

# KEY FACTS SHEET

## Identification of Rural Communities with Limited Access to Safety Net Health care Providers

### THE GOAL

To identify rural U.S. counties with suboptimal access to safety net health care providers

### THE BACKGROUND

Using publicly available data, we measured the level of potential health care needs and access to core safety net providers in rural areas in 2017. We employed an iterative approach that can rank counties by their health and health care needs to identify areas that could benefit from additional providers. In this Key Facts Sheet, we focus on access to safety net health care providers. Information on the health care needs of rural communities is discussed in earlier briefs: <https://www.ruralhealthresearch.org/alerts/287>.

### DEFINITIONS



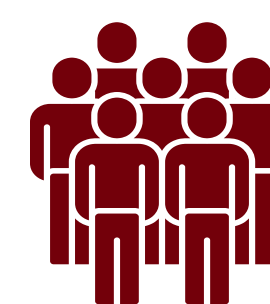
**Core Rural Safety Net Provider**-Providers (below) that get special consideration under Medicare or Medicaid

**RHC**- Rural Health Clinic

**FQHC**- Federally Qualified Health Center

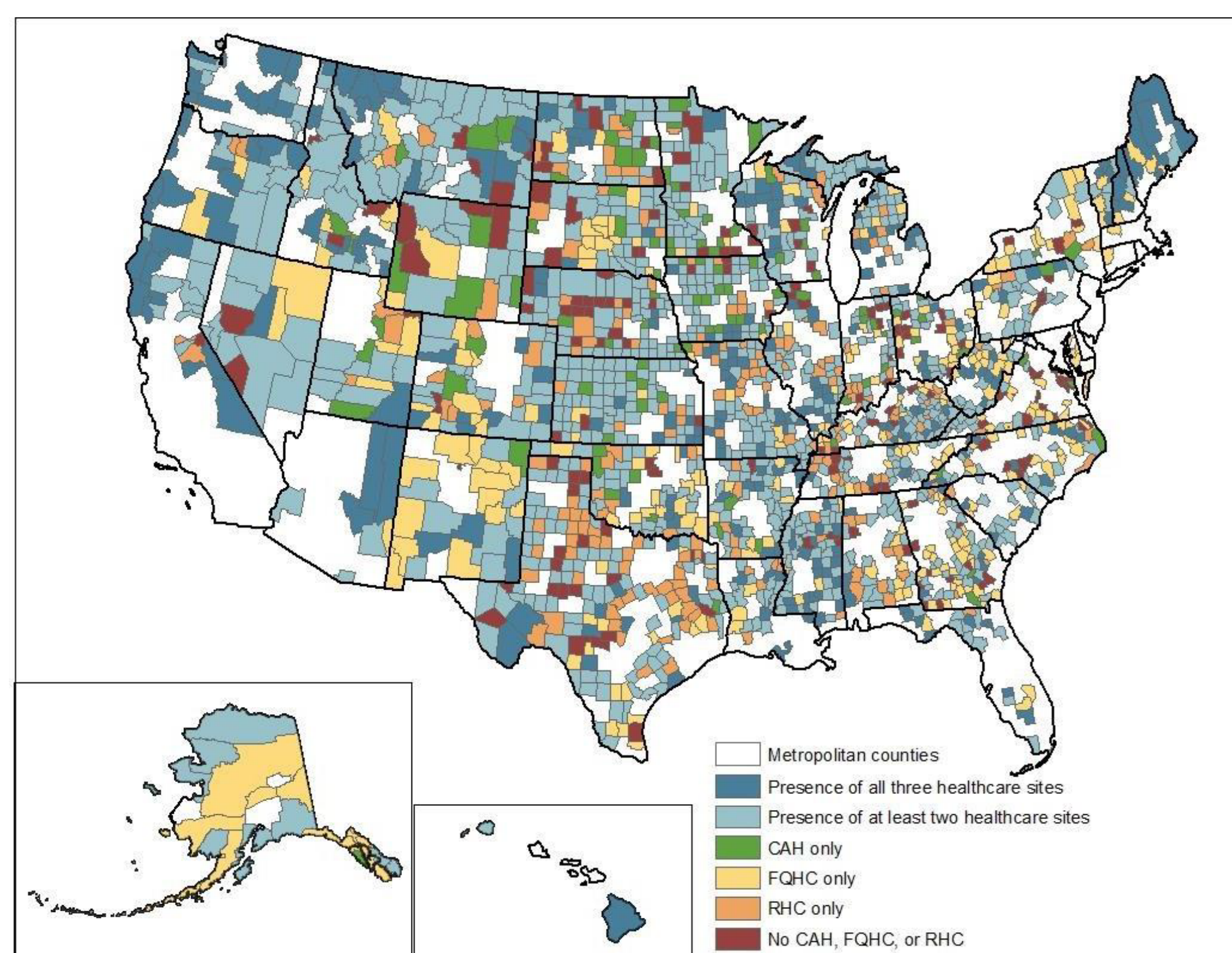
**CAH**- Critical Access Hospitals

### FUNDING

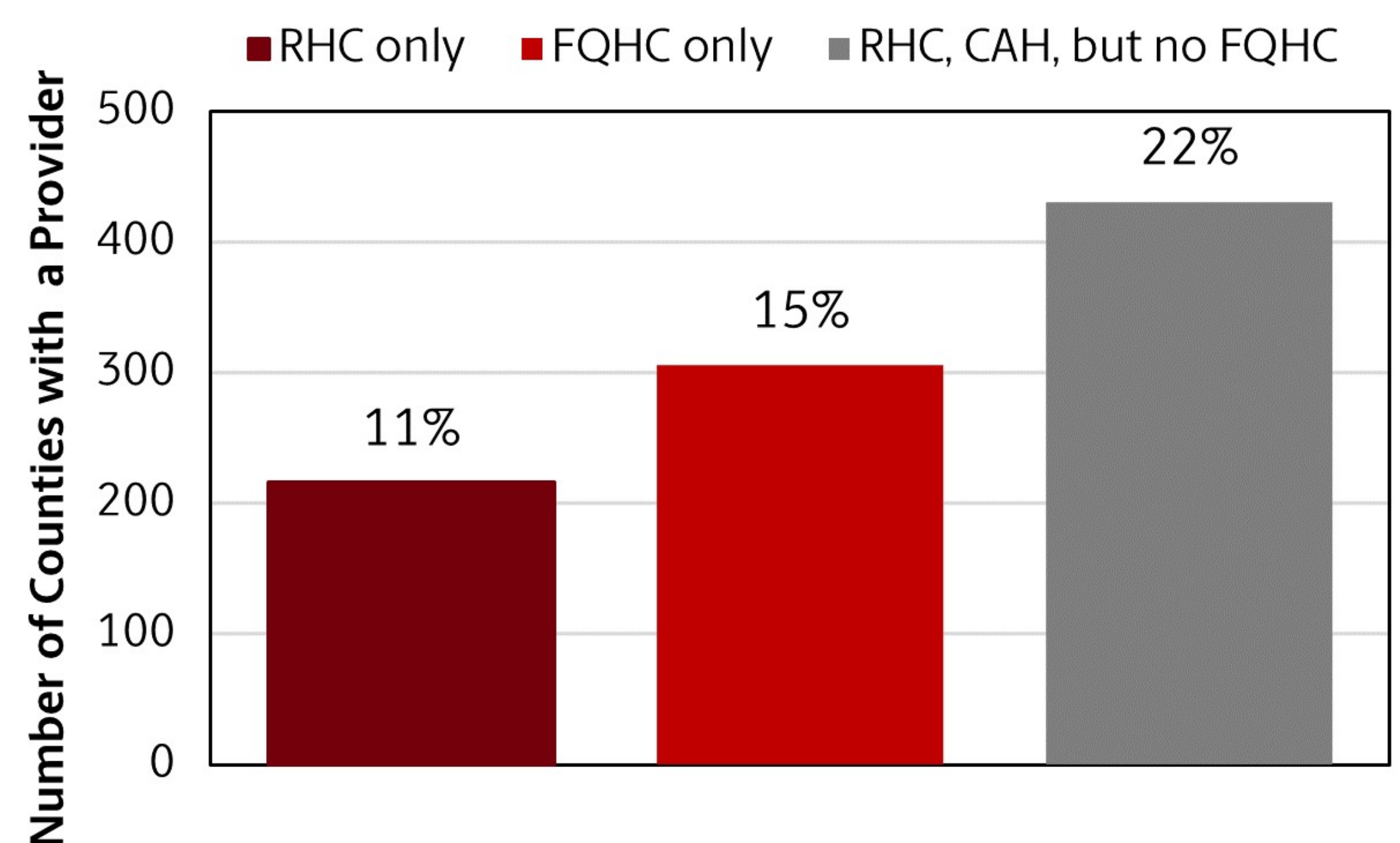


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**Figure 1. Distribution of Core Safety Net Providers in Rural Counties, 2017**



**Figure 2. Identification of High-Need Rural Counties Lacking a Core Rural Safety Net Provider, 2017**



### THE KEY FACTS

- The distribution of core safety net providers across rural counties is not uniform, leaving many without adequate access to care.
- Out of 1,975 rural counties, 627 (31.7%) had access to only one type of core safety net provider and 174 (8.8%) had no core safety net provider within their county.
- 279 rural counties (14.1%) with high health needs did not have access to an FQHC or RHC within their county.
- Out of 1,975 rural counties, there were 216 with just an RHC, 306 with just an FQHC, and 431 with an RHC and a CAH, but no FQHC.

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