



# Left Behind: Health Care in Rural America

*Select Findings from the 7<sup>th</sup> Annual Consumer Health Care Survey*

**TRANSAMERICA CENTER**  
FOR HEALTH STUDIES®

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# Table of Contents

## *Introduction*

About the Author	Page 3
About Transamerica Center for Health Studies®	Page 4
About the Survey	Page 5
Methodology: The 7 <sup>th</sup> Annual Consumer Health Care Survey	Page 6
Terminology	Page 7
Acknowledgements	Page 8

## *Left Behind: Health Care in Rural America*

Key Findings	Page 9
Recommendations	Page 16
Detailed Findings	
– A Portrait of Rural Residents	Page 21
– Rural Residents and Health Care	Page 23
– Employer-Based Health Care Benefits	Page 36
– Health Care Policy	Page 44
Appendix	
– Demographics	Page 47

# About the Author

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A former Peace Corps volunteer, serving in Ethiopia from 2008 to 2011, Chris started his career as an epidemiologist for the Bureau of Women's and Children's Health at the Arizona Department of Health Services. While there, he managed statistical and program evaluation services, and secured millions of dollars in federal grants to support the department's work. He later served as senior technical advisor for The Carter Center, directing initiatives to eradicate neglected tropical diseases. This included a program in Ethiopia that led to a 100-percent reduction in Guinea Worm Disease cases, a landmark outcome.

Chris attended Arizona State University, Tulane University, and Johns Hopkins University, and holds bachelor's degrees in biology and psychology, as well as a master's degree in public health. He currently serves on the board of directors for Make-A-Wish Foundation in Los Angeles.

# About Transamerica Center for Health Studies®

- [Transamerica Center for Health Studies®](#) (TCHS), a division of the [Transamerica Institute®](#) is focused on empowering consumers and employers to achieve the best value and protection from their health coverage, as well as the best outcomes in their personal health and wellness.
- TCHS engages with the public through national surveys, research findings and consumer guidance. TCHS also collaborates with health care experts and organizations that are similarly focused on health coverage and personal health and wellness. For more information about TCHS, please visit [www.transamericacenterforhealthstudies.org](http://www.transamericacenterforhealthstudies.org).
- Although care has been taken in preparing this material and presenting it accurately, TCHS disclaims any express or implied warranty as to the accuracy of any material contained herein and any liability with respect to it.
- Transamerica Institute is a nonprofit, private foundation funded by contributions from Transamerica Life Insurance Company and its affiliates, as well as unaffiliated third parties.

# About the Survey

- Since 2013, nonprofit Transamerica Center for Health Studies® (TCHS) has conducted an annual national survey of U.S. consumers assessing trends in health coverage, personal health, and wellness. The overarching goals for the study are to reveal emerging trends, create awareness, and help educate the public.

# Methodology: 7<sup>th</sup> Annual Consumer Health Care Survey

- The analysis contained in this report was prepared internally by the research team at TCHS.
- A 20-minute survey was conducted online within the United States between Aug. 7 to 19, 2019 among a nationally representative sample of 3,760 health care consumers by The Harris Poll on behalf of TCHS. Respondents met the following criteria:
  - U.S. residents
  - Age 18 to 64
- The base includes:
  - 1,099 urban residents
  - 1,795 suburban residents
  - 866 rural residents
- Data were weighted as follows:
  - Figures for education, age by gender, region, and household income were weighted where necessary to bring them into line with the population of U.S. residents ages 18 to 64 (based on the March 2018 Current Population Survey), separately by race, and ultimately combined into a total general population sample. A separate weight was created for U.S. residents ages 18-64 who are currently uninsured, utilizing the most current information from Gallup 2018 for age and ethnicity. A separate weight was also created for Millennials (ages 23 to 39) and Generation Z (Gen Z, ages 18 to 22) using the March 2018 Current Population Survey for type of employment (in addition to the variables above) to ensure representativeness.
  - The weighting also adjusts for attitudinal and behavioral differences between those who are online versus those who are not, those who join online panels versus those who do not, and those who respond to surveys versus those who do not.
- Percentages are rounded to the nearest whole percent. Percentages may not add up to 100% due to weighting, computer rounding, and/or the acceptance of multiple responses.

# Terminology

*This report uses the following terminology:*

## Residence

*Rural* area or small town

*Urban* or city area

*Suburban* or area next to a city

## Generations

*Generation Z*: Born 1997 to 2001

*Millennials*: Born 1980 to 1996

*Generation X*: Born 1965 to 1979

*Baby Boomers*: Born 1946 to 1964

## Employment

*Worker* refers to an adult employed either full-time, part-time, or self-employed.

# Acknowledgements

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# Key Findings

Rural America is becoming a medical desert with fewer hospitals and medical professionals available. Its residents live in geographic areas that can limit their immediate access to health care. Researchers at The University of North Carolina at Chapel Hill report more than 125 U.S. rural hospitals have closed in the past decade, making it even more difficult to maintain adequate supplies and attract health care workers to these areas.\* Today, the COVID-19 pandemic is exacerbating this tenuous situation and raising concerns about the capacity, accessibility, and affordability of health care in rural areas.

***Left Behind: Health Care in Rural America*** explores the affordability, coverage, health status, engagement, and health care interventions for rural residents age 18 to 64. Based on findings from the [7th Annual Transamerica Center for Health Studies Consumer Survey](#), conducted prior to the pandemic in 2019, it compares the health and health care related attitudes and behaviors of rural residents with those of urban and suburban residents.

## *A Portrait of Rural Residents*

Over the past century, the U.S. has experienced a wave of urbanization, with a great deal of the rural population migrating to urban areas throughout the country. Those now residing in rural areas reflect a striking demographic portrait. The survey finds the population of rural residents age 18 to 64 to have more women (55 percent) than men (43 percent). It comprises a generational mix of Generation Z (15 percent), Millennials (31 percent), Generation X (26 percent), and Baby Boomers who are under age 65 (28 percent). Slightly more than half (51 percent) of rural residents are employed either full time (41 percent) or part time (10 percent).

\* <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>

# Key Findings

## *Rural Residents and Health Care*

Conducted before the pandemic, the survey finds that rural residents tend to be less healthy, less insured, less likely to be able to afford routine health care costs, and less likely to make health care visits:

- **Rural Residents Are Less Likely to Self-Identify as Healthy.** Almost seven in 10 rural residents (69 percent) describe themselves as being in "excellent" (17 percent) or "good" health (52 percent). Thirty-one percent describe themselves as being in "fair" (26 percent) or "poor" health (5 percent). Rural residents (69 percent) are less likely to describe their health as excellent/good compared with urban residents (80 percent) and suburban residents (78 percent).
- **Almost Seven in 10 Have a Health Condition.** Sixty-nine percent of rural residents have been told by a health care provider that they have at least one health condition (e.g., depression, high blood pressure, arthritis, obesity, etc.), a finding that is slightly higher than urban (66 percent) and suburban residents (64 percent). However, rural residents (31 percent) are significantly more likely to have been told they have a mental health condition than suburban residents (24 percent), but are similar to urban residents (29 percent).
- **Rural Residents Are Most Likely to Be Uninsured.** Eighty-one percent of rural residents have health insurance and a concerning 19 percent do not. Rural residents (38 percent) are less likely to receive health insurance benefits through an employer, compared with urban (53 percent) and suburban residents (59 percent). Rural (13 percent) and urban residents (12 percent) are more likely to receive health insurance benefits through Medicaid or another state funded program, compared with suburban residents (6 percent).
- **Rural Residents Are Less Likely to Be Able to Afford Routine Health Care Costs.** Three in four rural residents (75 percent) say they are currently able to afford routine health care expenses (e.g., health insurance co-pays, deductibles, and out-of-pockets expenses), which is lower than reported by urban (82 percent) and suburban residents (85 percent).

# Key Findings

## *Rural Residents and Health Care (continued)*

- **Rural Residents Are Less Likely to Have One Primary Care Doctor.** Almost three in four rural residents (73 percent) have one primary care doctor that they regularly see, which is lower than urban (83 percent) and suburban residents (82 percent).
- **Rural Residents Generally Make Fewer Health Care Visits.** Rural residents report making fewer health care visits compared with urban residents. In the past 12 months, rural residents most frequently report visiting the doctor's office one or more times (70 percent), followed by visits to have their blood drawn for lab analysis (55 percent), visits to have an imaging scan (32 percent), and visits to an urgent care center (23 percent). Although telemedicine can allow people more access to health care, only eight percent of both rural and suburban residents report having used it at least once in the past year, compared with 15 percent of urban residents.
- **Rural Residents Are Less Likely to Cite Saving for Health Care Expenses.** Thirty-three percent of U.S. adults are currently saving for health care in accounts such as a flexible spending account (FSA), a health savings account (HSA), or a bank account. Fewer rural residents (24 percent) are currently saving in these accounts, compared with urban (38 percent) and suburban residents (34 percent).
- **Rural Residents Generally Less Likely To Be Satisfied With the Quality of Health Care.** Eight in 10 rural residents (80 percent) are very or somewhat satisfied with the quality of the health care system they have access to today, compared with urban (88 percent) and suburban residents (83 percent).
- **Rural and Suburban Residents Are Less Likely to Ask Doctors About Online Searches.** Thirty-four percent of U.S. adults say they have asked their doctor about a diagnosis or treatment they found through an online search (e.g., Google, Yahoo, Bing, etc.) or online. Fewer rural and suburban residents (both 31 percent) have done so, compared with urban residents (42 percent).
- **Rural Residents Are Generally Less Likely to Use Mobile Health Technology.** In 2019, only one in five rural residents (19 percent) report having used mobile health technology in the past 12 months, such as an app to help monitor or diagnose a health condition, which is significantly lower than reported by urban residents (34 percent) and slightly lower than reported by suburban residents (23 percent).

# Key Findings

## *Rural Residents and Health Care (continued)*

- **Rural Residents Are Less Likely to Have an Advance Health Directive.** Significantly fewer rural residents (24 percent) have an advance health directive compared with urban (37 percent) and suburban residents (29 percent). Only 30 percent of U.S adults say they have an advance health directive for terminal medical conditions.
- **Rural Residents Are Less Likely to Have Health-Related Priorities.** Almost one in four (23 percent) rural residents say they don't have any health-related priorities right now, a finding that is significantly higher than reported by urban residents (12 percent) and suburban residents (14 percent). Rural residents are also less likely to say one of their most important health-related priorities is “staying healthy – covering basic preventive health care expenses” (36 percent), compared with urban residents (46 percent) and suburban residents (52 percent). However, rural residents (21 percent) are slightly more likely to say one of their most important health-related priorities is “managing a chronic illness/condition,” compared with urban and suburban residents (both 18 percent).

Amid the pandemic, these inequities faced among rural residents are likely intensifying. Much can and should be done to raise awareness of the issues and implement interventions that can help mitigate risks.

## *Employer-Based Health Care Benefits*

For many, employment is not only a means to financial security but also a way to obtain health insurance coverage and other employee benefits. Unfortunately, rural workers are less likely to be offered health-related benefits by their employers, according to the survey's findings:

- **Rural Workers Are Generally Less Likely to Say Employers Support Health.** Rural workers are less likely to receive health-related support from their employers. Fewer than half of rural workers (46 percent) indicate their companies' leaders are committed to worker health, safety, and wellbeing, which is markedly lower than urban workers (55 percent) and slightly lower than suburban workers (49 percent). Rural workers (33 percent) are also less likely to indicate their employer provides the resources necessary to maintain good health, compared with urban (57 percent) and suburban workers (46 percent).

# Key Findings

## *Employer-Based Health Care Benefits (continued)*

- **Rural Workers Offered Fewer Health Care Benefits But Enroll Similarly.** Across the board, rural workers say they are offered fewer health-related benefits than urban and suburban workers but enrollment rates among those offered each benefit are comparable. For example, two in three rural workers (66 percent) say they are offered major medical insurance, compared with urban (75 percent) and suburban (74 percent) workers, but among those offered this benefit, about three in four enroll from each demographic (74 percent vs. 74 percent vs. 75 percent, respectively).
- **Fewer Rural Workers Say Employers Are Concerned About Affordability.** Almost seven in 10 rural workers (69 percent) say their employers are concerned about the health and well-being of their employees, a finding that is similar to urban (73 percent) and suburban workers (68 percent). However, rural workers (57 percent) are significantly less likely to say that their company is concerned about the affordability of employee health insurance compared with urban workers (68 percent). Notably, rural workers (54 percent) are also significantly less likely to say their employer is concerned about their employees being able to afford their out of pocket health care expenses compared with urban workers (65 percent).
- **Fewer Rural Workers Cite Satisfaction With Health Insurance at Work.** Seven in 10 rural workers (70 percent) agree with the statement, “I am satisfied with the health insurance plan available to me through work,” including 23 percent who “strongly agree” and 47 percent who “somewhat agree.” However, they are less likely to agree with the statement, compared with urban (84 percent) and suburban workers (80 percent).
- **Rural Workers Less Likely to Be Offered a Workplace Wellness Program.** Forty-three percent of workers indicate their employer offers them a workplace wellness program. However, significantly fewer rural workers (30 percent) say they are offered a program, compared with urban (52 percent) and suburban workers (43 percent).
- **Rural Workers Less Likely to Be Offered Various Wellness Programs.** Rural workers are less likely to say they are offered various types of workplace wellness programs and are less likely to enroll in most of these programs, compared with urban workers. For instance, fewer rural workers say they are offered the chance to complete a health risk appraisal (60 percent) compared to urban workers (69 percent) and have less enrollment among all workers (37% vs. 45%, respectively).

# Key Findings

## *Employer-Based Health Care Benefits (continued)*

- **Rural Workers Are Less Likely to Get Information From Employers.** One in three rural workers (34 percent) say they do not receive information about health coverage or health and wellness from their employer, a finding significantly higher than reported by urban (22 percent) and suburban workers (23 percent). Compared to urban and suburban workers, rural workers are least likely to say they receive information about health coverage or health and wellness through each of the various methods, such as a laptop (29 percent), printed materials/pamphlet (21 percent), and in person or face-to-face communication (20 percent).

Before the pandemic, rural workers were already at a disadvantage compared with urban and suburban workers in terms of access to employer-sponsored health benefits. Amid the pandemic, without these benefits, rural workers may be more financially vulnerable to health care-related costs and, if uninsured, may have difficulty obtaining care.

## *Health Care Policy*

Improving the health care system has the potential to help people live healthier lives—and help health care providers and consumers save money in the process. The survey findings illustrate the level of awareness of potential policy changes among rural residents and identify specific policy-related concerns:

- **Rural Residents Are Least Likely to Be Aware of Health Care Policy Changes.** Only one in five rural residents (19 percent) say they are extremely or very aware of potential changes to health care policy coming out of Washington D.C, a finding that is somewhat similar to suburban residents (22 percent) but lower than urban residents (34 percent).

# Key Findings

## *Health Care Policy (continued)*

- **Nearly Half of Rural Residents Want Policy to Include Pre-Existing Conditions.** Forty-three percent of U.S. adults would like to see pre-existing conditions coverage included in health care coverage policy. Rural and suburban residents (both 46 percent) are most likely to support such a policy, compared with urban residents (38 percent).

Well-designed health care policy can improve the quality, cost, and accessibility of health care. Even so, more can be done to ensure equitable distribution of care, especially in the rural areas where COVID-19 has exposed risks in the health care system that must be addressed to protect the safety and well-being of the population. Gaps in rural health care are becoming more pronounced and urgent as small towns have some of the highest per capita coronavirus infection rates in the country, and often fewer resources to respond.

## ***Left Behind: Health Care in Rural America***

Health care in rural America was already showing signs of distress prior to the pandemic. Today, more can and should be done to ensure a more equitable distribution of care, especially in the rural areas where COVID-19 has further exposed significant risks ranging from capacity and accessibility to affordability. Raising awareness combined with infrastructure improvements and a modernization of health care policy can help mitigate these risks.

The workplace is an effective entry point for health care interventions. Employer-sponsored health benefits and workplace wellness programs can promote healthy behaviors and higher levels of insurance coverage. Because rural workers are less likely to be offered such benefits, an effort should be undertaken to encourage their employers to offer them. Unfortunately, the pandemic has also brought about widespread unemployment and many workers may lose their benefits. These displaced workers should be informed of their options for obtaining health insurance coverage (e.g., COBRA, health insurance exchanges, individual coverage).

Lastly, the survey findings identify opportunities for rural residents to increase their level of engagement with their health and health care—and thereby improve their situation and outcomes. Promoting these opportunities can help empower and inspire individuals to take action.

# Recommendations for Individuals

As the U.S. health care system experiences unprecedented challenges associated with COVID-19, individuals should do everything in their power to protect themselves and their health. Rural residents may face even more challenges now and in the future as health care resources become more strained. Recommendations to address these concerns include:

- 1. Take preventive measures to protect yourself and your family from COVID-19.** The CDC recommends frequent hand washing, to avoid touching your face, to maintain six feet from others, to wear a cloth face cover when leaving home, to disinfect frequently touched surfaces, and for older adults or those with severe chronic conditions to stay home.
- 2. Obtain health insurance coverage, if possible.** Though coverage can be costly, it is far more expensive and potentially catastrophic to pay for care without health insurance. Those eligible should explore Medicare, Medicaid, and low-income options through [www.healthcare.gov](http://www.healthcare.gov)
- 3. Consider health care benefits as part of the total employment package.** When considering job opportunities, inquire about health care benefits and evaluate offers based on everything offered.
- 4. Participate in workplace wellness programs and buy employer-based health insurance, if available.** Participating in employer-based health care programs can be more cost-effective than purchasing the same services outside the workplace.
- 5. Set aside an emergency fund for unexpected health care expenses.** When possible, save for health care expenses to help alleviate long-term financial concerns.
- 6. Visit a primary care physician annually.** Establishing routine visits with a primary care physician can help personalize care, can leverage prevention practices (yearly physicals/ob-gyn exams are free with no copays for most insurance plans), and can help detect disease at early, manageable stages.
- 7. Take advantage of telemedicine and mobile health technology when traditional health care is unavailable.** Investing in low-cost broadband or utilizing wireless access points in your community (i.e. local library or public business) can provide more access to health care expertise, including mental health support services.
- 8. Be proactive in maintaining health care coverage.** Signing up for automatic renewal ensures there are no gaps in your coverage.
- 9. Shop around for the best quality and value for health insurance and medical procedures.** The price of many policies and procedures can be reduced, if requested.
- 10. Prioritize health and wellbeing.** Learning more about your health with your doctor, making nutritious decisions at the grocery store, and getting into a fitness routine can help you save on future health care expenses.
- 11. Establish an advance health care directive, if needed.** Planning end of life decisions ensures your preferences are honored and prevents unnecessary stress among family members.



# Recommendations for Employers

Employer-sponsored health care benefits can have a profound impact on the overall health of workers. Working with their employee benefits advisors and human resource departments, employers can provide health coverage and programming to bolster the well-being and productivity of workers. Action steps include:

1. **Ensure workplace has COVID-19 control measures in place.** Provide workers the opportunity to work from home when possible. Employers should consider daily health checks for remaining workers, with reminders to wear a cloth face covering and to maintain social distancing, as per CDC guidance.
2. **Investigate the full spectrum of employer health insurance plans available and use economies of scale to negotiate the best possible price for workers.** Keep workers informed of the process to demonstrate concern and transparency.
3. **Provide numerous health insurance options for workers.** Workers appreciate having more control over their health care decisions, especially in choosing coverage that aligns with their budget and preferences.
4. **Extend health insurance eligibility to part-time and small business workers.** Offering health coverage can help employers attract and retain workers, as well as improve productivity and health outcomes.
5. **Offer and encourage enrollment in worksite wellness programs.** Include workers in development and evaluation of wellness programming for more buy-in and engagement.
6. **Ensure leadership signals importance of, and participates in, worksite wellness activities.** Workers will likely be more engaged in workplace wellness if the leadership practices what they preach and partakes in the activities.
7. **Incentivize proactive health initiatives inside and outside the workplace.** Giving workers time off to receive vaccinations, preventive screenings, and biometric services can maintain good employee health and boost long-term productivity for employers.
8. **Create a rich culture of health in the workplace and implement policies conducive to healthy behavior.** This can include establishing a smoke-free policy, healthy food options, exercise breaks, wellness walks, corporate challenges, etc.
9. **Share important health information with workers through engaging electronic and print media.** As part of a comprehensive wellness strategy, employers should consider disseminating health tips, policy changes, and reminders for staff to utilize free annual preventive services.
10. **Employers isolated from nearby health facilities can benefit from an on-site clinic.** Bringing in health care professionals can improve medication adherence and increase participation in immunizations, biometrics screenings, and physicals.
11. **Offer wellness activities, including mental health interventions, for those working from home.** With the onset of COVID-19, more people will be working virtually and wellness activities will also need to be conducted and supported remotely.

# Recommendations for Policymakers

Health insurance coverage is a lifeline for countless patients across the country who require medical treatment and for those looking to access preventive care. Subsequently, policymakers have an opportunity to improve the health and wellness of their constituency by bolstering access to coverage, care, and health education. Recommendations for policymakers include:

- 1. Support relief programs for employers and workers impacted by COVID-19.** Consider policy that ensures those displaced or affected by the pandemic receive the support needed during this difficult time.
- 2. Preserve coverage provisions protecting those with pre-existing health conditions.** Obtaining and keeping health coverage continues to be a top concern for those living with pre-existing conditions.
- 3. Incentivize employers to provide coverage to part-time workers.** Federal or state tax incentives, especially in rural areas, could provide the impetus needed for a healthier work force and more compensated health care in the community.
- 4. Incentivize small businesses to provide coverage to workers.** Providing better loan rates and Small Business Administration (SBA) initiatives would help offset the coverage costs for small businesses.
- 5. Address lack of medical facilities, medical professionals, and health resources in rural areas.** Revisit the competitive bidding process in private health care, the distribution of Federally Qualified Health Centers, and introduce better incentives for medical professionals to train and practice in rural areas.
- 6. Close the digital divide.** Consider providing (and subsidizing) more broadband, as well as telemedicine services in low-income and rural communities.
- 7. Provide more flexibility and support to help rural health care facilities meet regulatory obligations.** Short staffed hospitals can struggle with regulatory burdens and can benefit from additional assistance/flexibility.
- 8. Customize public health communication strategies for rural communities.** Consider expanding public health awareness campaigns for common health conditions and encourage preventive screenings.
- 9. Address transportation barriers preventing rural residents from accessing care.** Pooled or subsidized transport can improve health care access and reduce rural bypass to larger urban hospitals.
- 10. Support policy that helps rural hospitals thrive.** Revisit the implications of Medicaid expansion and its potential association with rural hospital viability.
- 11. Identify and implement public policy reforms to reduce health care costs.** Consider launching a task force to elicit recommendations from major public health advocacy groups such as AMA, Public Health Institute, and APHA.

**Left Behind: Health Care in Rural America**  
*Detailed Findings*

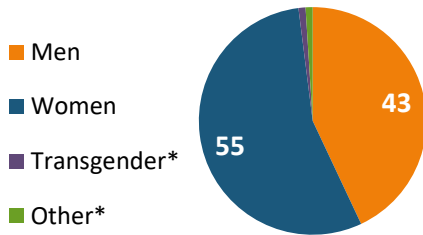
# *A Portrait of Rural Residents*

# A Portrait of Rural Residents

The population of rural residents has more women (55 percent) than men (43 percent). Rural residents comprise a mix of Generation Z (15 percent), Millennials (31 percent), Generation X (26 percent), and Baby Boomers (28 percent) under the age of 65. Slightly more than half of rural residents (51 percent) are employed either full time (41 percent) or part time (10 percent).



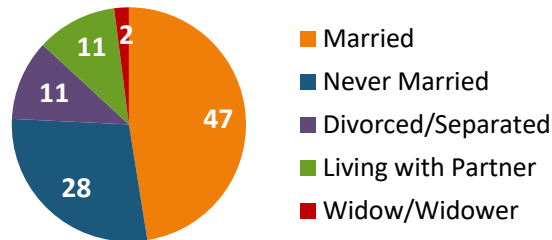
**GENDER (%)**



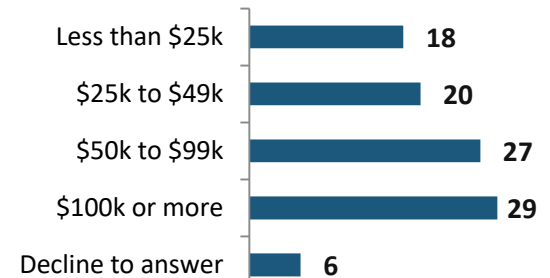
\*Note: Transgender: 1%, Other: 1%, Decline to answer: 1%



**MARITAL STATUS (%)**



**HOUSEHOLD INCOME (%)**



**Estimated Median Income: \$54,100**



**GENERATION (%)**



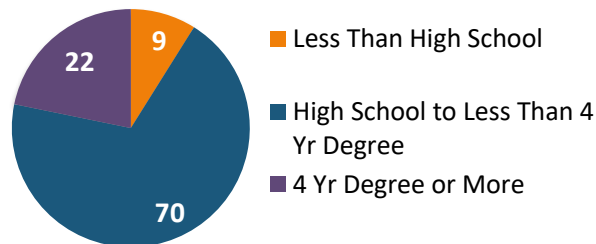
Gen Z Millennials Gen X Baby Boomers

\*Note: Baby Boomer sample does not include those age 65+

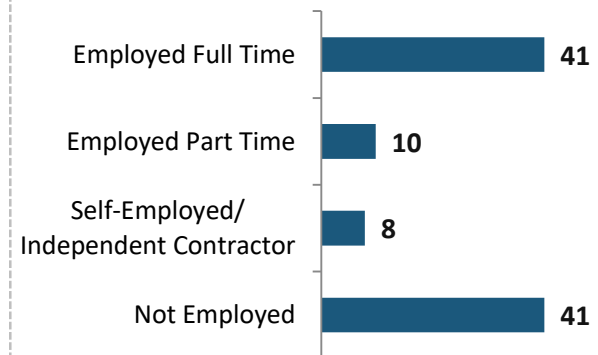
**Median Age: 42**



**EDUCATION (%)**



**EMPLOYMENT (%)**



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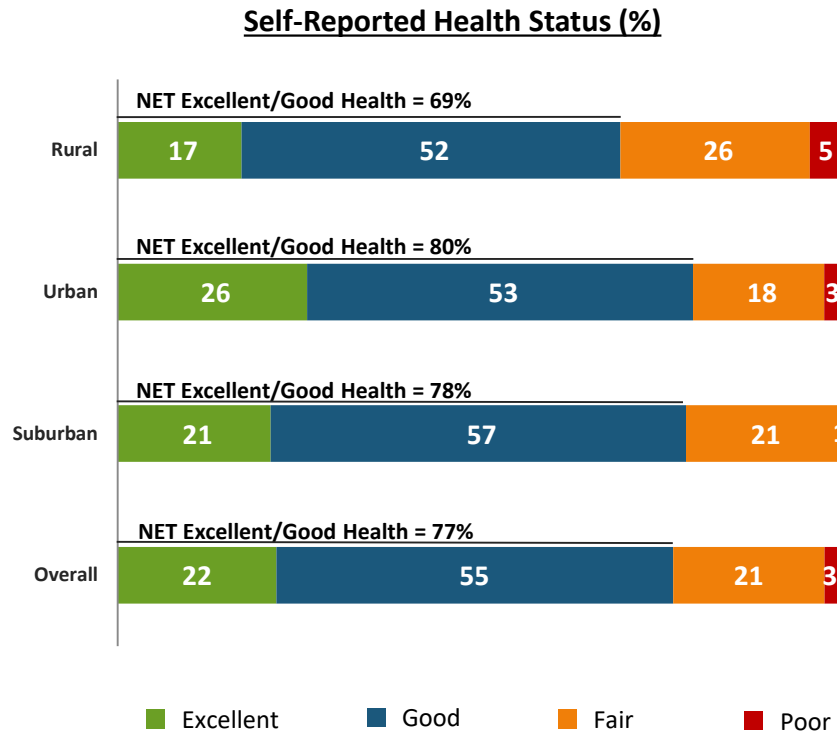
NOTE: Percentages are rounded to the nearest whole percent. Percentages may not add up to 100% due to weighting, computer rounding, and/or the acceptance of multiple responses.

BASE: ALL QUALIFIED RESPONDENTS

## *Rural Residents and Health Care*

# Rural Residents Are Less Likely to Self-Identify as Healthy

Almost seven in 10 rural residents (69 percent) describe themselves as being in "excellent" (17 percent) or "good" health (52 percent). Thirty-one percent describe themselves as being in "fair" (26 percent) or "poor" health (5 percent). Rural residents (69 percent) are less likely to describe their health as excellent/good compared with urban residents (80 percent) and suburban residents (78 percent).



NOTE: Percentages are rounded to the nearest whole percent. Percentages may not add up to 100% due to weighting, computer rounding, and/or the acceptance of multiple responses.

BASE: ALL QUALIFIED RESPONDENTS

Q715. Overall, how would you describe your general health?

# Almost Seven in 10 Have a Health Condition

Sixty-nine percent of rural residents have been told by a health care provider that they have at least one health condition (e.g., depression, high blood pressure, arthritis, obesity, etc.), a finding that is slightly higher than urban (66 percent) and suburban residents (64 percent). However, rural residents (31 percent) are significantly more likely to have been told they have a mental health condition than suburban residents (24 percent), but are similar to urban residents (29 percent).

Health Conditions Diagnosed by Provider*	Rural	Urban	Suburban	Overall
<b>NET- Have been told by health care provider they have any health condition</b>	<b>69%</b>	<b>66%</b>	<b>64%</b>	<b>66%</b>
<b>NET- Have been told by health care provider they have a mental health condition (depression, anxiety disorder, ADD/ADHD, alcohol or drug dependency)</b>	<b>31%</b>	<b>29%</b>	<b>24%</b>	<b>27%</b>
Depression	23%	20%	16%	19%
Anxiety disorder	18%	14%	14%	15%
High blood pressure	21%	17%	20%	19%
Overweight	17%	16%	15%	16%
High cholesterol	16%	16%	17%	17%
Arthritis	16%	11%	10%	11%
Migraines	14%	11%	11%	11%
Obesity	12%	10%	9%	10%
Heartburn/GERD	12%	8%	10%	10%
Chronic pain	12%	8%	7%	8%
Asthma or other respiratory disease	11%	9%	8%	9%
<b>NONE</b>	<b>28%</b>	<b>32%</b>	<b>34%</b>	<b>32%</b>

\* Excludes "Decline to answer" and responses of less than 10 percent for rural respondents (e.g., cancer, stroke, other)



# Rural Residents Are Most Likely to Be Uninsured

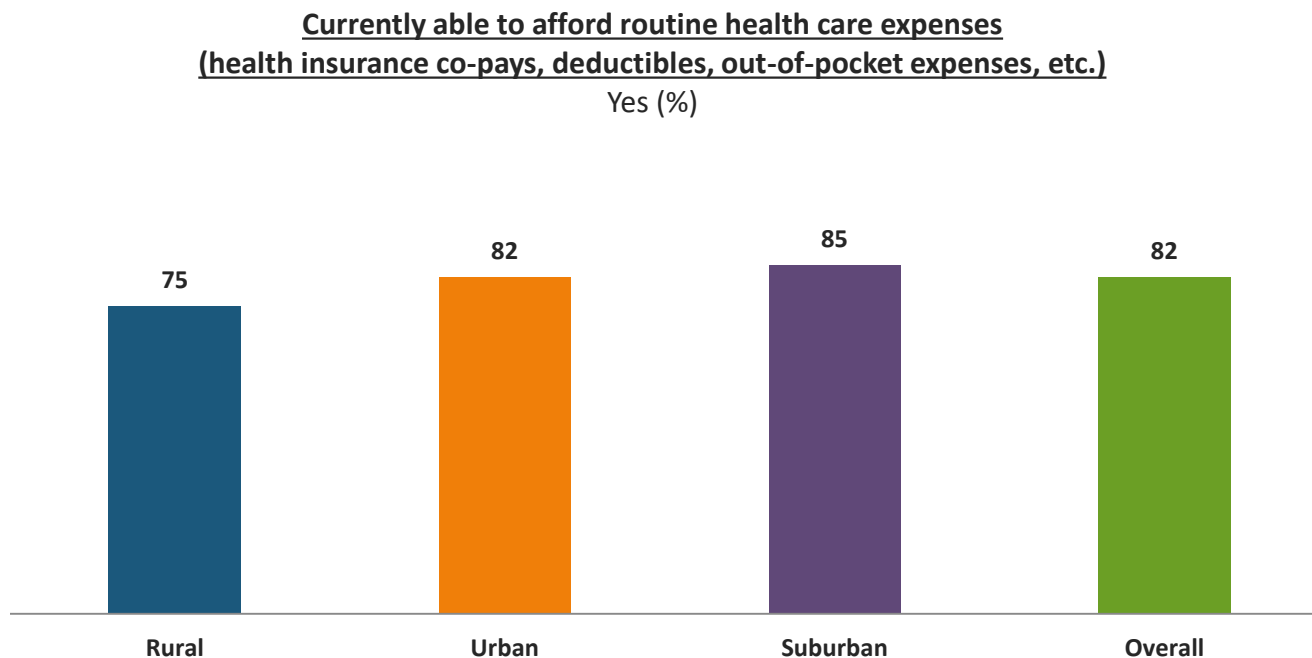
Eighty-one percent of rural residents have health insurance – and a concerning 19 percent do not. Rural residents (38 percent) are less likely to receive health insurance benefits through an employer, compared with urban (53 percent) and suburban residents (59 percent). Rural (13 percent) and urban residents (12 percent) are more likely to receive health insurance benefits through Medicaid or another state funded program, compared with suburban residents (6 percent).

Which of the following best describes how you primarily receive health insurance?	Rural	Urban	Suburban	Overall
<b>NET- INSURED</b>	<b>81%</b>	<b>90%</b>	<b>89%</b>	<b>87%</b>
I receive benefits through an employer	38%	53%	59%	53%
I receive benefits through Medicaid or another state funded program	13%	12%	6%	10%
I receive benefits through Medicare	7%	5%	4%	5%
I buy my own health insurance through a public health insurance exchange such as <a href="https://www.healthcare.gov">healthcare.gov</a> or the state-based exchange	6%	3%	3%	4%
I buy my own health insurance from a private health insurance company	5%	5%	4%	4%
I receive benefits through a union	3%	4%	3%	3%
<b>I DO NOT HAVE HEALTH INSURANCE AT THIS TIME</b>	<b>19%</b>	<b>10%</b>	<b>11%</b>	<b>13%</b>

*Note: Excludes responses of less than three percent for rural respondents (e.g., private insurance plan in traditional market from parents, VA benefits, trade association, etc.)*

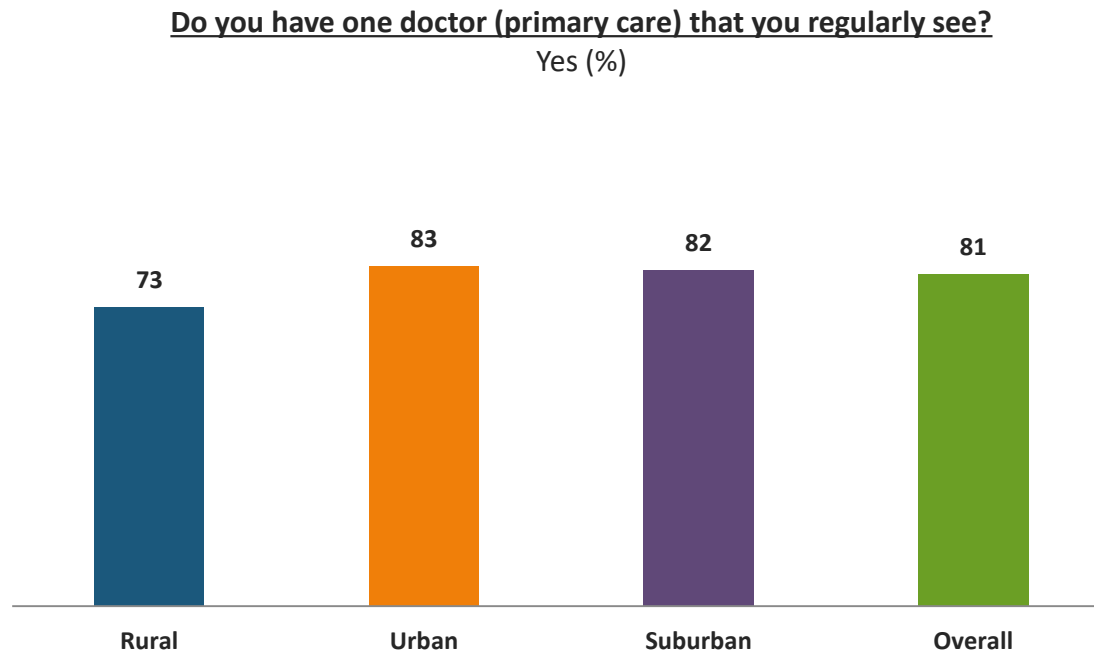
# Rural Residents Less Likely to Be Able to Afford Routine Health Care Costs

Three in four rural residents (75 percent) say they are currently able to afford routine health care expenses (e.g., health insurance co-pays, deductibles, and out-of-pockets expenses), which is lower than reported by urban (82 percent) and suburban residents (85 percent).



# Rural Residents Are Less Likely to Have One Primary Care Doctor

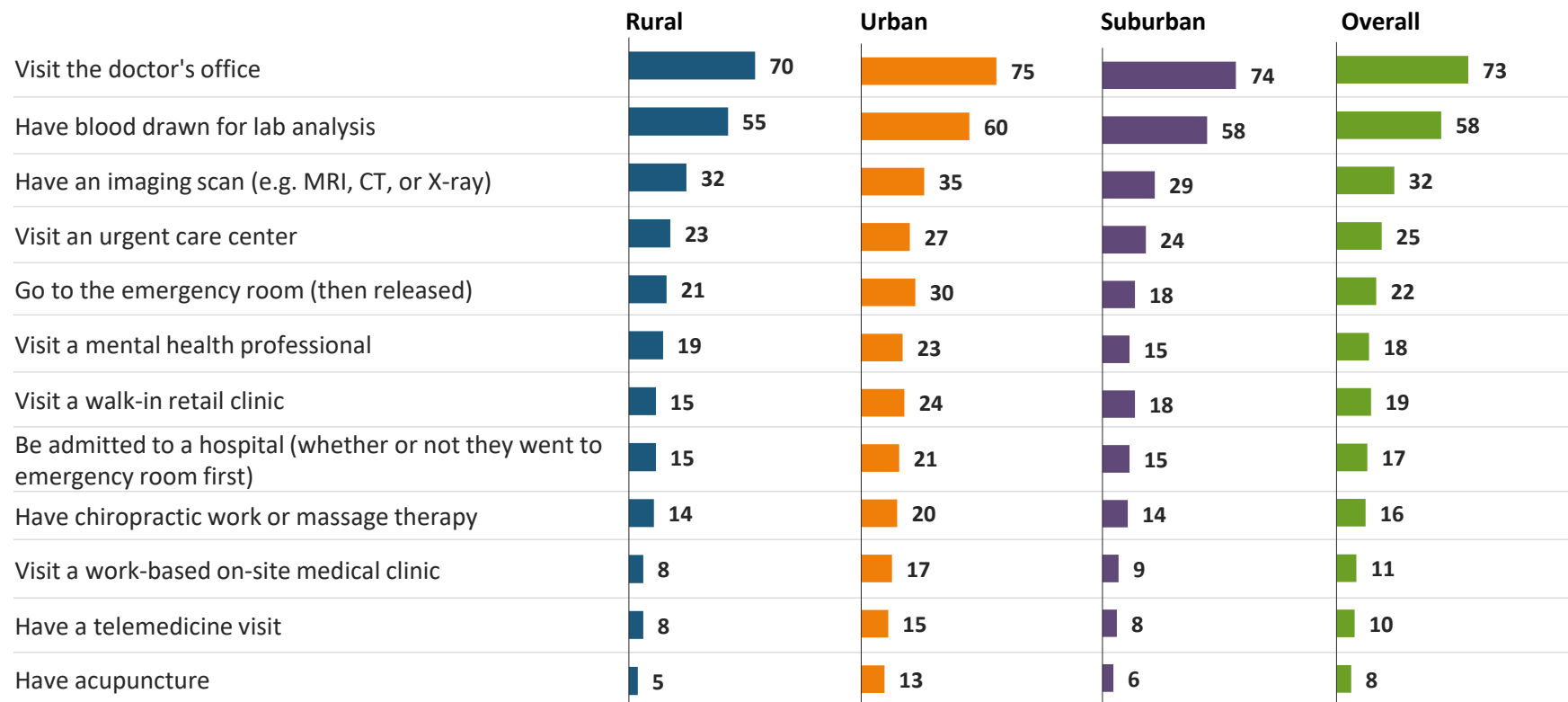
Almost three in four rural residents (73 percent) have one primary care doctor that they regularly see, which is lower than urban (83 percent) and suburban residents (82 percent).



# Rural Residents Generally Make Fewer Health Care Visits

Rural residents report making fewer health care visits compared with urban residents. In the past 12 months, rural residents most frequently report visiting the doctor's office one or more times (70 percent), followed by visits to have their blood drawn for lab analysis (55 percent), visits to have an imaging scan (32 percent), and visits to an urgent care center (23 percent). Although telemedicine can allow people more access to health care, only eight percent of both rural and suburban residents report having used it at least once in the past year, compared with 15 percent of urban residents.

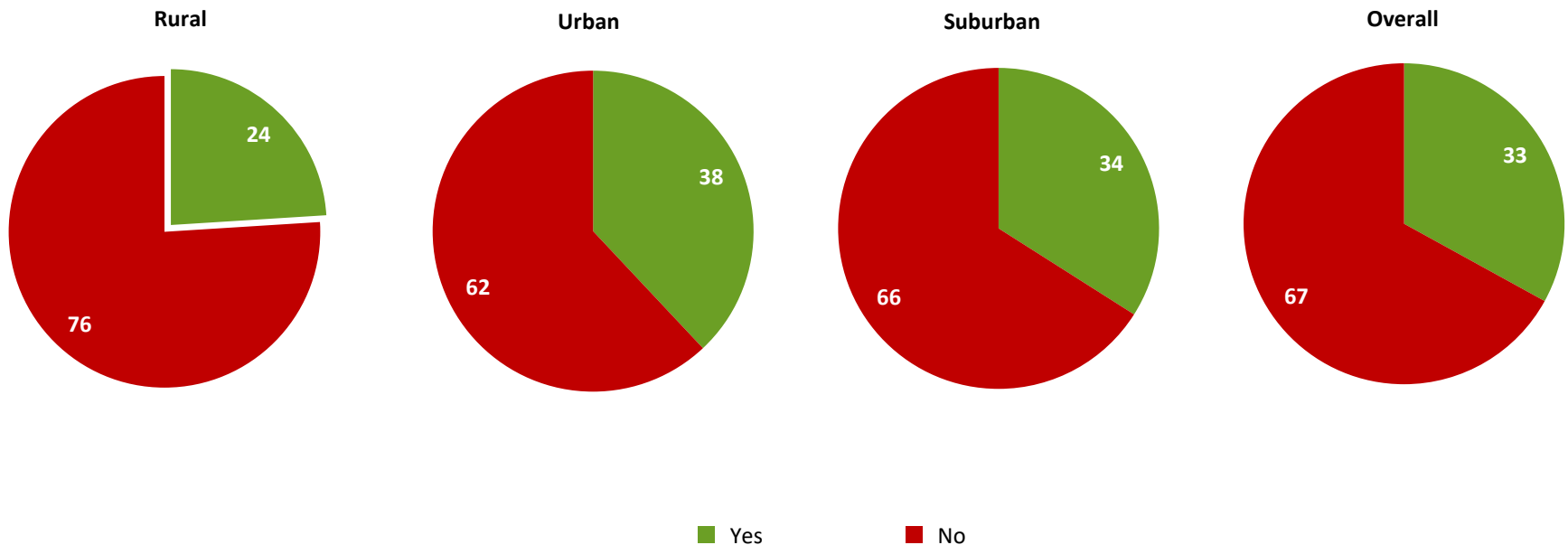
## One or more visits in the past 12 months: (%)



# Rural Residents Are Less Likely to Cite Saving for Health Care Expenses

Thirty-three percent of U.S. adults are currently saving for health care in accounts such as a flexible spending account (FSA), a health savings account (HSA), or a bank account. Fewer rural residents (24 percent) are currently saving in these accounts, compared with urban (38 percent) and suburban residents (34 percent).

**Are you currently saving for health care expenses, in accounts such as a flexible spending account (FSA), health savings account (HSA), bank account, etc.? (%)**



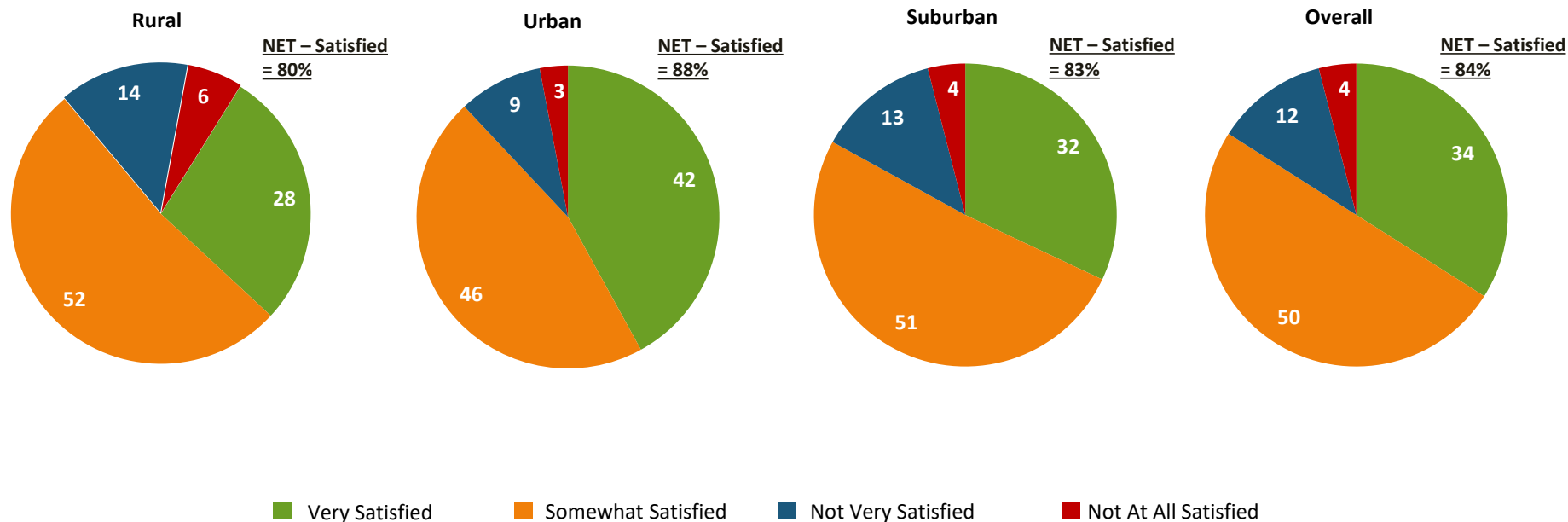
BASE: ALL QUALIFIED RESPONDENTS

Q755. Are you currently saving for health care expenses, in accounts such as a flexible spending account (FSA), health savings account (HSA), bank account, etc.?

# Rural Residents Generally Less Likely To Be Satisfied With the Quality of Health Care

Eight in 10 rural residents (80 percent) are very or somewhat satisfied with the quality of the health care system they have access to today, compared with urban (88 percent) and suburban residents (83 percent).

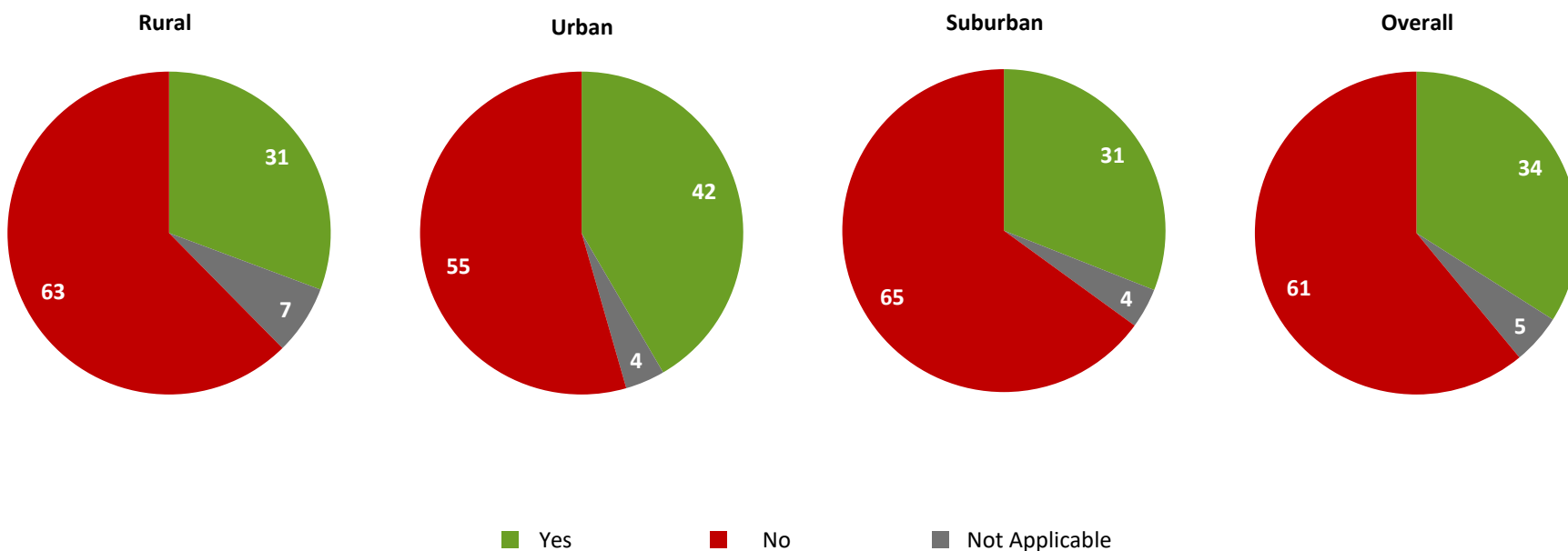
**Overall, how satisfied are you with the quality of the health care system you have access to today? (%)**



# Rural and Suburban Residents Less Likely to Ask Doctors About Online Searches

Thirty-four percent of U.S. adults say they have asked their doctor about a diagnosis or treatment they found through an online search (e.g., Google, Yahoo, Bing, etc.) or online. Fewer rural and suburban residents (both 31 percent) have done so, compared with urban residents (42 percent).

**Have you ever asked your doctor about a diagnosis or treatment you found through a search (Google, Yahoo, Bing, etc.) or online? (%)**



NOTE: Percentages are rounded to the nearest whole percent. Percentages may not add up to 100% due to weighting, computer rounding, and/or the acceptance of multiple responses.

BASE: ALL QUALIFIED RESPONDENTS

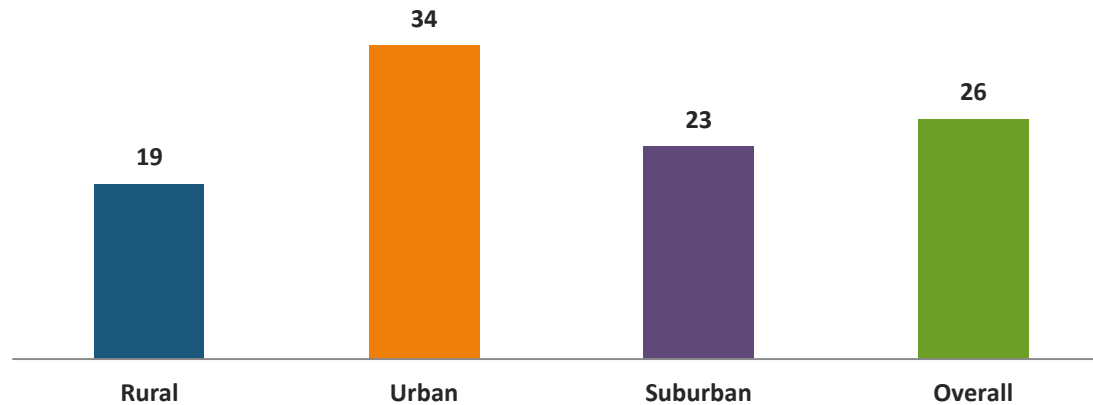
Q5. Have you ever asked your doctor about a diagnosis or treatment you found through a search (Google, Yahoo or Bing, etc.) or online?

# Rural Residents Generally Less Likely to Use Mobile Health Technology

In 2019, only one in five rural residents (19 percent) report having used mobile health technology in the past 12 months, such as an app to help monitor or diagnose a health condition, which is significantly lower than reported by urban residents (34 percent) and slightly lower than reported by suburban residents (23 percent).

**In the past 12 months, have you used mobile health technology (i.e., an app) to help monitor or diagnose a health condition?**

Yes (%)

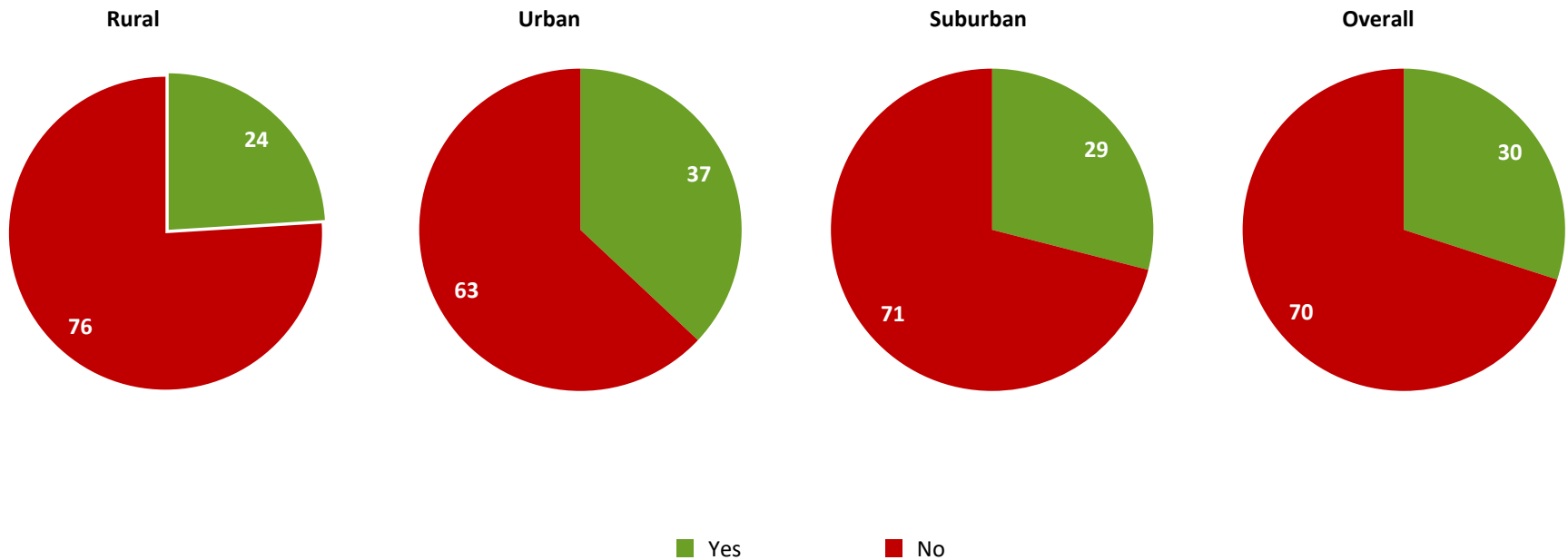




# Rural Residents Are Less Likely to Have an Advance Health Directive

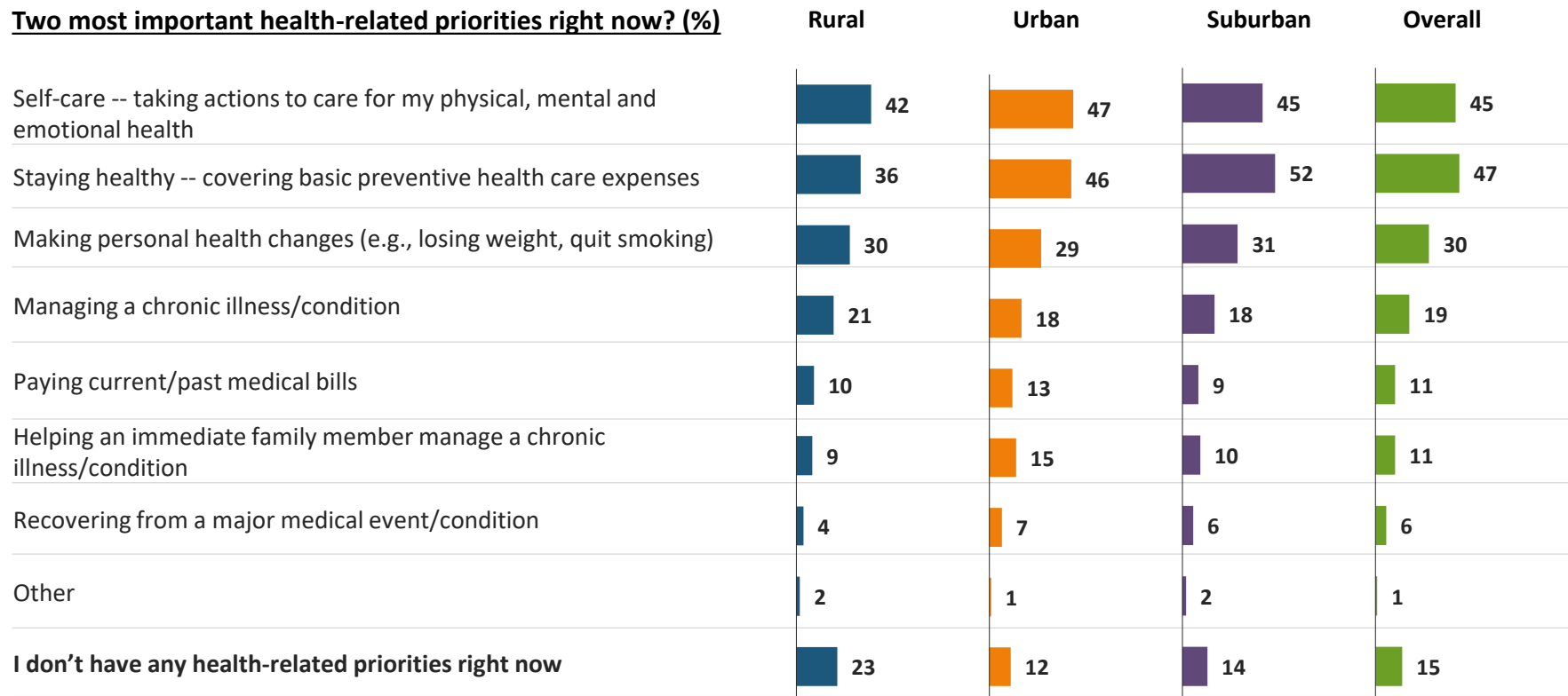
Significantly fewer rural residents (24 percent) have an advance health directive compared with urban (37 percent) and suburban residents (29 percent). Only 30 percent of U.S adults say they have an advance health directive for terminal medical conditions.

Do you have an advance health directive for terminal medical conditions? (%)



# Rural Residents Are Less Likely to Have Health-Related Priorities

Almost one in four (23 percent) rural residents say they don't have any health-related priorities right now, a finding that is significantly higher than reported by urban residents (12 percent) and suburban residents (14 percent). Rural residents are also less likely to say one of their most important health-related priorities is "staying healthy – covering basic preventive health care expenses" (36 percent), compared with urban residents (46 percent) and suburban residents (52 percent). However, rural residents (21 percent) are slightly more likely to say one of their most important health-related priorities is "managing a chronic illness/condition," compared with urban and suburban residents (both 18 percent).

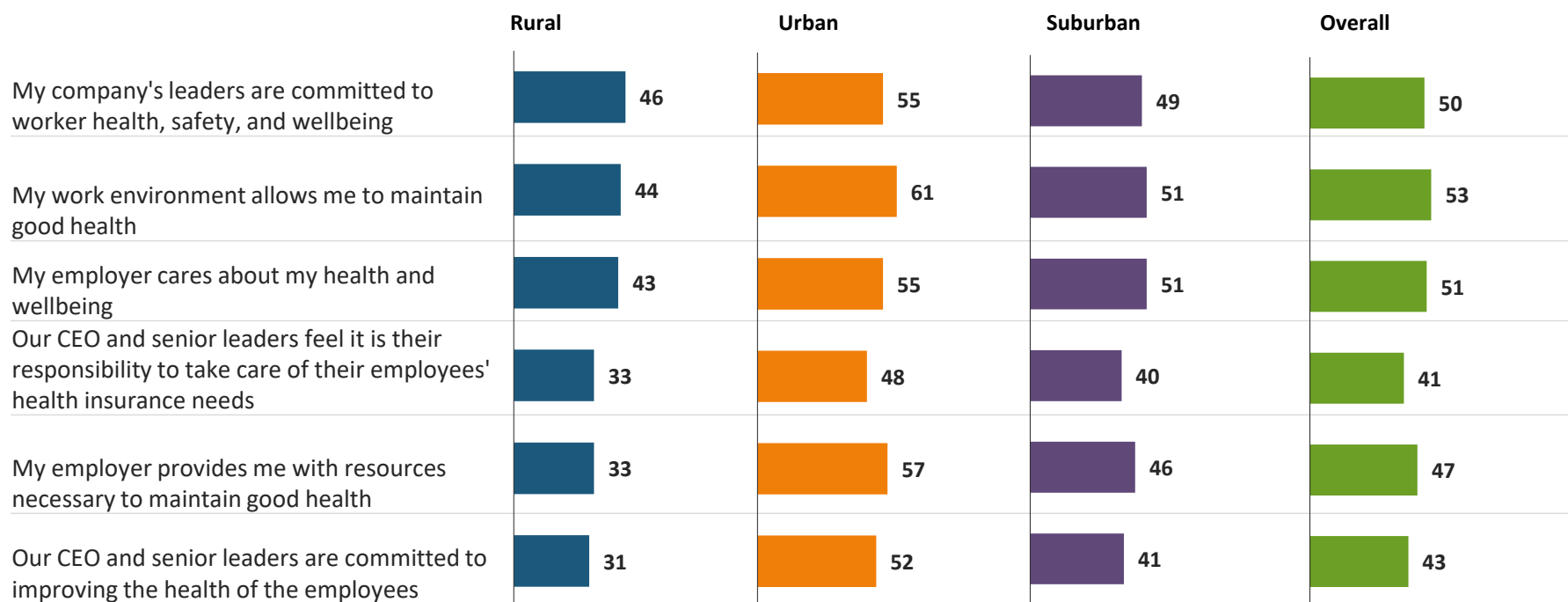


# *Employer-Based Health Care Benefits*

# Rural Workers Generally Less Likely to Say Employers Support Health

Rural workers are less likely to receive health-related support from their employers. Fewer than half of rural workers (46 percent) indicate their companies' leaders are committed to worker health, safety, and wellbeing, which is markedly lower than urban workers (55 percent) and slightly lower than suburban workers (49 percent). Rural workers (33 percent) are also less likely to indicate their employer provides the resources necessary to maintain good health, compared with urban (57 percent) and suburban workers (46 percent).

**Please state the degree to which you agree or disagree with the following statements (% Agree)**



# Rural Workers Offered Fewer Health Care Benefits But Enroll Similarly

Across the board, rural workers are less likely to say they are offered health-related benefits than urban and suburban workers but their total enrollment rates are comparable. For example, two in three rural workers (66 percent) say they are offered major medical insurance, compared with urban (75 percent) and suburban (74 percent) workers, but among those offered this benefit, about three in four enroll for each demographic (74 percent vs. 74 percent vs. 75 percent, respectively).

Which of the following health care benefits does your company offer you personally?*	Rural			Urban			Suburban		
	Offered	Total Enrolled	Enrolled	Offered	Total Enrolled	Enrolled	Offered	Total Enrolled	Enrolled
Health insurance (major medical)	66%	74%	49%	75%	74%	55%	74%	75%	56%
Dental insurance	66%	72%	47%	71%	75%	53%	72%	73%	53%
Vision insurance	58%	70%	41%	70%	70%	49%	68%	71%	48%
Accidental death and dismemberment insurance	49%	63%	31%	57%	67%	38%	51%	60%	31%
Long-term disability insurance	47%	60%	28%	56%	62%	35%	55%	57%	31%
Short-term disability insurance	46%	66%	31%	57%	64%	37%	58%	61%	35%
Flexible spending account	44%	39%	17%	58%	53%	31%	54%	42%	23%
Health savings account	43%	49%	21%	58%	53%	31%	57%	46%	26%
Employee wellness programs	42%	56%	23%	54%	70%	38%	49%	61%	30%
Accident insurance	38%	68%	26%	54%	60%	32%	44%	55%	24%
Long-term care insurance	33%	53%	18%	50%	58%	29%	42%	50%	21%
Critical illness insurance	29%	44%	13%	45%	59%	27%	35%	49%	17%
Discounts on health costs for participation in a wellness program	29%	61%	17%	47%	60%	28%	40%	64%	26%
Hospital intensive care insurance	28%	58%	16%	47%	64%	30%	37%	54%	20%
Health benefits for active employees who are eligible for Medicare	26%	48%	12%	48%	57%	27%	32%	45%	14%
Hospital confinement indemnity insurance	25%	58%	14%	41%	62%	25%	30%	44%	13%

\*Excludes responses of less than 25 percent for rural respondents (e.g., limited medical insurance, post-retirement health care, etc.).

NOTE: Total Enrolled column is % enrolled among those offered the specific benefit. Enrolled column is % enrolled among all employed respondents.

BASE: EMPLOYED RESPONDENTS

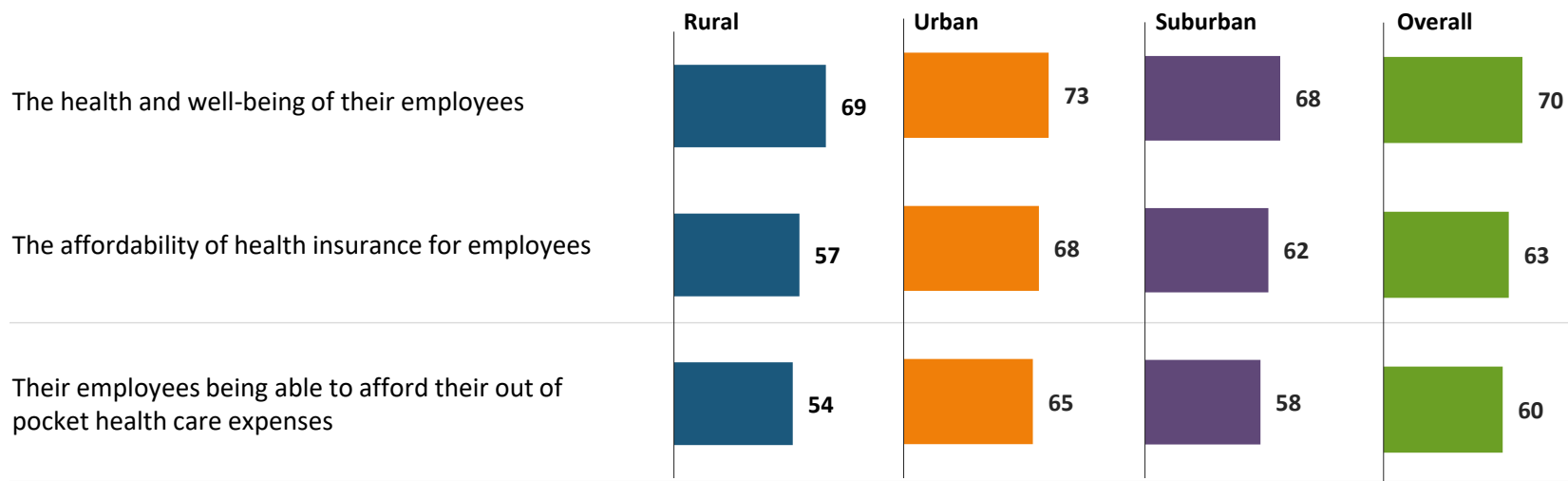
Q1110 (Q810). Which of the following health care benefits does your company offer you, personally, even if you choose not to participate/do you currently have available to buy on your own?

# Fewer Rural Workers Say Employers Are Concerned About Affordability

Almost seven in 10 rural workers (69 percent) say their employers are concerned about the health and well-being of their employees, a finding that is similar to urban (73 percent) and suburban workers (68 percent). However, rural workers (57 percent) are significantly less likely to say that their company is concerned about the affordability of employee health insurance compared with urban workers (68 percent). Notably, rural workers (54 percent) are also significantly less likely to say their employer is concerned about their employees being able to afford their out of pocket health care expenses compared with urban workers (65 percent).

## How concerned is your company about the following?

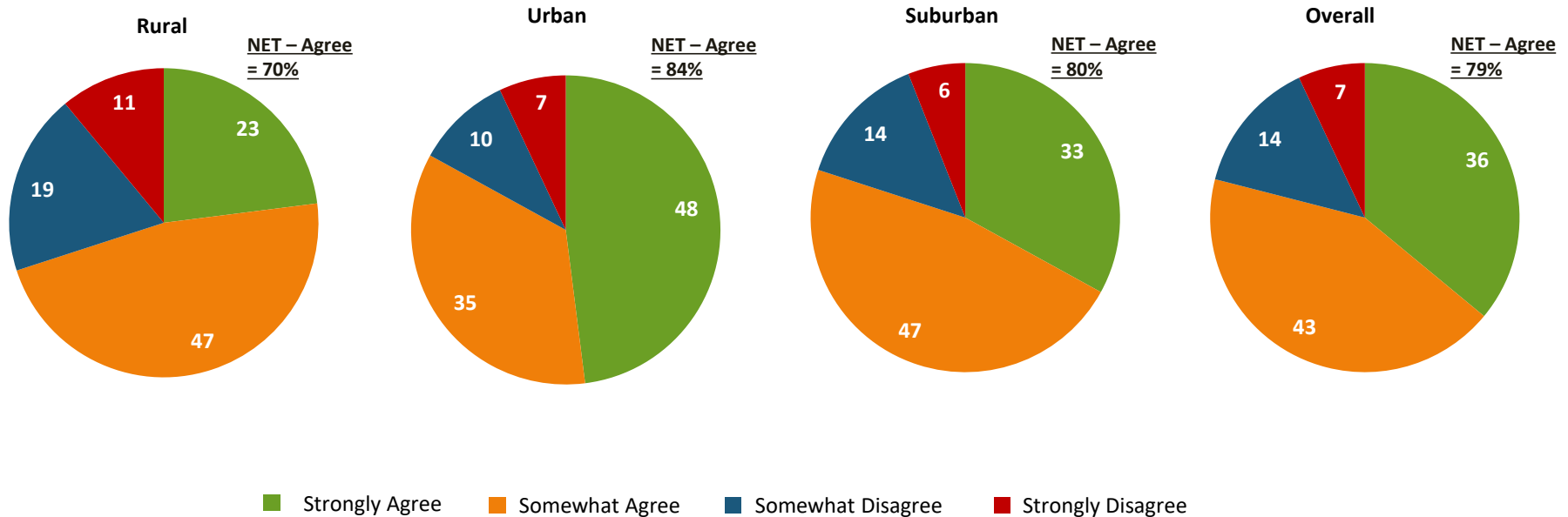
(NET - Concerned %)



# Fewer Rural Workers Cite Satisfaction With Health Insurance at Work

Seven in 10 rural workers (70 percent) agree with the statement, “I am satisfied with the health insurance plan available to me through work,” including 23 percent who “strongly agree” and 47 percent who “somewhat agree.” However, they are less likely to agree with the statement, compared with urban (84 percent) and suburban workers (80 percent).

**“I am satisfied with the health insurance plan available to me through work.” (%)**

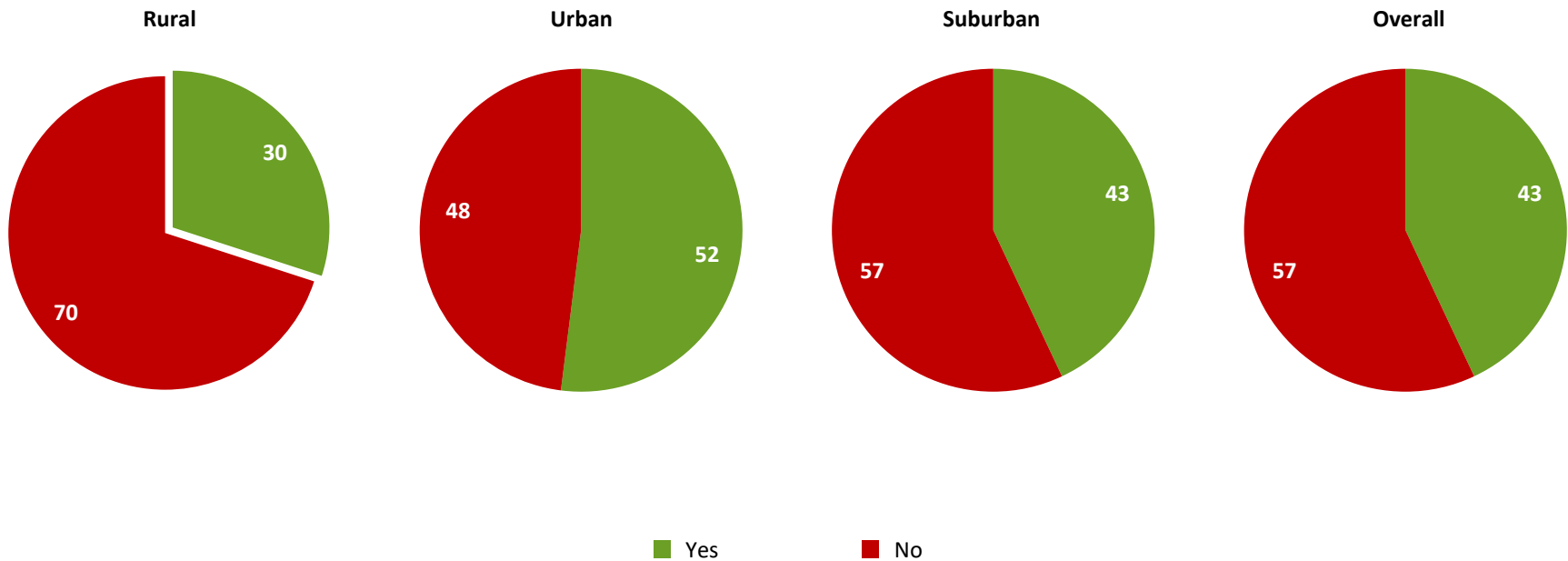


BASE: EMPLOYED RESPONDENTS  
 Q1116\_1 (Q905). How much do you agree or disagree with the following statement(s)?  
 “I am satisfied with the health insurance plan available to me through work.”

# Rural Workers Less Likely to Be Offered a Workplace Wellness Program

Forty-three percent of workers indicate their employer offers them a workplace wellness program. However, significantly fewer rural workers (30 percent) say they are offered a program, compared with urban (52 percent) and suburban workers (43 percent).

**Does your employer offer a workplace wellness (health promotion) program? (%)**





# Rural Workers Less Likely to be Offered Various Wellness Programs

Rural workers are less likely to say they are offered various types of workplace wellness programs and are less likely to enroll in most of these programs, compared with urban workers. For instance, fewer rural workers say they are offered the chance to complete a health risk appraisal (60 percent) compared to urban workers (69 percent) and have less enrollment among all workers (37% vs. 45%, respectively).

Types of Workplace Wellness Programs*	Rural			Urban			Suburban		
	Offered	Total Enrolled	Enrolled	Offered	Total Enrolled	Enrolled	Offered	Total Enrolled	Enrolled
Preventive screenings and vaccinations	73%	60%	44%	72%	64%	46%	66%	63%	42%
Completing a health risk appraisal	60%	61%	37%	69%	65%	45%	57%	55%	31%
Exercise programs – either on-site or discounts for local gyms	58%	46%	27%	69%	61%	43%	62%	45%	27%
Monitoring of health goals/biometrics -BMI/weight loss, cholesterol levels, blood pressure, etc.	58%	58%	34%	65%	57%	37%	61%	51%	31%
Managed programs for substance abuse or mental health	58%	27%	16%	66%	46%	30%	58%	34%	19%
Ergonomic workstations (e.g., standing desks, adjustable workspace furniture)	55%	55%	30%	63%	62%	40%	61%	50%	31%
Smoking cessation programs	54%	31%	17%	60%	46%	28%	57%	27%	16%
Weight management programs	51%	32%	17%	67%	52%	35%	58%	30%	18%
Corporate sponsored challenges	51%	49%	25%	64%	54%	35%	54%	44%	24%

\*Excludes responses of less than 50 percent offered for rural respondents (e.g. onsite health clinics, healthy food options, medication adherence programs, etc.)

NOTE: Total Enrolled column is % enrolled among those offered the specific benefit within their wellness program. Enrolled column is % enrolled among those offered any wellness program.

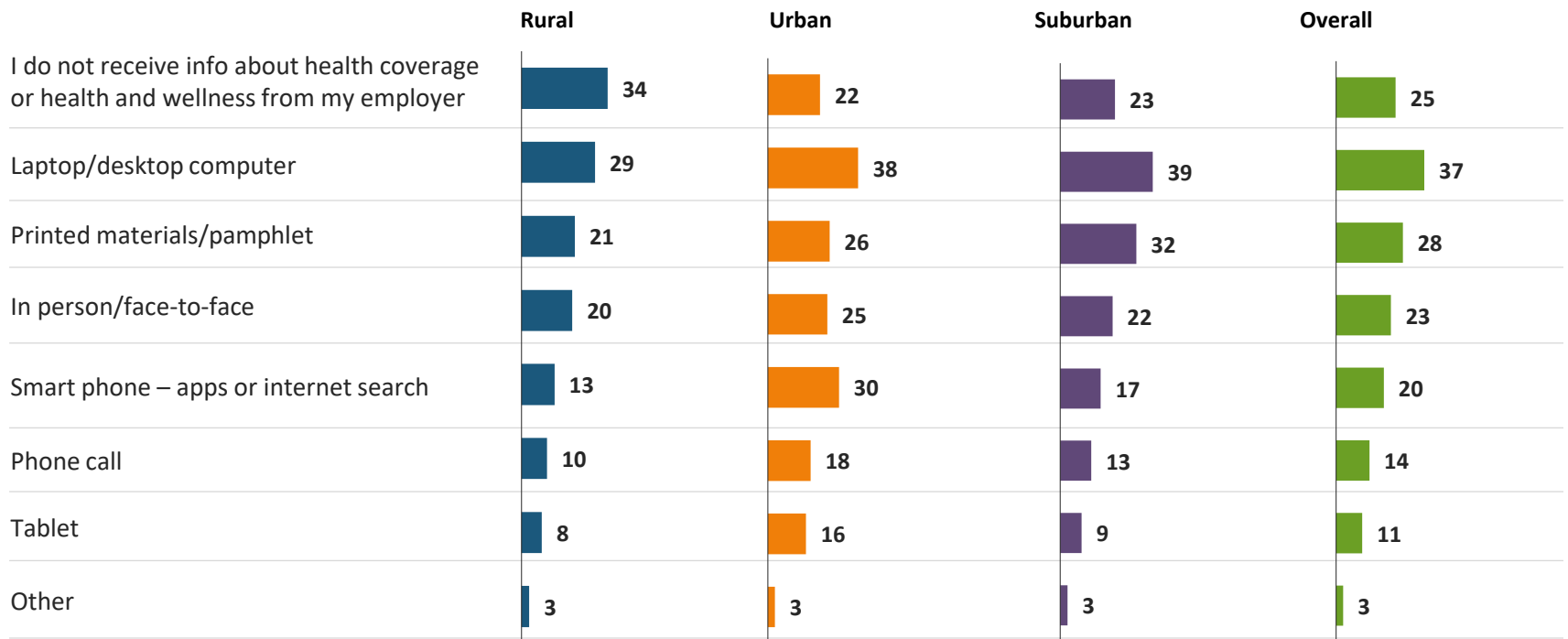
BASE: EMPLOYED RESPONDENTS AND OFFERED WELLNESS PROGRAM

Q1130. Which of the following does your employer offer?

# Rural Workers Are Less Likely to Get Information From Employers

One in three rural workers (34 percent) say they **do not** receive information about health coverage or health and wellness from their employer, a finding significantly higher than reported by urban (22 percent) and suburban workers (23 percent). Compared to urban and suburban workers, rural workers are the least likely to say they receive information about health coverage or health and wellness through each of the various methods, such as a laptop (29 percent), printed materials/pamphlet (21 percent), and in person or face-to-face communication (20 percent).

## How do you receive information about health coverage or health and wellness from your employer? (%)

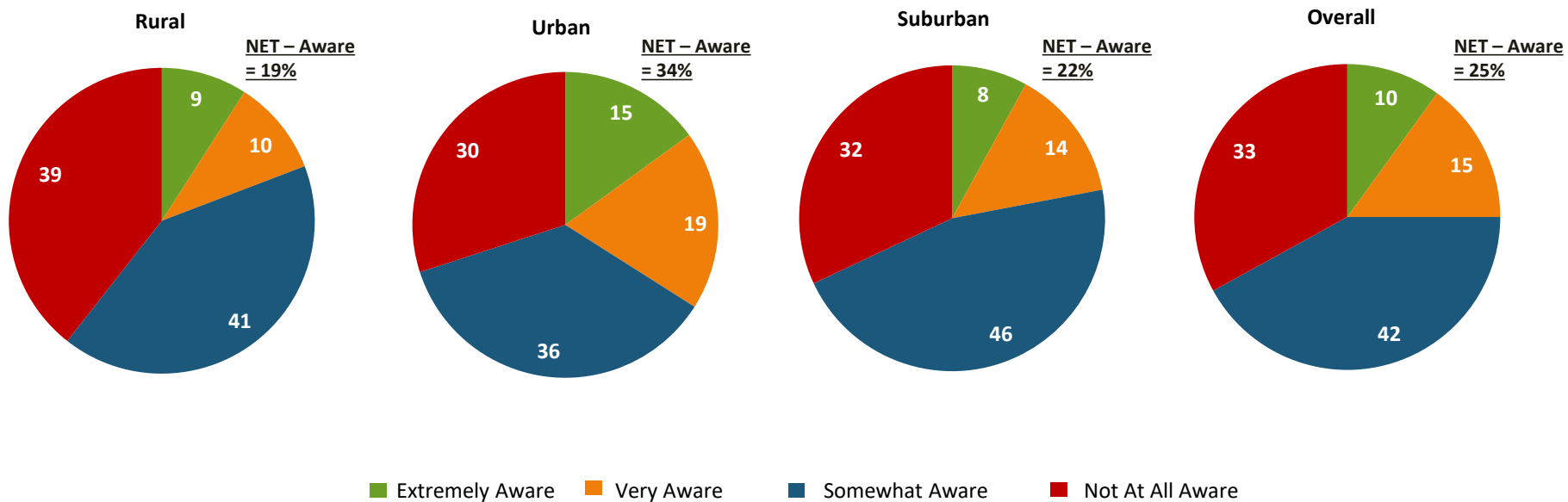


# *Health Care Policy*

# Rural Residents Least Likely to Be Aware of Health Care Policy Changes

Only one in five rural residents (19 percent) say they are extremely or very aware of potential changes to health care policy coming out of Washington D.C, a finding that is somewhat similar to suburban residents (22 percent) but lower than urban residents (34 percent).

**How aware are you of the potential changes to health care policy coming out of Washington D.C.? (%)**



NOTE: Percentages are rounded to the nearest whole percent. Percentages may not add up to 100% due to weighting, computer rounding, and/or the acceptance of multiple responses.

BASE: ALL QUALIFIED RESPONDENTS

Q1370. How aware are you of the potential changes to health care policy coming out of Washington D.C.?

# Nearly Half of Rural Residents Want Policy to Include Pre-Existing Conditions

Forty-three percent of U.S adults would like to see pre-existing conditions coverage included in health care coverage policy. Rural and suburban residents (both 46 percent) are most likely to support such a policy, compared with urban residents (38 percent).

Would like to see included in health care policy*	Rural	Urban	Suburban	Overall
Pre-existing condition coverage	46%	38%	46%	43%
Annual out of pocket limits	34%	31%	38%	35%
Expansion of Medicare for seniors	31%	31%	32%	32%
Ban on lifetime insurance coverage limits	30%	28%	32%	30%
Family planning/maternity care	26%	30%	30%	29%
Dependent coverage for adult children up to 26 years old	25%	27%	31%	28%
Expansion of Medicaid for low income children, disabled, and adults	25%	29%	29%	28%
Mandatory employer based coverage	22%	26%	28%	26%
Gynecological care	21%	25%	29%	26%
Single payer system or universal coverage	20%	22%	26%	23%
Increase contribution limits for Health Savings Accounts	15%	16%	21%	18%

\*Excludes responses of less than 15 percent for rural respondents (e.g., individual health care mandate, tax-payer funded high risk pool, etc.)

# *Appendix*

# A Portrait of the United States

Characteristics		Rural (%) n=866	Urban (%) n=1,099	Suburban (%) n=1,795	Overall (%) n=3,760
<b>Gender</b>	Male	43	49	48	48
	Female	55	49	49	50
	Transgender	1	1	1	1
	Other	1	<0.5	1	1
	Decline to answer	1	1	1	1
<b>Marital Status</b>	Married/ Living with partner	58	55	62	59
	Divorced/Separated/Widowed	13	8	9	10
	Never married	28	36	28	31
<b>Work Status</b>	Full Time	41	60	60	56
	Part Time	10	11	11	10
	Self Employed/Independent Contractor	8	3	6	6
	Unemployed	41	26	23	28
<b>Company Size</b>	1-49 Workers	48	27	32	33
	50+ Workers	52	73	68	67
<b>Level of Education</b>	Less Than High School Diploma	9	6	3	5
	High School Diploma to Less Than 4 Yr. Degree	70	62	57	61
	College Graduate or More	22	32	40	34
<b>Annual Household Income</b>	Less than \$25,000	18	15	8	12
	\$25,000 to \$49,999	20	18	15	17
	\$50,000 to \$99,999	27	35	30	31
	\$100,000+	29	30	44	36
	Prefer not to Answer	6	3	4	4
<b>Age</b>	18-34	37	43	35	38
	35-49	26	33	30	30
	50-59	20	16	22	20
	60+	17	8	12	12
<b>Generations</b>	Generation Z	15	12	11	12
	Millennials	31	42	34	36
	Generation X	26	29	30	29
	Baby Boomers*	28	18	25	23

\*Note: Baby Boomer sample does not include those age 65+

NOTE: Percentages are rounded to the nearest whole percent. Percentages may not add up to 100% due to weighting, computer rounding, and/or the acceptance of multiple responses.

BASE: ALL QUALIFIED RESPONDENTS

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