

Rural Health Disparities in North Carolina



Overview

Rural communities in North Carolina face ongoing health disparities linked to limited access to care, provider shortages, and higher rates of chronic disease. Geographic isolation, transportation barriers, and economic challenges make it harder for residents to receive timely and consistent health services. The North Carolina Department of Health and Human Services (NCDHHS) has published the [Health Disparities Analysis Report \(HDAR\)](#) to identify key health disparities where it sees the greatest opportunity to make a significant impact over the next three to five years. Strengthening the rural health workforce, supporting local partnerships, and investing in community-based solutions are key to improving access and building healthier, more resilient rural communities across the state.

Key Disparity Findings



DISPARITIES IN ACCESS TO HEALTH CARE

- Of the 100 counties in North Carolina, nearly 75% have a provider-to-resident ratio greater than 1,500:1, meaning three of four counties have limited access to local primary care.
- Moreover, 91 counties in North Carolina have a shortage of health professionals in at least three key service areas: Primary care, Dental care and Mental and Behavioral health care.
- Rural vs. Urban disparity ratio: Rural residents experience up to 1.8× greater difficulty accessing health care services than urban residents.
- One in six rural adults lacks health insurance, with adults in rural areas 1.5× more likely to be uninsured than those in urban areas.
- Since 2005, 13 rural hospitals in North Carolina have closed or reduced services, disproportionately affecting counties already identified as “medically underserved.”
- Rural residents use Emergency Departments for non-emergency care 1.8× more frequently than urban residents, a reflection of limited access to primary and urgent care.
- Counties with the lowest percentage of available providers are also the counties with the highest rate of preventable hospitalizations and highest death rate due to chronic conditions.



DISPARITIES IN SOCIAL DETERMINANTS OF HEALTH

- Rural counties in North Carolina have a poverty rate of 18.7%, compared to 11.6% in urban counties — meaning rural residents are 1.6× more likely to live in poverty.
- The rural unemployment rate is 1.4× higher than the state average, with job losses concentrated in manufacturing, farming, and small business sectors.
- Only 19% of rural residents hold a bachelor’s degree or higher, compared to 36% of urban residents – nearly a 2× gap that correlates strongly with lower health literacy and preventive care participation.
- Adults living in rural communities with less than a high school education are 2.3× more likely to skip preventive screenings and regular check-ups than those with post-secondary education (HDAR, Table 10 – Access to Care Indicators).



CHRONIC DISEASE OUTCOMES

- Chronic diseases are more prevalent among rural residents compared to their urban peers. Rural residents show higher incidence and mortality from:
 - Heart disease disparity: More than 1.4x higher than urban peers
 - Diabetes disparity: Nearly 1.5x higher prevalence and 1.6x higher mortality



- Chronic lower respiratory diseases disparity (including COPD) - Two times higher mortality rate compared to urban residents
- Preventable hospitalizations for chronic conditions are nearly 2x more likely than those in urban counties, reflecting gaps in early intervention and primary care continuity.
- Behavioral health needs - including substance use and mental health care - are under-met due to provider shortages and limited treatment facilities.
- Our report highlights rural residents' higher risk of mortality and hospitalization for preventable conditions.



COMMUNITY IMPACT

- Rural Communities typically have only one Community Health Worker per 4,500 residents in Tier 1 counties, compared to one per 1,200 in urban areas with established health systems
- Food Insecurity: Nearly 1.6 million North Carolinians live in food deserts, and a majority of the population lives in rural counties. Those living in rural areas are 1.4x more likely to experience food insecurity than those in metro areas.
- Environmental Exposure: The HDAR and NC Department of Environmental Quality data note that rural households are 1.7x more likely to rely on private wells, which increases vulnerability to groundwater contamination (e.g., radon, arsenic, or nitrates).
- Housing Burden: Approximately 29% of rural renters spend more than 30% of their income on housing, compared to 23% for urban renters.

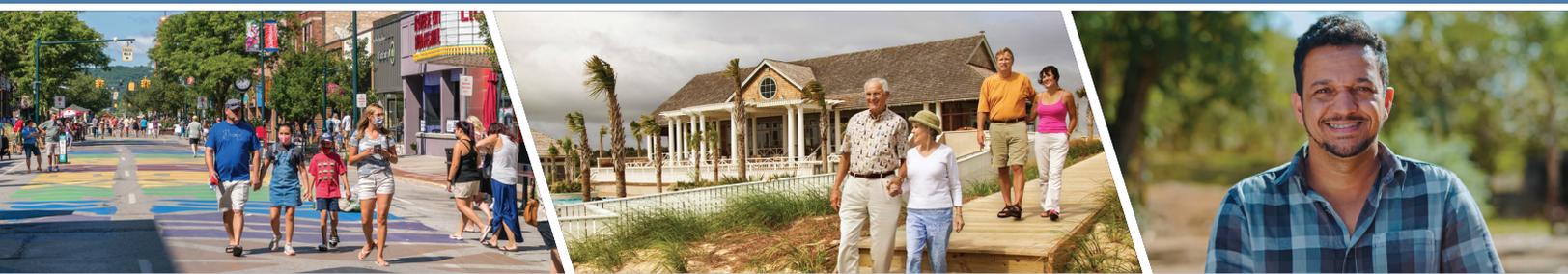
Richmond County Healthy Carolinians Partnership (Medicaid Region 5) was featured for its success in expanding access through the Medical Access Plan (MAP), serving uninsured and underinsured residents at rates more than double initial projections within the first quarter of 2023 versus an anticipated 25%. Success was attributed to staff adopting continuity-of-care and trust-based engagement approaches with patients not typically receiving routine medical care.

Recommendations for Rural Communities

The HDAR's "How You Can Play a Part - Access to Health Care" section (Table 9) outlines actionable strategies for improving health outcomes in rural areas (HDAR, page 27-28):

COMMUNITY-BASED ORGANIZATIONS

- Build and lead community-centered partnerships that connect residents to care, housing, and food security resources.
- Participate in the NCCARE360 referral network to coordinate health and social services.
- Develop health literacy toolkits and plain-language education campaigns tailored to rural populations.
- Partner with local schools, libraries, and cooperatives to host telehealth access hubs and digital literacy training.
- Expand Community Health Worker (CHW) programs to increase outreach, early screening, and chronic disease management.



FAITH-BASED AND NONPROFIT PARTNERS

- Provide safe, trusted spaces for health education, behavioral health discussions, and chronic disease prevention programs.
- Support youth mentoring and wellness initiatives that address mental health, resilience, and life skills.
- Offer health fairs, screenings, and vaccination drives in collaboration with local health departments and clinics.
- Share bilingual and culturally appropriate health information through congregations and community networks.
- Mobilize volunteers to support transportation assistance and care navigation for rural residents with limited mobility.

GOVERNMENT AGENCIES

- Invest in rural workforce development, including incentives for providers to practice in Tier 1 counties.
- Expand broadband infrastructure and rural transit systems to reduce transportation and connectivity barriers.
- Integrate housing and environmental health improvements through programs like the Healthy Opportunities Pilots (HOP).
- Support Fair Chance Hiring, Employment First, and other inclusive economic policies that enhance community stability.
- Expand affordable housing and rental support using public-private partnerships and local development funds.
- Embed health disparity data access and community input into Rural Health Transformation planning and grant decisions.

HEALTH CARE PROVIDERS AND HEALTH SYSTEMS

- Strengthen rural residency and training programs for primary care, dental, and behavioral health professionals.
- Implement telehealth and mobile care models to reach remote residents and ensure continuity of care.
- Screen patients for social determinants of health (transportation, food, housing) and use tools like NCCARE360 for referrals.
- Adopt National Culturally and Linguistically Appropriate Services (CLAS) standards to ensure language access and culturally responsive care delivery.
- Partner with Community-based organizations (CBOs) and local organizations to deliver integrated behavioral and physical health services close to home.
- Participate in Rural Health Transformation Program (RHTP) initiatives that align clinical care with prevention and social support.

Summary Takeaway

The Office of Minority Health's Health Disparities Analysis Report recommends investments in language access, Community Health Worker (CHW) expansion, and telehealth infrastructure as immediate levers to reduce rural disparities and build sustainable health opportunities across counties. These recommendations support a shared goal: ensuring that North Carolinians have equitable access to health services, safe environments, and economic opportunities.

Rural communities in North Carolina face deep disparities in access to care, provider availability, and health outcomes. Addressing these gaps requires workforce development, telehealth expansion, and sustained investment in community-based partnerships like the NCDHHS Health Portfolio programs with the Offices of Minority Health, Rural Health, and Olmstead/TCL, Division of Public Health, the Division of Mental Health, Developmental Disabilities, and Substance Use Services and Medicaid outreach.



References

- North Carolina Department of Health and Human Services, Office of Minority Health and Health Disparities (OMHHD). (2024). North Carolina Health Disparities Analysis Report. Raleigh, NC: NCDHHS.
- North Carolina Office of Rural Health. (2024). Community Health and Rural Access Initiatives. Raleigh, NC: NCDHHS, Division of Health Benefits.
- North Carolina Department of Health and Human Services. (2023). Medicaid Expansion Implementation Update. Raleigh, NC: NCDHHS, Division of Health Benefits.
- Centers for Disease Control and Prevention (CDC). (2024). Social Determinants of Health: Rural Health Data and Reports. Atlanta, GA: U.S. Department of Health and Human Services.
- North Carolina Rural Center. (2023). Rural Data Bank: Economic and Demographic Trends in North Carolina Counties. Raleigh, NC.
- North Carolina Department of Environmental Quality (NC DEQ). (2023). Private Well Water and Radon Risk Data Summary. Raleigh, NC.
- North Carolina Rural Health Research Program, University of North Carolina at Chapel Hill. (2023). North Carolina Rural Health Snapshot. Chapel Hill, NC.
- U.S. Census Bureau. (2023). American Community Survey 1-Year Estimates (2018-2022): Income, Poverty, and Health Insurance Coverage in North Carolina. Washington, DC.
- North Carolina Office of State Budget and Management (OSBM). (2024). County Tier Designations and Economic Distress Rankings. Raleigh, NC.
- North Carolina State Health Improvement Plan (SHIP). (2023). Access to Care and Workforce Development Goals. Raleigh, NC: NCDHHS.

Together,
we can strengthen rural
communities and create healthier
futures across our state!



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Office of Minority Health
and Health Disparities

For More Information, visit

ncdhhs.gov/divisions/office-minority-health-and-health-disparities

NCDHHS is an equal opportunity employer and provider. • 12/2025