeply affected rural areas, where residents are more likely to be prescribed opioids for pain management caused by the physical demands of common rural occupations.[45] Not only are there high rates of overdoses, but it is also compounding the mental health crisis. According to the CDC, rural counties saw significantly higher overdose death rates, particularly from the likes of fentanyl.[46] Opioid addiction can be tied to untreated trauma, chronic pain, and economic despair, all of which are widespread and often unaddressed issues in rural areas.

According to the Rural Health Information Hub, opioid deaths in rural areas have surpassed those of urban areas.[46] In 2020, the opioid overdose death rate in rural counties was 19.8 per 100,000 people, compared to 15.7 in urban counties. Despite this, access to treatment remains alarmingly limited; only about 3% of rural counties have opioid treatment programs. Less than half of rural primary care practices offer medication-assisted treatment (MAT) for opioid use disorder, despite its proven efficacy. Left with few options and support, individuals suffering from addiction and associated mental health disorders, like depression, PTSD, and anxiety, continue to struggle.

Remaining consistent with the opioid struggle is the equally pressing alcohol use disorder crisis in rural America. In many small communities, heavy drinking is normalized and even ingrained culturally. 19.8% of rural youth, as young as 12 years old, reported using alcohol, while 18.4% reported illicit drug use.[46] With stressors such as poverty, isolation, and lack of recreational opportunities, these crises are exacerbated.

According to Rural Minds, nearly



Source: The Hospitalist

1 in 4 rural adults engage in dangerous binge drinking habits, a rate that is ever increasing.[47] Alarmingly, alcohol-related deaths in rural areas increased by almost 46% between 2000 and 2020. With only 14% of U.S. behavioral health outpatient treatment being in rural communities, these statistics are dangerously pressing.[48]

The Silent Struggle: Social Isolation as a Risk

Social isolation is an escalating contributor to the rising mental health crisis in rural America. Geographic remoteness, sparse populations, and limited public transportation all contribute to this decrease in community interaction. The Rural Health Information Hub highlights the lack of social infrastructure in many rural areas.[45] Spaces that promote social engagement and, therefore, mental well-being, such as libraries and community centers, are often not available in rural communities.

Rural isolation has been linked to elevated rates of depression, anxiety, substance abuse, and even cognitive decline in older adults. Contributing to this crisis is the overwhelming cultural stigma that surrounds mental health in rural communities. This stigma can exacerbate feelings of loneliness, which makes it more difficult for individuals to reach out for help.

Promoting and revitalizing spaces where rural residents can gather and interact with each other is crucial to help mitigate this growing issue. Building community centers, local programs, and public spaces will go a long way in promoting community. The mental health crisis in rural communities would benefit greatly from promoting these types of spaces, offering an environment where people are not afraid to express themselves or seek help. Additionally, creating safe, shame-free group environments led by licensed practitioners, where individuals can come together to discuss the issues they are facing may be helpful.

A Crisis Demanding Comprehensive Solutions

The rural mental health crisis is not a singular issue, but one that is deeply intertwined with systemic economic, infrastructural, and cultural factors. It demands a multifaceted approach, enhancing affordable care, strengthening community networks, destigmatizing mental illness, and investing in local resources.

If left unaddressed, the crisis will not only continue to take lives but also erode the long-term vitality and resilience of rural communities. Rural America deserves support and recognition, providing the necessary care, promoting community spaces, and expanding discussions surrounding mental health. Not only is this support needed for unique challenges, but also for any hope of recovery and potential to thrive.

Addressing Safety Beyond City Limits

Rural roads present a frequently overlooked public health challenge, with higher vehicle fatality rates than those in urban areas. While only about 20% of all U.S. residents live in rural regions, over 40% of all motor vehicle fatalities occur on rural roads.[49] This disparity largely stems from under-maintained rural infrastructure characterized by limited lighting, sharp curves, and higher average speeds. Individual seatbelt use tends to be lower in these areas, and emergency response times are typically longer, increasing the likelihood of fatal outcomes.[50]

While only about 20% of all U.S. residents live in rural regions, over 40% of all motor vehicle fatalities occur on rural roads.

According to the CDC, "Deaths from motor vehicle accidents in rural areas are much higher than those in urban areas." The Center for Disease Control and Prevention reports that seatbelts were not used by 61% of drivers and passengers in fatal crashes in most rural counties in 2014.[51]

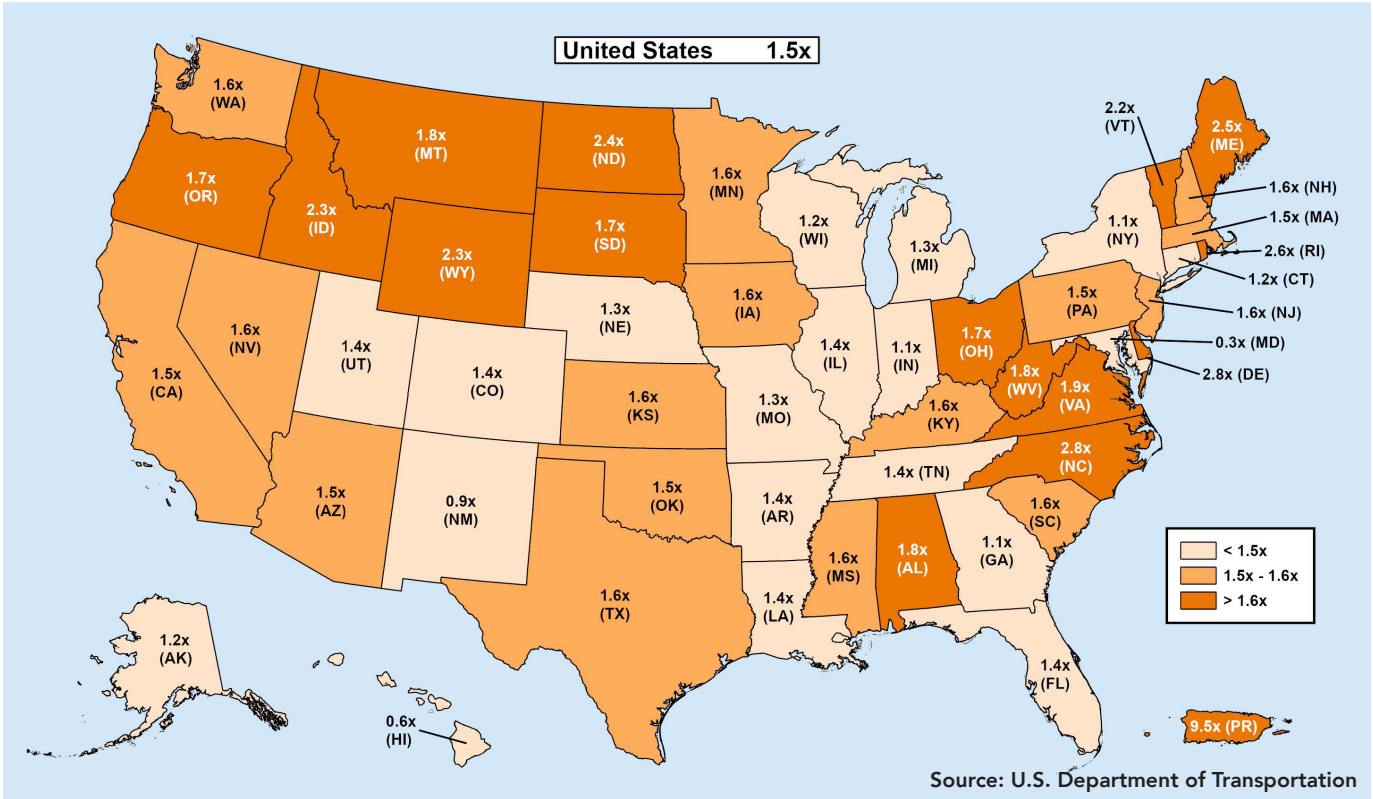
Another key factor in rural roadway hazards is the presence of farm equipment. Tractors, combines, and other agricultural vehicles often travel between fields or to local markets on public roads. They travel at low speeds with limited visibility. They are often passed by impatient vehicles, which can be extremely dangerous. Most crashes involving farm equipment occur during daylight and clear conditions, which suggests that fast rural road speeds and conditions are a key problem.

The use of proper lighting and markings on farm equipment, including slow-moving vehicle employees and reflective tape, has been shown to significantly reduce crash risk. States with stronger enforcement of these standards tend to have fewer equipment-related collisions.[52]

Steven A. Freeman, a professor in agricultural and biosystems engineering at Iowa State University, said, "Every year there are thousands of collisions between motor vehicles and farm machinery on our rural roads… it requires everyone if we are going to make the roads safer. Motorists need to slow down and be patient, and farmers need to make sure their equipment is marked…"

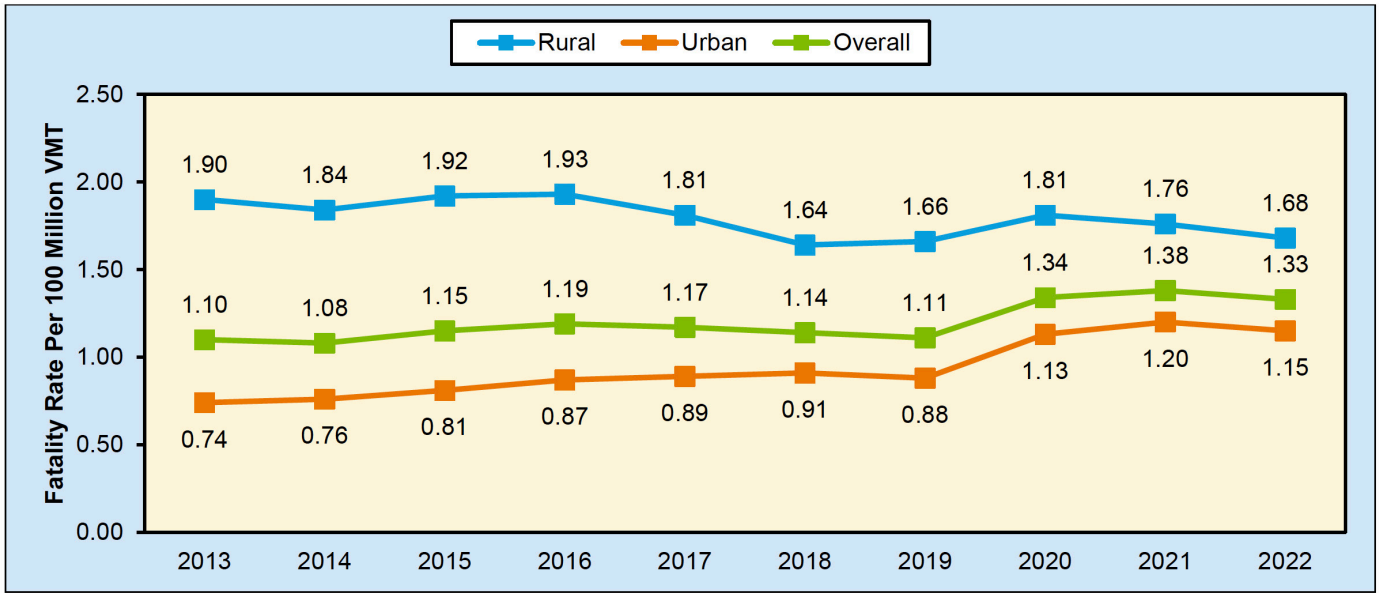
However, adoption and compliance can be a difficult test. Tractor rollovers remain one of the leading causes of

Ratio of Rural to Urban Fatality Rate per 100 Million VMT in Traffic Crashes, by State, 2022[54]



Source: U.S. Department of Transportation

Fatality Rates per 100 Million VMT in Traffic Crashes, by Rural/Urban Classification, 2013–2022



Source: U.S. Department of Transportation

farm-related deaths. Rollover Protection Structures, alongside seatbelts, can prevent nearly all fatal rollovers.[53] Many older tractors lack these lifesaving features, and many rural farmers cannot afford this costly new equipment.

Improving rural road safety requires a combination of road infrastructure investment, safety education, and policy enforcement. Promoting road safety awareness during peak agricultural seasons could save lives. Adding sidewalks and widening roads can save the lives of walkers in rural communities. Developing programs to modernize farm equipment with safety features could help prevent fatal tractor rollovers on farms.

As rural roads tend to be maintained by a combination of the state Department of Transportation and local township or municipality road teams, investment in these roads is crucial to keeping rural Americans safe and alive.

RURAL ACCESS TO TRANSPORTATION

Public transportation options are scarce but vital for supporting rural America's access to jobs, healthcare, education, and essential services. While systems may be smaller in scale than in urban areas, they play a crucial role in sustaining rural livelihoods and economic resilience.

PLANE

Rural airports can provide transportation for Emergency Hospital Access in critical situations; however, many rural communities are distant from a major international or domestic airport.

SHIP

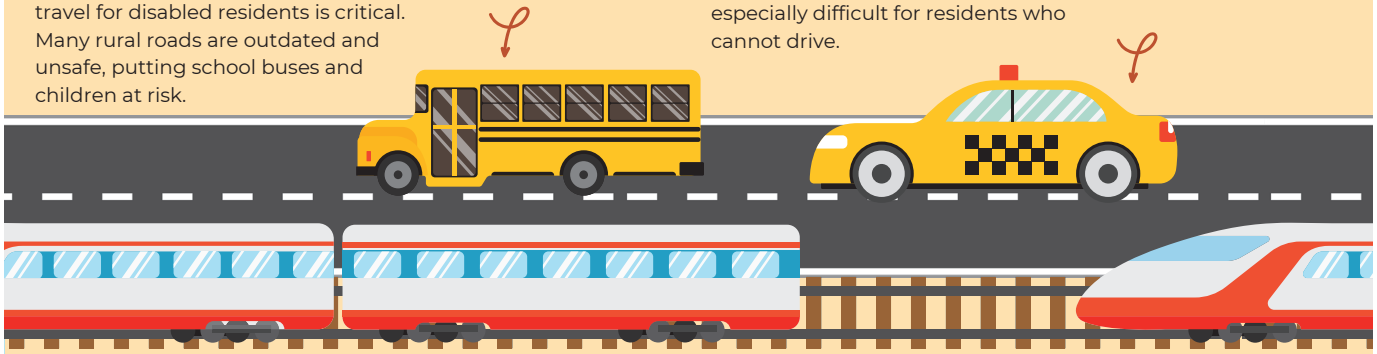
Ports can play a vital role in shipping scarce products to rural communities along major rivers or in communities such as Hawaii and Alaska.

BUS

In rural areas, bus services are limited. Offering affordable and accessible travel for disabled residents is critical. Many rural roads are outdated and unsafe, putting school buses and children at risk.

TAXI & RIDESHARE

Taxi and rideshare services are rare in rural America, making travel especially difficult for residents who cannot drive.



TRAIN

High-speed rail lines don't reach rural America. Subways and metros are nonexistent, and interstate rail stations are often hours away.

Disparities in Native and Tribal Nations

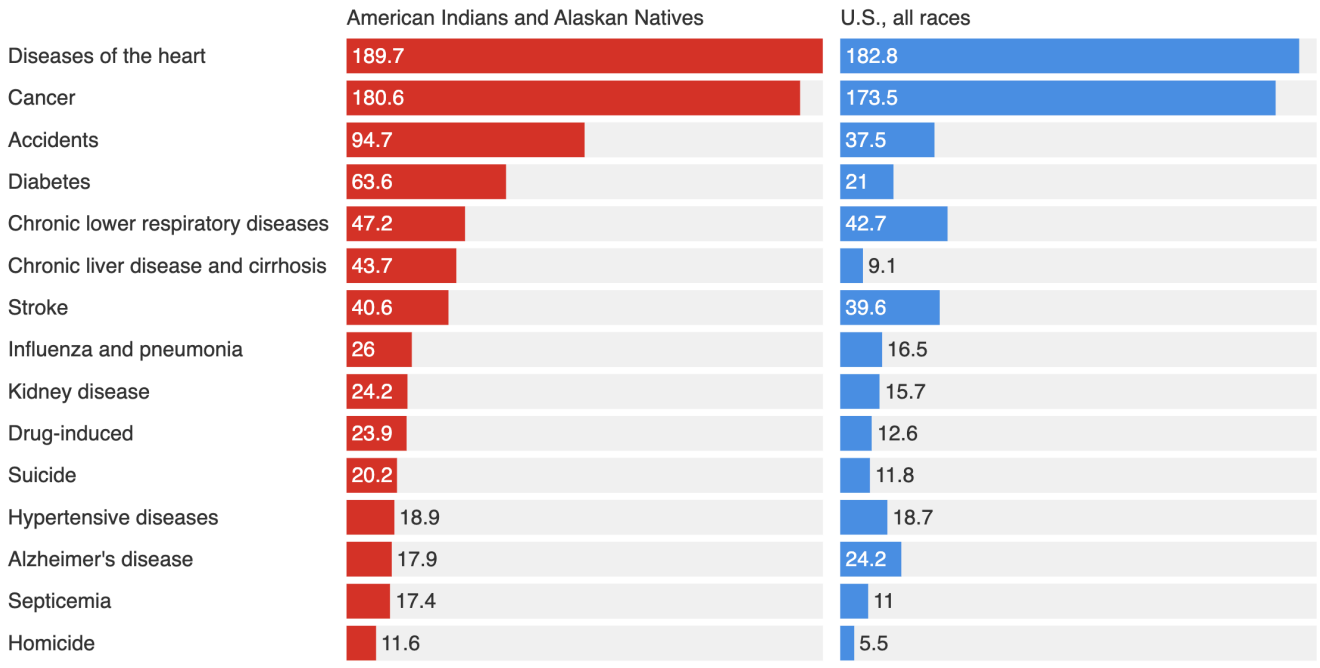
Native and tribal communities are often located in rural and remote areas, facing many of the same challenges as other rural Americans regarding healthcare disparities. The National Organization of State Offices of Rural Health (NOSORH) said, "American Indian and Alaska Native populations living in rural areas experience significant health disparities related to limited access to healthcare, higher rates of chronic diseases, and socio-economic disadvantages".[55] This is a common theme found in rural America.

Rural tribes often suffer from inadequate healthcare infrastructure. Most hospitals and doctors' offices are understaffed and underfunded. Connecting long-distance communities to adequate facilities is difficult due to a lack of transportation and cultural barriers. Native American populations face discrimination in healthcare settings, which can deter individuals from seeking timely medical help.[56]

Cierra George, a Navajo woman, recalls her healthcare experience, stating, "She asked the usual questions, but

Native and tribal death rates per 100,000

American Indians and Alaskan Natives are at greater risk than the general U.S. population of dying from cancer, accidents, diabetes, homicide or suicide.



Data for U.S. population as of 2009. Data for American Indians and Alaskan Natives as of 2008-2010.

Chart: The Conversation, CC-BY-ND • Source: Indian Health Service

it wasn't what she asked, it was how she delivered it to me and almost made me feel ashamed of my answers." The neglect and mistreatment of her medical issues because of her Native American status is prevalent in this experience.[57]

Understanding Tribal Healthcare Systems

Healthcare in tribal communities is unique due to its relationship with the United States government. Tribal healthcare services are primarily provided through the Indian Healthcare Service (IHS). This is a federally funded agency within the Department of Health and Human Services.

IHS is tasked with fulfilling the federal government obligations stated within treaties and providing healthcare to eligible Native Americans. There is a staunch alignment with rural healthcare programs, as IHS has long been chronically underfunded.

As of 2017, there were only 26 Indian Healthcare Service hospitals serving 2.2 million people, which is critically low... only 101 mental health professionals per 100,000 people are in Native American communities.

In 2017, IHS per capita spending was $4,078 compared to $8,109 for Medicaid, $10,692 for the Veterans Health Administration, and $13,185 for Medicare.[58]

As of 2017, there were only 26 IHS hospitals serving 2.2 million people, which is critically low. Mental health professionals are also in chronic lack in tribal communities. Only 101 mental health professionals per 100,000 people are in Native American communities versus 173 per 100,000 in the general U.S. population.[59] Recognizing unique needs is essential in closing the healthcare gap and ensuring adequate care.

Beyond the healthcare struggles, tribal communities face a housing crisis. Reports indicate that "rural Native American populations are disproportionately affected by housing insecurity and substandard living conditions," which directly impacts health outcomes.[54] Improving tribal health in rural America requires culturally appropriate healthcare services, investments in infrastructure, and policies to address the housing crisis. Rural Americans and Tribal communities are often overlooked when it comes to their health and well-being. Working together with these communities could be an opportunity for collaboration and economic growth.

Left Behind: The Rural Disability Health Gap

People with disabilities represent a significant portion of the population in the U.S. with one in four adults having some sort of disability. However, they face a great range of experiences across the United States due to geographic influences. In rural communities, people with disabilities face unique and often exacerbated health, economic, and social challenges due to long-standing disparities ranging from access to care, infrastructure, and support services.[60]

According to the CDC, disability rates are higher in rural areas than in urban ones with one in three individuals in rural communities experiencing some sort of disability.[59] Geographic isolation, fewer healthcare providers who are confident in their ability to provide care, and limited public transportation and infrastructure supporting people living with a disability can make it much more difficult for rural resident with disabilities to receive consistent care, engage in employment, or participate within the community.[61]

According to the CDC, disability rates are higher in rural areas than in urban ones with one in three individuals in rural communities experiencing some sort of disability.

For individuals who are blind or visually impaired, rural living can present a compounding set of barriers. A report by the Center for Research on Women and Families highlights that blind adults living in rural communities often face social isolation, high unemployment rates, and limited access to technology. All of which are exacerbated by living in less densely populated areas where resources are often very scarce, or very expensive.[62] Many blind individuals must rely on public

RURAL WALKABILITY

RURAL CHILDREN OFTEN WALK MORE THAN URBAN CHILDREN, DESPITE RURAL AREAS BEING LESS WALKABLE, DUE TO LIMITED TRANSPORTATION OPTIONS.

ACCESS TO FEWER CROSSWALKS IN RURAL AREAS INCREASES PEDESTRIAN RISK DUE TO LOW DRIVER AWARENESS AND LONGER DISTANCES BETWEEN SAFE CROSSINGS.

UNLIT OR POORLY LIT ROADS MAKE WALKING AT NIGHT DANGEROUS, ESPECIALLY WITHOUT SIDEWALKS OR MARKED CROSSINGS.

SCHOOL ROUTES IN RURAL COMMUNITIES OFTEN LACK SIDEWALKS OR SAFE CROSSINGS, WHICH PUTS CHILDREN AT A GREATER RISK DURING THEIR COMMUTE.

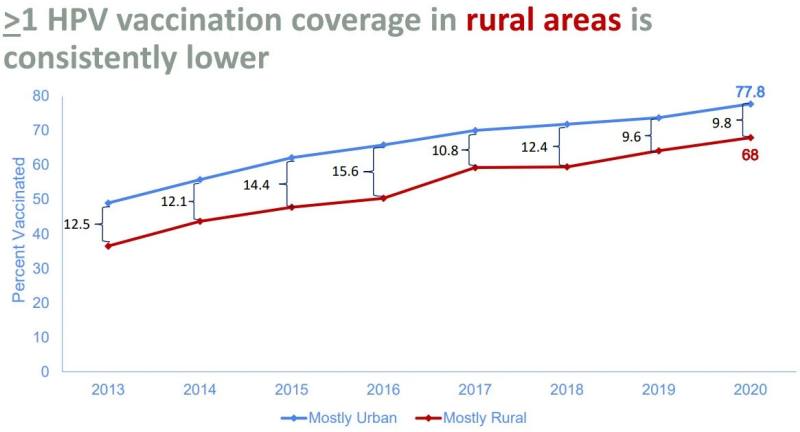
services, but in rural regions these services are largely unavailable.

Access to care is an ongoing critical issue for deaf and hard-of-hearing individuals in rural America. Many providers often lack American Sign Language interpreters, or the cultural competency needed to deliver accessible care.[63] While there are many emerging solutions like telehealth, many rural regions struggle with getting broadband access in general, which places a great limit on the reach of these services.

To improve the daily lives of people with disabilities in rural areas, efforts must reach beyond those of traditional interventions. From expanding broadband access for telehealth services to increasing Medicaid reimbursement rates for rural providers and incentivizing specialists to practice in underserved areas. These steps are crucial to modernizing and innovating the infrastructure of rural communities to provide this community with the services and resources needed to survive.

Expanding Vaccine Access and Education

Vaccination coverage in rural America continually lags urban areas, which poses a significant public health concern. This issue is especially prevalent in light of the recent resurgence in vaccine-preventable illnesses such as measles. Rural communities face unique challenges that contribute to lower immunization rates, including transportation barriers, provider access, and vaccine misinformation.



Source: Centers for Disease Control and Prevention

According to the Centers for Disease Control and Prevention (CDC), children in rural areas are less likely to receive the recommended preventative vaccines on schedule for their age compared to urban children. A 2021 CDC report found that rural counties had lower vaccination rates and coverage for key childhood vaccines such as measles, mumps, and rubella vaccines.[63] Some areas reported vaccination rates below the 90% threshold needed for herd immunity, putting them at risk for mass outbreaks.[64]

In 2024, the United States experienced an outbreak of measles cases, with over 160 confirmed cases by mid-2025.[65] High concentrations of measles cases were found in rural communities where declining vaccination rates and lack of healthcare infrastructure contribute to the spread. The outbreaks have highlighted the importance of herd immunity and the consequences of low vaccination coverage, even in areas that do not typically see these outbreaks.

Rebuilding trust in the healthcare system is critical for rural vaccination rates. Misinformation, often spread

through social media, disproportionately affects rural communities due to lower digital literacy and reduced access to legitimate medical perspectives from doctors.[66] Addressing these issues requires outreach efforts and strong partnerships with local rural community groups to provide education. Expanding rural access to mobile vaccination clinics is also key.

Improving vaccination education and rates is essential to protecting public health and preventing deadly outbreaks. Supporting mobile health clinics is key to expanding vaccination to rural communities.

Partnerships with community groups for increased vaccine education will provide the proper knowledge to rural communities who may be susceptible to disinformation on social media. Without these focused interventions, the disparities in vaccination coverage may continue to widen, which could pose long-term health threats.

The Rural Nursing Home Crisis: Declining Access to Long-Term Care

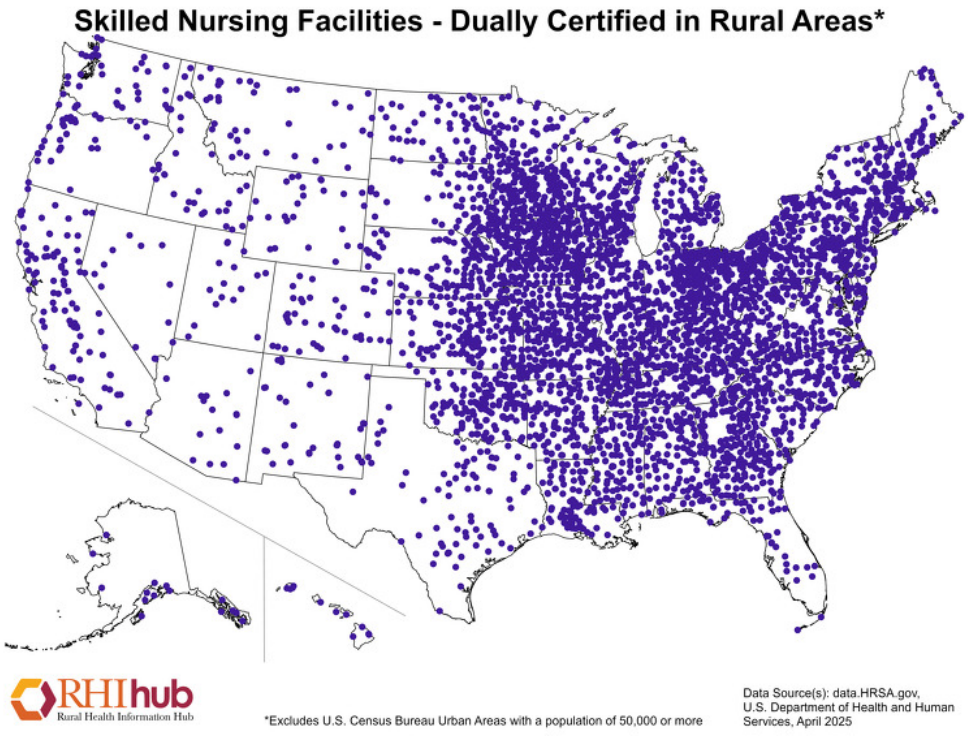
Access to nursing homes is a growing concern in rural communities across the United States. As rural populations age, the demand for long-term care is increasing, but availability is rapidly declining. This gap is creating health and social challenges for rural elderly and their families.

Between 2015 and 2022, over 550 nursing homes closed nationwide, with a disproportionate number of those being in rural areas.[67] According to the National Rural Health Association, 70% of rural counties now lack access to long-term care facilities.[68] In many rural states, nursing home closures have left entire counties without a single skilled nursing facility.

Several factors contribute to this alarming trend. The financial crisis is a major problem. Rural nursing homes often heavily rely on Medicaid reimbursements, which typically do not cover all care costs. The Kaiser Family Foundation found Medicaid covers about 70% of nursing home residents nationwide but only pays 80% of the cost of care, making it difficult for rural facilities to remain open.[69]

Workforce shortages also play a critical role. Recruitment and retention are difficult for these rural facilities due to geographic isolation and lower pay. The United States Bureau of Labor projects a need for over 1.2 million additional direct care workers by 2030, a shortage that will cripple rural facilities.[70]

The profound consequence of this crisis is affecting our rural elderly and their families. Individuals are being forced to relocate to urban nursing facilities, farther away from their families, leading to social isolation. Travel burdens are increasing on their relatives' decreasing visits and their support systems. Efforts to address these issues require targeted investments and attention to rural facilities. Protecting our nation's vulnerable population is essential.



The Grange's Position

The National Grange has long acknowledged that access to quality health care is essential to the well-being and longevity of rural communities.

Our commitment to rural health is grounded in our strong policy that supports both immediate improvements in care and infrastructure investments in the systems that sustain rural America. As these challenges continue to face our rural communities, it is critical to analyze how the Grange remains proactive in addressing these issues.

First and foremost, the Grange supports maintaining federal block grants and matching funds for state-run community health clinics. These clinics are often the first and only point of access to healthcare for rural residents, who can often be hours from advanced care. By advocating for continued funding, the Grange recognizes the need to advance localized care in underserved areas.

Incentivizing healthcare providers, especially medical residents, to practice in rural communities is another longstanding priority. The Grange policy explicitly calls for programs that encourage doctors, nurses, and other medical professionals to practice in areas where basic healthcare is not readily available. A federal program rolling out increased funding and stipends for these professionals would transform rural care. In addition, there is strong support for an education loan repayment program that helps alleviate student debt in exchange for service in designated Health Professional Shortage Areas (HPSAs) and other underserved regions.

The Grange has also taken a strong stance on the integration of telemedicine into rural health care. We support building the necessary infrastructure to expand telehealth services and advocate for the removal of regulatory barriers that hinder the widespread adoption of broadband. This policy position reflects the Grange's understanding that technology can be a powerful tool in bridging the geographical care gap for isolated populations.

Importantly, our organization continues to promote the preservation of home healthcare services. Opposing cuts to Medicare reimbursement rates and the imposition of new patient co-pays that would make care unaffordable for rural Americans who may be on a fixed income. Another important legislative measure is the CARE (Caregiver, Advise, Record, and Enable) Act, which helps family members to assist in delivering medical tasks at home, which is especially important in rural settings where professional support may be limited. We further support robust Medicare and Medicaid programs that treat rural and urban communities. Our policy calls for equal reimbursement rates for rural providers, streamlines the processing of claims, and expands coverage that includes hearing aids, dental and eye care, immunizations, and revolutionary technologies like continuous glucose monitors and early cancer detection testing (MCED).

Mental health is another area of Grange advocacy where we have been proactive. National policy encourages public awareness campaigns to reduce the stigma of mental illness in farming and rural communities. We support legislation that funds stress management training for federal agriculture employees and convenes rural mental health task forces. Additionally, the Grange actively partners with mental health organizations such as Rural Minds Inc. to expand education, outreach, and suicide prevention efforts.

Grange advocacy also includes food security as a public health concern. Hunger and malnutrition have a direct impact on health. We support community-based hunger relief initiatives, such as the American Farm Bureau's "Harvest for ALL" campaign, which engages farmers in donating food and time to local food banks. This aligns with our beliefs that rural America must not only produce food but also protect our vulnerable neighbors who may be facing food insecurity.

Lastly, we recognize that none of this progress is possible without reliable infrastructure. The Grange supports full broadband

deployment to cover "the Last Mile," areas of America not yet receiving this coverage. Recognizing that access to high-speed internet is essential for telehealth, education, and emergency response.

In conclusion, the Grange's rural health initiatives are supported by our devoted Grange members from across America. Advocating for health care, mental health, food security, and infrastructure, the Grange remains committed to ensuring that rural America will continue to have the resources and opportunities to thrive for generations.

The Road Ahead

The state of rural health in America reflects a crisis that is both urgent and expansive. With the impending threat of the collapsing hospital infrastructure stems many issues. From rising rates of chronic conditions, increasing financial stress, mental health crisis, to hundreds of thousands at risk of losing health insurance, rural communities are facing a public health emergency. Forced to endure barriers like geographic isolation, underfunded services, workforce shortages, and limited access to nutritious food, all of which are contributing to the worsening conditions of health outcomes, higher mortality rates, and avoidable suffering.

These challenges are not separate, but intersectional and compounding across issues like cancer care, maternal health, mental illness, addiction, and chronic disease management. The devastating consequences of delayed or unavailable treatment simply due to lack of access are compounded by policy failure and economic constraints that continue to increase the urban-rural divide.

However, this intersectional crisis is not unbeatable. With services like telemedicine innovations, mobile clinics, community health workers, and targeted investment in policy offer a glimmer of hope. With organizations like the Grange working to support policies that will provide rural hospitals with the resources they need, not only to survive but to flourish, increase broadband access, and fighting for crucial programs like Medicaid that provide rural Americans the opportunity to receive the care they need, the fight is just beginning. The resilience of rural communities has long been evident, and now the political will and sustained support of this community will match it.

It will take a lot more than just one person; it will take a community. From voicing your opinions, your stories, expressing how much these programs are needed and just how crucial the ongoing support to sustain rural health is, you can make a difference. Identifying and calling your representative voicing what you care about or sending a personal letter providing a testimony on just how you are being effective by policies is just one way to join.

Rural America cannot fall further behind. Equity in healthcare access must be a national priority, one that must be shown through tangible action. Only then will every American, regardless of where they live, has a fair shot at a healthy life.

10 WAYS TO IMPROVE RURAL HEALTH

- Increased Rural Hospital Funding
- Provide Rural Residency Opportunities for Medical Students
- Mobile Clinc Access
- Increase Broadband Access for telehealth
- Early Cancer Detection Screenings
- Promote Proper PPE Usage
- Combat Food Deserts
- Community Addiciton Services
- Access to Faster and Skilled EMS
- Mental Health Education and Advocacy

HOW TO

CONTACT YOUR LEGISLATOR

Find out who represents you at
https://www.congress.gov/members/find-your-member

BE CLEAR, RESPECTFUL, AND MENTION YOU'RE A CONSTITUENT!

What to do?

- Call their office — district or capitol numbers
- Email or use their official website contact form
- Send a letter to their district or legislative office
- Attend town halls or public meetings to speak directly
- Engage on social media (Twitter, Facebook, etc.)

For more information, visit:
nationalgrange.org

or email us:
info@nationalgrange.org

Sources

[1] Harold D. Miller, The Crisis in Rural Health Care, Center for Healthcare Quality and Payment Reform, accessed July 3, 2025, https://ruralhospitals.chqpr.org/Overview.html.

[2] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Access to Health Care in Rural America (Washington, DC: HHS, October 2024), https://aspe.hhs.gov/sites/default/files/documents/6056484066506a8d4ba3dcd8d9322490/rural-health-rr-30-Oct-24.pdf.

[3] Michael Goldberg, "Mississippi's Rural Hospitals Are in Peril, and Threats to Closures Mount," Associated Press, January 23, 2023, https://apnews.com/article/health-mississippi-state-government-nursing-care-access-to-0f71d4b70b41e46c26f6abc9f26789f6.

[4] S. Jane Henley et al., "Invasive Cancer Incidence, 2004–2013, and Deaths, 2006–2015, in Nonmetropolitan and Metropolitan Counties—United States," MMWR Surveillance Summaries 66, no. 14 (2017): 1–13, https://www.cdc.gov/mmwr/volumes/66/ss/ss6614a1.htm

[5] Paula Chatterjee, "Causes and Consequences of Rural Hospital Closures," Journal of Hospital Medicine 17, no. 11 (November 2022): 938-39, https://doi.org/10.1002/jhm.12973.

[6] U.S. Department of Agriculture, Economic Research Service, "Rural Counties Had Fewer People Move Out During the First Year of the COVID-19 Pandemic," Charts of Note, September 11, 2023, https://www.ers.usda.gov/data-products/charts-of-note/chart-detail?chartId=106760.

[7] "Nebraska Woman Shares Story after Long Battle with Lung Cancer," KLKN-TV, November 3, 2022, https://www.klkntv.com/nebraska-woman-shares-story-after-long-battle-with-lung-cancer/.

[8] U.S. Census Bureau, "Health Insurance in Rural America," United States Census Bureau, April 25, 2019, https://www.census.gov/library/stories/2019/04/health-insurance-rural-america.html.

[9] Erika C. Ziller, Jennifer D. Lenardson, and Andrew F. Coburn, "Health Care Access and Use Among the Rural Uninsured," *Journal of Health Care for the Poor and Underserved* 23, no. 3 (August 2012): 1327–45.

[10] Hardcastle, Kimberly, Leah L. Zullig, and Scott M. Lippman. "Early-Onset Colorectal Cancer Incidence Is Higher among Rural vs. Urban Populations." Cancer Prevention Research, 2023, https://pmc.ncbi.nlm.nih.gov/articles/PMC10557857/.

[11] "Trends in Colorectal Cancer among Young Adults in the United States." JAMA, vol. 321, no. 13, 2019, pp. 1247–1248, https://jamanetwork.com/journals/jama/fullarticle/2735806.

[12] Xiaoyu Wang et al., "Disparities in Rural Genitourinary Cancer Incidence: A Pennsylvania Case Study," Current Oncology 31, no. 12 (2023): 597, https://www.mdpi.com/1718-7729/31/12/597.

[13] Angela D. Liese et al., "Food Store Types, Availability, and Cost of Foods in a Rural Environment," Journal of the American Dietetic Association 107, no. 11 (2007): 1916–1923, https://doi.org/10.1016/j.jada.2007.08.012.

[14] Gopal K. Singh et al., "Rural–Urban Trends and Disparities in Melanoma Incidence and Mortality in the United States, 1990–2020," International Journal of Environmental Research and Public Health 18, no. 9 (2021): 3999, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8162144/.

[15] "Pesticides and Prostate Cancer Risk." Food & Wine, 2023, https://www.foodandwine.com/pesticides-prostate-cancer-risk-8739772.

[16] "Radon in Iowa," Iowa Cancer Consortium, 2023, https://canceriowa.org/radon/.

[17] "Advancing Cancer Care in Rural and Underserved Communities," Cancer Research Institute, 2023, https://www.cancerresearch.org/blog/advancing-cancer-care-in-rural-and-underserved-communities.

[18] Cohen, Elan, et al. "Disparities in Access to Oncology Clinical Trials in the United States." Cancer, vol. 126, no. 14, 2020, pp. 3102–3110. https://doi.org/10.1002/cncr.32849.

[19] Jennifer L. Warren et al., "Cardiovascular Mortality Trends in Rural and Urban U.S. Adults," Journal of the American College of Cardiology, 2023, https://newsroom.heart.org/news/deaths-from-cardiovascular-disease-increased-among-younger-u-s-adults-in-rural-areas.

[20] National Institutes of Health, "Risk of Developing Heart Failure Much Higher in Rural Areas vs. Urban," NIH News Release, 2023, https://www.nih.gov/news-events/news-releases/risk-developing-heart-failure-much-higher-rural-areas-vs-urban.

[21] Garcia, Marc, et al. "Social Factors Help Explain Worse Cardiovascular Health Among Adults in Rural Versus Urban Communities." National Institutes of Health, 2023, https://www.nih.gov/news-events/news-releases/social-factors-help-explain-worse-cardiovascular-health-among-adults-rural-vs-urban-communities.

[22] Amelia K. Boehme et al., "Stroke Mortality Trends in the United States by Urban-Rural Status and Race/Ethnicity," Stroke 53, no. 3 (2022), https://www.ahajournals.org/doi/full/10.1161/STROKEAHA.120.029318.

[23] Pooja Khatri et al., "Rural Patients with Acute Ischemic Stroke Face Delays and Limited Access to Advanced Therapies," National Heart, Lung, and Blood Institute, 2020, https://www.nhlbi.nih.gov/news/2020/stroke-patients-rural-areas-face-lower-quality-care-higher-risk-death.

[24] Augustine O. Odoi et al., "Rural-Urban Differences in Stroke Mortality in the United States," Stroke 51, no. 6 (2020), https://www.ahajournals.org/doi/full/10.1161/STROKEAHA.120.029318.

[25] Lisa M. Rainey et al., "Stroke Disparities in Rural West Virginia," PubMed, 2022, https://pubmed.ncbi.nlm.nih.gov/35125784/.

[26] Karen E. Joynt Maddox et al., "Care Quality and Mortality Among Medicare Beneficiaries Treated at Rural and Urban Hospitals for Acute Cardiovascular Conditions," PubMed, 2022, https://pubmed.ncbi.nlm.nih.gov/35057913/.

[27] Arvind Ganesh et al., "Rural-Urban Differences in Timeliness and Use of Reperfusion Therapy for Acute Ischemic Stroke," Stroke 51, no. 8 (2022): 2501–9, PubMed, https://pubmed.ncbi.nlm.nih.gov/32833593/.

[28] Christie A. Befort et al., "Prevalence of Obesity Among Adults from Rural and Urban Areas of the United States: Findings from NHANES (2005–2008)," Obesity Research & Clinical Practice 12, no. 2 (2018): 103–10, PubMed, https://pubmed.ncbi.nlm.nih.gov/34295580/.

[29] U.S. Department of Agriculture, Economic Research Service, "Food Access Research Atlas," USDA ERS, 2023, https://www.ers.usda.gov/data-products/food-access-research-atlas/.

[30] Kimberly Morland et al., "Neighborhood Characteristics Associated with the Location of Food Stores and Food Service Places," American Journal of Preventive Medicine 22, no. 1 (2002): 23–29

[31] Brandi Franklin et al., "The Hunger-Obesity Paradox: Exploring Food Insecurity and Obesity," Public Health Nutrition 20, no. 15 (2017): 2676–81.

[32] "Food Insecurity Linked to Increased Heart Risks for People with Peripheral Artery Disease," American Heart Association Newsroom, July 1, 2024, https://newsroom.heart.org/news/food-insecurity-linked-to-increased-heart-risks-for-people-with-peripheral-artery-disease.

[33] Centers for Disease Control and Prevention, Diabetes in Rural America: A Policy Brief (U.S. Department of Health and Human Services, 2023), https://www.cdc.gov/rural-health/php/policy-briefs/diabetes-policy-brief.html.

[34] Commonwealth Fund, "In Rural America, a Weak Signal Can Mean Worse Health," The Dose, May 23, 2025, https://www.commonwealthfund.org/publications/podcast/2025/may/in-rural-america-weak-signal-can-mean-worse-health.

[35] S. Kendall et al., "Trends in Diabetes-Related Mortality in Rural and Urban Areas, 1999–2019," Diabetologia 65, no. 5 (2022), https://link.springer.com/article/10.1007/s00125-022-05785-4.

[36] University of Maryland School of Medicine, "People with Diabetes Who Live in Rural Areas Are More Likely to Develop Complications of the Disease," University of Maryland School of Medicine News, 2024, https://www.medschool.umaryland.edu/news/2024/people-with-diabetes-who-live-in-rural-areas-more-likely-to-develop-complications-of-the-disease-um-school-of-medicine-study-finds.html.

[37] OBHG, "National Rural Health Day: Women's Health by the Numbers," OBHG, November 21, 2024, accessed July 8, 2025, https://obhg.com/national-rural-health-day-womens-health-by-the-numbers/.

[38] University of Michigan Institute for Healthcare Policy & Innovation, "Rural Women at Higher Risk of Life-Threatening Pregnancy Complications," IHPI News, published December 2019 (approx.), accessed July 8, 2025, https://ihpi.umich.edu/news/rural-women-higher-risk-life-threatening-pregnancy-complications.

[39] Healio, "Early-Onset Colorectal Cancer Incidence Higher Among Rural vs Urban Populations," Healio: Hematology/Oncology News, November 25, 2020, accessed July 8, 2025, https://www.healio.com/news/hematology-oncology/20201125/earlyonset-colorectal-cancer-incidence-higher-among-rural-vs-urban-populations.

[40] Rural Health Information Hub, "Maternal Health," Rural Health Information Hub, accessed July 8, 2025, https://www.ruralhealthinfo.org/topics/maternal-health.

[41] Anna Derrick, "Overburdened and Underserved: How Rural Women Fall through the Cracks," National Partnership for Women & Families (blog), January 15, 2025, accessed July 8, 2025, https://nationalpartnership.org/overburdened-and-underserved-how-rural-women-fall-through-the-cracks/.

[42] Rural Minds, Serving Rural America: Mental Health Resources and Support, accessed June 25, 2025, https://www.ruralminds.org/serving-rural-america.

[43] Substance Abuse and Mental Health Services Administration, "2022 NSDUH Detailed Tables," CBHSQ Data: National Survey on Drug Use and Health, last modified February 13, 2025, accessed July 8, 2025, https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables

[44] Rural Health Information Hub, Substance Use in Rural America, accessed June 25, 2025, https://www.ruralhealthinfo.org/topics/substance-use.

[45] Rural Health Information Hub. "Substance Use and Misuse in Rural Areas." Rural Health Information Hub. Last updated March 13, 2025. Accessed July 9, 2025. https://www.ruralhealthinfo.org/topics/substance-use.

[46] Centers for Disease Control and Prevention. Opioid Use Disorder: Rural Policy Brief. CDC Rural Health Policy Briefs. Last updated July 24, 2024. Accessed July 9, 2025. https://www.cdc.gov/rural-health/php/policy-briefs/opioid-overdoses-policy-brief.html.

[47] Rural Minds. "Serving Rural America." Rural Minds. Accessed July 9, 2025. https://www.ruralminds.org/serving-rural-america.

[48] Strand, Chuck. "Confronting Alcohol and Drug Addiction in Rural America." Rural Minds Blog, April 11, 2025. https://www.ruralminds.org/rural-minds-blog/confronting-alcohol-and-drug-addiction-in-rural-america.

[49] Centers for Disease Control and Prevention. Motor Vehicle Crash Deaths: How Is the U.S. Doing? Last modified July 7, 2017. Accessed July 9, 2025. https://www.cdc.gov/vitalsigns/motor-vehicle-safety/index.html.

[50] National Highway Traffic Safety Administration. Traffic Safety Facts: Rural/Urban Comparison of Traffic Fatalities. 2023. Accessed July 9, 2025. https://www.nhtsa.gov/.

[51] Centers for Disease Control and Prevention. Motor Vehicle Safety: Rural Policy Brief. Last updated July 24, 2024. Accessed July 9, 2025. https://www.cdc.gov/rural-health/php/policy-briefs/motor-vehicle-policy-brief.html

[52] Hyle, Emily P., Ian S. Davis, Lauren Race, Stephanie Weddington, and Peter Hitchens. "Lighting and Marking Policies Are Associated with Reduced Farm Equipment–Related Crash Rates: A Policy Analysis of Nine Midwestern US States." Traffic Injury Prevention 17, no. 3 (2016): 260–68. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5013097/.

[53] Myers, John R., et al. Tractor Overturn Deaths — 1992 to 2010. National Institute for Occupational Safety and Health, 2014. Accessed July 9, 2025. https://www.cdc.gov/niosh/docs/2014-131/.

[54] United States Department of Transportation, National Highway Traffic Safety Administration, National Center for Statistics and Analysis, Traffic Safety Facts 2022 Data: Rural/Urban Traffic Fatalities, DOT HS 813 599 (Washington, DC: U.S. Department of Transportation, July 1 2024), https://rosap.ntl.bts.gov/view/dot/77525.

[55] National Organization of State Offices of Rural Health (NOSORH). Accessed July 9, 2025. https://nosorh.org/.

[56] Centers for Disease Control and Prevention. Rural Tribal Health: Challenges and Opportunities. 2024. Accessed July 9, 2025. https://www.cdc.gov/rural-health/php/policy-briefs/motor-vehicle-policy-brief.html.

[57] George, Cierra. "An Indigenous Patient's Perspective on Healthcare." Tribal Health. Accessed July 9, 2025. https://tribalhealth.com/an-indigenous-patients-perspective-on-healthcare/.

[58] U.S. Government Accountability Office. Tribal Epidemiology Centers: HHS Actions Needed to Enhance Data Access. GAO-19-74R. November 2018. Accessed July 9, 2025. https://www.gao.gov/assets/gao-19-74r.pdf.

[59] Indian Health Service. American Indian and Alaska Native Behavioral Health Briefing Book. U.S. Department of Health and Human Services. Accessed July 9, 2025. https://www.ihs.gov/sites/dbh/themes/responsive2017/display_objects/documents/AIANBHBriefingBook.pdf.

[60] Centers for Disease Control and Prevention, "Prevalence of Disability and Disability Types by Urban Rural County Classification – United States, 2016," Centers for Disease Control and Prevention, last updated April 8, 2025, accessed July 17, 2025, https://www.cdc.gov/disability-and-health/articles-documents/disability-prevalence.html.

[61] Kayla Alvis, "Individuals with Disabilities in Rural America: The Need for Health Services Research," AcademyHealth Blog, November 15, 2023, accessed July 17, 2025, https://academyhealth.org/blog/2023-11/individuals-disabilities-rural-america-need-health-services-research.

[62] Diana M. Zuckerman, Blind Adults in America: Their Lives and Challenges (Washington, DC: National Research Center for Health Research, 2004), accessed July 17, 2025, https://www.center4research.org/blind-adults-america-lives-challenges/.

[63] Allee Mead, "Enhancing Services for Deaf, Hard of Hearing, and Deafblind Patients in Rural America," Rural Monitor, (Washington, DC: Rural Health Information Hub), October 2019, Rural Health Information Hub, accessed July 17, 2025, https://www.ruralhealthinfo.org/rural-monitor/enhancing-services-for-deaf.

[64] Centers for Disease Control and Prevention. "Vaccination Coverage Among Children Aged 19–35 Months — United States, 2021." Morbidity and Mortality Weekly Report, 2022. Accessed July 9, 2025. https://www.cdc.gov/mmwr/volumes/71/wr/mm7139a1.htm.

[65] Centers for Disease Control and Prevention. "Measles Cases and Outbreaks." CDC, 2025. Accessed July 9, 2025. https://www.cdc.gov/measles/data-research/?CDC_AAref_Val=https://www.cdc.gov/measles/cases-outbreaks.html.

[66] Baumgaertner, Bert, Robert D. Carlisle, Joshua M. K. Leung, and Evan S. Lieberman. "The Influence of Political Ideology and Trust on Willingness to Vaccinate." PLOS ONE 13, no. 1 (2018): e0191728. https://doi.org/10.1371/journal.pone.0191728.

[67] LeadingAge, Nursing Home Closures and Trends, September 2022, https://leadingage.org/wp-content/uploads/2022/09/Nursing-Home-Closures-and-Trends-2.pdf.

[68] National Rural Health Association, National Rural Health Association, accessed July 10, 2025, https://www.ruralhealth.us/.

[69] Kaiser Family Foundation, Medicaid Financing: The Basics, March 21, 2023, https://www.kff.org/medicaid/issue-brief/medicaid-financing-the-basics/.

[70] U.S. Bureau of Labor Statistics, Home Health and Personal Care Aides: Occupational Outlook Handbook, last modified April 17, 2024, https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm.

BENEFITS OF

National Grange

MEMBERSHIP

Educational Programs

Access to free online webinars, workshops, and a YouTube library with topics relevant to local Granges and communities.

Public Relations

Enhanced Grange profile and influence through professional partnerships and media relations.

Trademark Protection

Legal protections for the Grange name, brand, and reputation.

National Convention

An annual grassroots policy-focused National Grange session, which also provides resources for members nationwide.

Grange Month Resources

Provides a theme and resources to promote Grange visibility.

Volunteer & Leader Training

Programs like SHIPmates and Communication Fellows for local leadership and professional development.

Fraternal Network

A nationwide network of members sharing talents, skills, and experiences to develop each others' greatest potential

Website Services

Free website and email for Granges, plus a "Find a Grange" locator listing.

Consistent Governance

Charters issued and reissued to standardize Grange governance.

Skill Preservation Programs

Celebrations of folk arts and homemaking skills to preserve traditional knowledge.

Legislative Engagement

Annual Legislative Fly-In event in Washington, D.C., where members can advocate directly to lawmakers.

Historical Preservation

Management of historical documents, including 19th-century agricultural records and artifacts not found in other collections.

Membership Recognition

Professionally created certificates, pins, and awards for recognizing member contributions and accomplishments.

Unified Identity

A cohesive "brand voice" uniting urban, suburban, and rural communities nationwide.

Policy and Advocacy

A full-time nonpartisan lobbyist in Washington, D.C., representing Grange policy issues, with updates on lobbying efforts and current legislative and rural issues.

Communication Updates

E-newsletters and the *Good Day!* magazine, highlighting member and Grange achievements, and programs to be a part of.

Conference Support

Help with organizing state and regional conferences, including arranging speakers and experts.

Discount Programs

Partnerships with service providers offer substantial discounts to members.

Community Resources

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