

LIFE IN RURAL AMERICA

PART II

May 2019



Robert Wood Johnson Foundation



HARVARD
T.H. CHAN
SCHOOL OF PUBLIC HEALTH

REPORT SUMMARY

Survey Background

This *Life in Rural America—Part II* report is based on a survey conducted for NPR, the Robert Wood Johnson Foundation, and the Harvard T.H. Chan School of Public Health. The survey is the second in the series *Life in Rural America*, and it covers rural Americans' personal experiences with health, social, civic, and economic issues in their local communities. It was conducted January 31 – March 2, 2019, among a nationally representative, probability-based telephone (cell and landline) sample of 1,405 adults ages 18 or older living in the rural United States.

Summary

A majority of rural Americans are satisfied with their quality of life, and rural Americans are more likely to see their communities as safe compared to adults nationally. A majority also express optimism that people like them can make an impact on their local community and are civically and socially engaged. However, a minority of rural Americans struggle with experiences in areas of life that carry major consequences, including financial insecurity, trouble accessing affordable, quality health care, lack of high-speed internet access, housing problems, and isolation/loneliness.

The first *Life in Rural America* survey found a majority of rural Americans hold negative ratings of their local economy. To follow up on this finding, this survey asked about rural Americans' personal experiences with financial insecurity and found nearly half of rural Americans cannot afford to pay off an unexpected \$1,000 expense right away. In addition, four in ten rural Americans say their families have experienced problems affording medical bills, housing, or food in the past few years.

When it comes to health care, even though most rural Americans have health insurance, about one-quarter say they lack adequate health care access, as they have not been able to get health care they needed at some point in the past few years. Hospital closures are also problematic for some rural Americans, as almost one in ten say hospitals in their local community have closed down in the past few years.

In addition, homelessness and housing issues impact the health of people living in rural communities. One-third of rural Americans say homelessness is a problem in their local community, while more than one in ten have experienced several types of housing problems in their current residence, including the safety of their drinking water and mold or other environmental problems. In addition, rural adults living in mobile homes (including manufactured homes and trailers) are more likely to say they have experienced several types of housing problems compared to adults living in houses or apartments.

One in five rural adults say accessing high-speed internet is a problem for their family, and without reliable, broadband (high-speed) internet access, rural communities are unable to participate in the digital economy, creating a major divide between rural and urban areas.¹ Among rural adults who use the internet, a majority say they do so to obtain health information, for personal finance, and for job-related activities.

Broadband access also affects rural Americans' ability to use telehealth to access needed health care. About one-quarter of rural adults say they have used telehealth for health care within the past few years, including receiving a diagnosis or treatment from a health professional via phone, email, text messaging, live text chat, a mobile app, or live video. Rural telehealth patients report high satisfaction and convenience with these visits, and they use telehealth for a range of medical purposes, including obtaining prescriptions and managing chronic conditions.

A majority of rural Americans say they participate in civic and social activities, including volunteering and service, political activities, community meetings, and membership in a variety of groups. While optimistic about impacting their local communities, rural Americans are split both in beliefs on how much their community affects their own personal health and whether people in their community share values and political beliefs.

Research has shown that loneliness and social isolation are connected with illness and premature death.² While nearly one in five rural Americans say they always or often feel isolated or lonely, most report having at least a few people nearby they can rely on for help or support.

Rural Americans who are members of racial/ethnic minority communities and people living with disabilities report facing greater difficulties across many areas of their lives. Those with lower levels of education and income also report facing significant problems. These findings are described in detail in Section 2 – Subgroup Findings.

Overall, these findings illustrate that rural Americans are largely civically and socially engaged, see their communities as safe, and value their quality of life. However, a smaller but considerable share struggle with financial insecurity, internet access, housing problems, and accessing affordable, quality health care. Isolation, loneliness, and homelessness are identified as problems among a smaller proportion of rural Americans but remain concerning due to their negative health effects and impacts on certain rural subpopulations.

¹ See the [Federal Communications Commission 2018 Broadband Deployment Report](#) for more information.

² See [Holt-Lundstad et al. *PLOS Med* 2010](#) and [Valtorta et al. *Heart* 2016](#).

INTRODUCTION

This report is the second in the series *Life in Rural America*, covering rural Americans' personal experiences with health, social, civic, and economic issues in their local communities. The series is based on two surveys conducted for NPR, the Robert Wood Johnson Foundation, and Harvard T.H. Chan School of Public Health.

Table of Contents

SECTION 1. MAIN FINDINGS

I.	Financial Insecurity	2
II.	Gaps in Health Care Access.....	4
III.	Housing and Homelessness.....	7
IV.	Broadband, Internet Use, and Telehealth.....	10
V.	Quality of Life and Safety.....	13
VI.	Community Values	14
VII.	Civic and Social Engagement	16
VIII.	Social Support, Loneliness, and Isolation.....	18

SECTION 2. SUBGROUP FINDINGS

IX.	Educational Differences in Rural Americans' Life Experiences	21
X.	Experiences of Rural Native Americans	23
XI.	Experiences of Black Rural Americans	25
XII.	Experiences of Rural Americans Living with Disabilities	26
XIII.	Experiences of Low-Income Rural Americans	27
XIV.	Age Differences in Rural Americans' Life Experiences	28
XV.	Regional Differences in Rural Americans' Experiences	29
XVI.	Methodology	30

The sample of Rural Americans is defined in this survey as adults living in areas that are not part of a Metropolitan Statistical Area (MSA). This is the definition used in the 2016 National Exit Poll.

This survey was conducted January 31 – March 2, 2019, among a nationally representative, probability-based telephone (cell and landline) sample of 1,405 adults age 18 or older living in the rural United States. The margin of error at the 95% confidence interval is ± 3.5 percentage points. Further methodological information is included at the end of the report.

I. Financial Insecurity

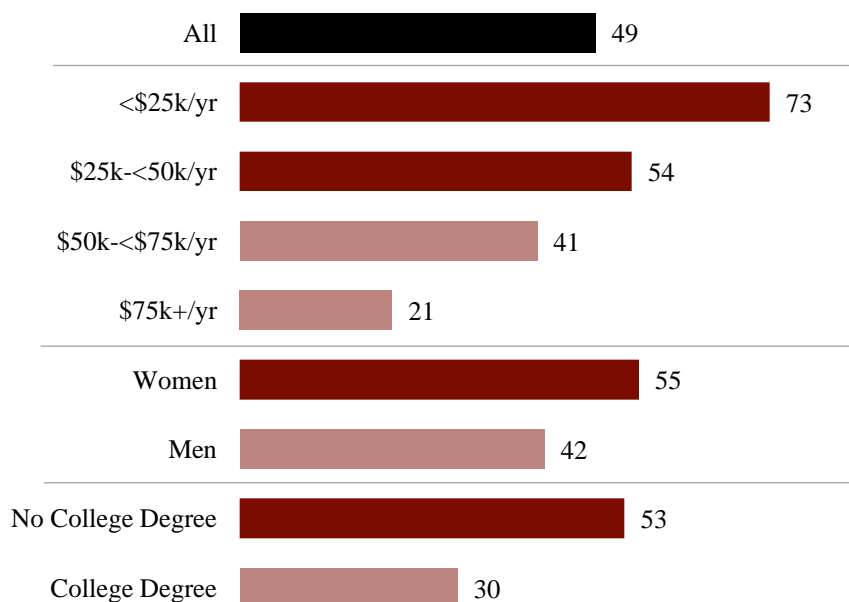
The first *Life in Rural America* survey found a majority of rural Americans hold negative ratings of their local economy. To follow up on this finding, this survey asked about rural Americans' personal experiences with financial insecurity and found nearly half of rural adults cannot afford to pay off an unexpected \$1,000 expense right away. In addition, four in ten rural Americans say their families have experienced problems affording medical bills, housing, or food in the past few years.

Nearly half of rural Americans would struggle to pay off an unexpected expense

Overall, nearly half of rural Americans (49%) say they would have a problem paying off the full amount of an unexpected \$1,000 expense right away (Figure 1). A \$1,000 expense is the average (median) amount of a low-income family's most expensive financial shock each year, equivalent to one month's worth of income.³

Figure 1. Financial Insecurity in Rural America, in Percent

*Q29. Suppose you had an unexpected expense, and the amount came to \$1,000. Based on your current financial situation, would you have a problem paying off the full amount of that expense right away, or not?**



*Majority (>50%) responses in bold. NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, *Life in Rural America* Part II, 1/31/19 – 3/2/19. Q29. Half-sample C, N=691 rural adults ages 18+.

³ Low-income = annual household income \$25,000 or less. The Pew Charitable Trusts, October 2015. *The Role of Emergency Savings in Family Financial Security: How Do Families Cope with Financial Shocks?* Available [online](#).

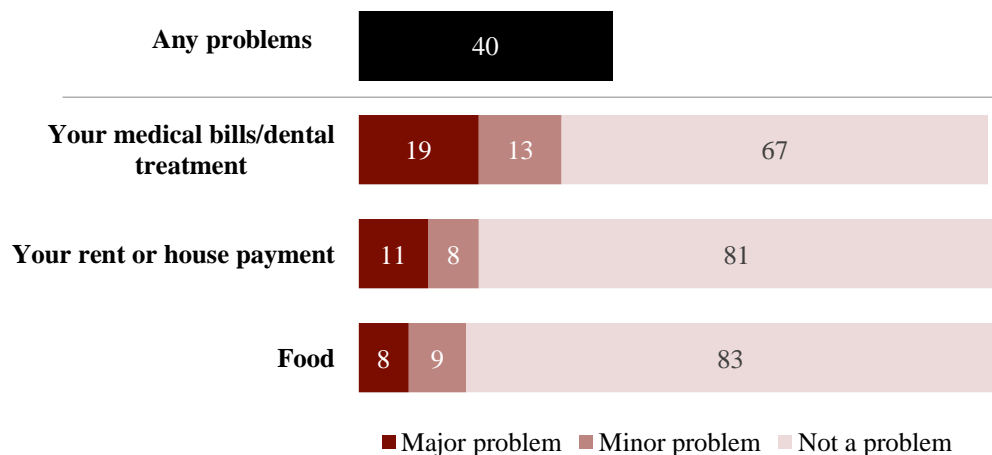
There is significant variation in rural Americans' ability to pay off this expense, as majorities of women (55%), adults without college degrees (53%), and adults living in households earning less than \$50,000/year (73% of those in households earning <\$25,000 and 54% of those in households earning \$25,000 – <\$50,000) say they would have a problem paying off the full \$1,000 amount right away.

Four in ten rural adults say their families have experienced problems paying their medical, housing, or food bills in the past few years

When asked about problems paying bills in the past few years, four in ten rural adults (40%) say they or their family have had problems paying for medical bills, housing, or food, including one-quarter (25%) who say they or their family have had *major* problems (Figure 2). About one-third of rural adults (32%) say their families have had problems paying for medical bills or dental treatment, while 19% have had problems paying their rent or house payment, and 17% have had problems paying for food.

Figure 2. Rural Families Face Difficulties Paying Medical Bills, Housing, Food, in Percent

Q30. Within the past few years, have you or anyone in your family ever had a problem paying for..., or not? If yes: Was this a major problem or a minor problem?



NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q30a-c. N=1,405 rural adults ages 18+.

II. Gaps in Health Care Access

When it comes to health care, even though most rural Americans have health insurance, about one-quarter say they lack adequate health care access, as they have not been able to get health care they needed at some point in the past few years. Hospital closures are also problematic in some communities, as almost one in ten rural Americans say hospitals in their local community have closed down in the past few years.

About one-quarter of rural Americans have experienced recent problems accessing health care

About one-quarter of rural Americans (26%) say there has been a time in the past few years when they needed health care but did not get it, while 72% say they received health care every time they needed it in the past few years (Table 1). More than four in ten rural adults without health insurance (42%) did not get care when they needed it, but also even about one in four rural Americans who have health insurance (24%) did not get care when they needed it.

Table 1. Problems with Health Care Access

Q14. Was there any time in the past few years when you needed health care but did not get it, or did you get health care every time you needed it in the past few years?

Yes, needed health care but did not get it	26%
No, got health care every time	72%

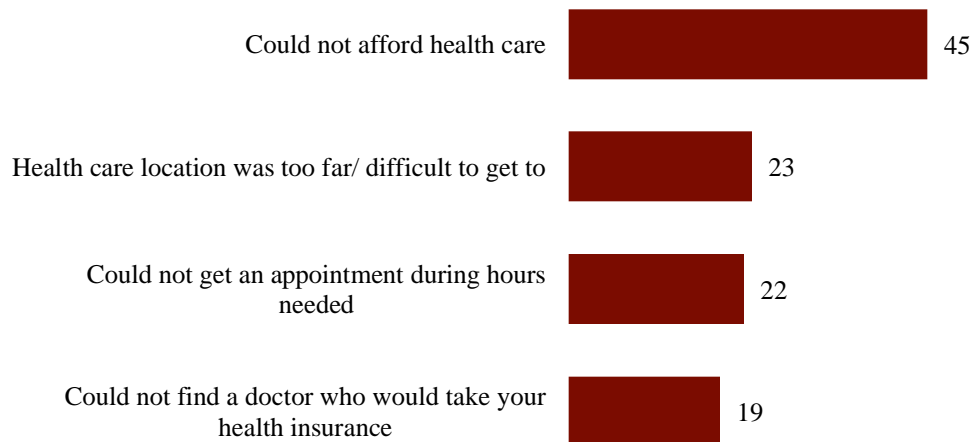
NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q14. N=1,405 rural adults ages 18+.

Rural Americans who were not able to get health care when needed cite reasons related to both financial and physical access

When given a list of potential reasons for why they would not be able to get the health care they needed, rural adults identify reasons related to both financial and physical access. More than four in ten rural adults who have experienced health care access issues (45%) say not being able to afford health care was a reason they did not get the health care they needed in the past few years, 23% say they felt the health care location was too far or too difficult to get to, 22% say they could not get an appointment during the hours they needed, and 19% say they could not find a doctor who would take their health insurance (Figure 3).

Figure 3. Reasons Rural Americans Could Not Access Health Care, in Percent

Q15. [Asked among rural adults who have reportedly experienced health care access problems] Please tell me whether or not any of the following were reasons you could not get the health care you needed. How about [insert item]? Was that a reason you did not get the health care you needed?



NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q15. Asked of those who say there was a time in the past few years when they needed health care, but did not get it; N=331 rural adults ages 18+.

More than one-quarter of rural Americans have experienced recent problems with health care quality

When asked about health care quality, 28% of rural Americans say there was a time in the past few years when they felt there was a problem with the quality of health care they received, while 70% say they have not had any problems with the quality of health care they received in the past few years.

Hospital closures in rural America

Research has recently documented a rising rate of rural hospital closures over the past decade,⁴ and this survey asked rural Americans about hospital closures in their local communities. Eight percent of rural adults (8%) say hospitals in their local communities have closed down in the past few years. Among rural adults reporting any hospital closures, about two-thirds (67%) say hospital closures were a problem for their local communities, including 38% who say they were a *major* problem. About one-third of rural adults who report any local hospital closures (32%) say these closures were not a problem for their local communities.

⁴ Kaufman et al. [The Rising Rate of Rural Hospital Closures](#). *Journal of Rural Health*, 2016.

III. Housing and Homelessness

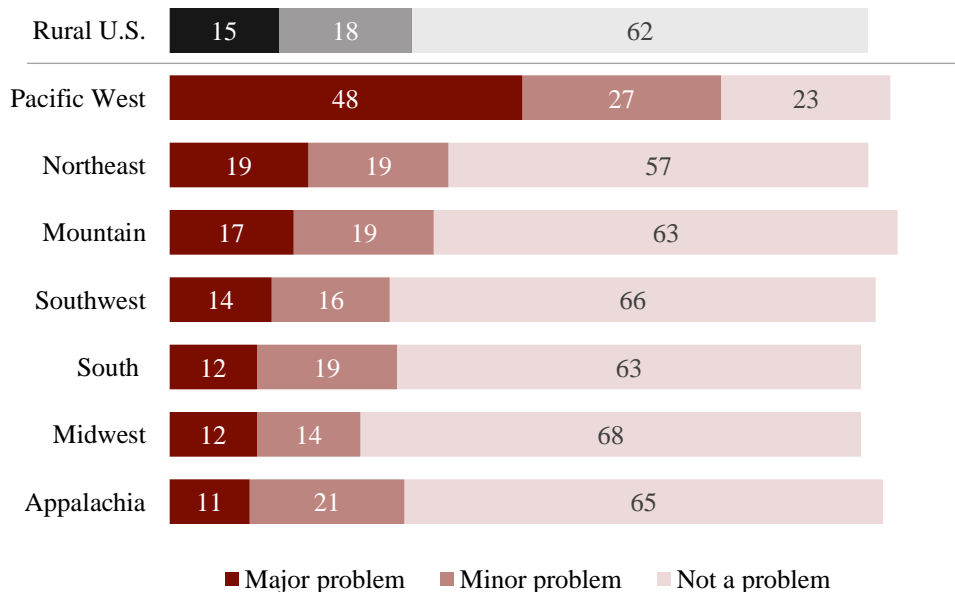
Homelessness and housing issues also impact the health of people living in rural communities. One-third of rural Americans say homelessness is a problem in their local community, while more than one in ten have experienced housing problems in their current residence, including the safety of their drinking water and mold/other environmental problems. In addition, rural adults living in mobile homes (including manufactured homes and trailers) are more likely to say they have experienced several types of housing problems compared to adults living in houses or apartments.

One-third of rural Americans report homelessness is a problem

When asked about homelessness, one-third of rural adults (33%) say homelessness is a problem in their local community, including 15% who say it is a *major* problem (Figure 4). These results vary regionally, as three-quarters of adults living in the rural Pacific West⁵ (75%) say homelessness is a problem in their local community, including almost half (48%) who say it is a *major* problem. A smaller share of adults living in other rural regions share this view.

Figure 4. Rural Americans' Views on Homelessness, Overall and by Region, in Percent

Q34. Is homelessness a problem in your local community, or not? If yes: Would you say that is a major problem or minor problem?



NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q34. Half sample D, N=714 rural adults ages 18+. Detailed regional definitions available on p. 31.

⁵ The rural Pacific West includes rural areas in Alaska, California, Hawaii, Oregon, and Washington.

One in five rural Americans have recently worried about housing affecting their family's health or safety

When asked about their housing conditions, more than one in five rural Americans (22%) say they have ever worried about their housing conditions affecting their family's health or safety. This includes 16% of rural adults who say they have worried about their housing conditions *affecting their or their family's health* in the past few years, and 17% who say they have worried about the *safety* of their housing conditions in the past few years.

More than one in ten rural Americans have experienced several types of housing problems

When given a list of eight potential housing issues, more than one in ten rural Americans say they have experienced several different housing problems in their current residence (Table 2). This includes 27% who have had problems with pests, bugs, or wild animals; 19% who have had problems with phone service, 17% who have had problems with the safety of their drinking water, 16% who have had problems with mold or other environmental issues, 14% who have had problems with inadequate heating or cooling, 13% who have had electrical problems, and 12% who have had problems with their sewage system.

Table 2. Rural Americans' Experiences of Housing Problems, in Percent

Q35. Thinking now of the time you've lived in your current housing situation, have you ever had a problem with [insert item]? If yes: And would you say that is a major problem or a minor problem?

	Problems (Net major/minor)	Major problems	Minor problems	No problems
Pests/bugs/wild animals	27	9	18	72
Phone service	19	6	13	81
Safety of your drinking water	17	8	9	82
Mold or other environmental problems	16	8	8	84
Inadequate heating/cooling	14	6	8	86
Electricity	13	5	8	87
Sewage system	12	6	6	87
Trash collection	9	3	6	91

NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q35a-h. N=1,405 rural adults ages 18+.

Adults living in mobile homes were more likely to report housing problems in several areas than adults in houses or apartments

While most rural adults report living in houses or apartments, about one in seven (14%) say they live in a mobile home, manufactured home, or trailer. Rural Americans living in mobile homes (including manufactured homes and trailers) were more likely to report issues in several housing areas—including problems with pests, bugs, and wild animals; phone service; and inadequate heating or cooling—compared to those living in houses or apartments (Table 3). One-third of rural Americans living in mobile homes (33%) say they have recently worried about their housing conditions affecting their family’s health or safety, compared to 20% of rural adults living in houses or apartments.

When it comes to experiencing housing issues (Table 3), at least one in five mobile home residents say they have experienced problems with pests, bugs, or wild animals (40%); problems with phone service (28%); problems with inadequate heating and cooling (27%); mold or other environmental problems (23%); or electrical problems (20%).

Table 3. Experiences of Housing Problems, Mobile Home Residents compared to House/Apartment Residents in Rural America, in Percent

Q35. Thinking now of the time you've lived in your current housing situation, have you ever had a problem with [insert item]? If yes: And would you say that is a major problem or a minor problem?

	<i>Mobile Home Residents</i>			<i>House/Apartment Residents</i>		
	Problems (Net)	Major	Minor	Problems (Net)	Major	Minor
Pests/bugs/wild animals	40	12	28	25	8	17
Phone service	28	8	20	17	6	11
Heating/cooling	27	11	16	12	5	7
Mold/environmental	23	14	9	15	7	8
Electricity	20	7	13	11	5	6
Drinking water safety	18	8	10	16	8	8
Sewage	11	8	3	13	6	7
Trash collection	13	7	6	7	2	5

NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q35a-h. N=1,405 rural adults ages 18+.

IV. Broadband, Internet Use, and Telehealth

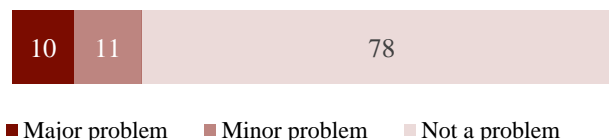
One in five rural adults say accessing high-speed internet is a problem for their family, and without reliable, broadband (high-speed) internet access, rural communities are unable to participate in the digital economy, creating a major divide between rural and urban areas.⁶ Among rural adults who use the internet, a majority say they do so to obtain health information, for personal finance, and for job-related activities. Broadband access also affects rural Americans' ability to use telehealth to access needed health care. About one-quarter of rural adults say they have used telehealth for health care within the past few years, including receiving a diagnosis or treatment from a doctor or other health professional via phone, email, text messaging, live text chat, a mobile app, or live video. Rural telehealth patients report high satisfaction and convenience with these visits, and they use telehealth for a variety of medical purposes, including obtaining prescriptions and managing chronic conditions.

One in five rural Americans say access to high-speed internet is a problem for their family

About one in five rural Americans (21%) say access to high-speed internet is a problem for them or their family, including one in ten (10%) who say it is a *major* problem (Figure 5).

Figure 5. Rural Americans' Problems with High Speed Internet Access, in Percent

Q40. Is access to high-speed internet a problem for you and your family, or not? If yes: and would you say it is a major problem or minor problem?



NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q40. N=1,405 rural adults ages 18+.

Rural Americans go online for health, finances, and work

Most rural Americans (85%) say they use the internet, while 15% never go online. Among rural internet-users, a majority of adults say they use the internet for a variety of purposes, including health, finances, and work. This includes 68% who say they use the internet to get health information, 61% who say they use the internet to do banking or manage their finances, and 54% who say they use the internet to do their job or other business-related activities.

⁶ See the [Federal Communications Commission 2018 Broadband Deployment Report](#) for more information.

Rural Americans use telehealth for a range of medical purposes

About one-quarter of rural adults (24%) report using telehealth for health care within the past few years, including 14% who say they have received a diagnosis or treatment from a doctor or other health care professional using email, text messaging, live text chat, a mobile app, or a live video like FaceTime or Skype and 15% who say they have received a diagnosis or treatment from a doctor or other health professional over the telephone. The medical purposes for using telehealth vary, as a majority of rural telehealth patients (53%) say they have ever received a prescription from their doctor or other health professional using telehealth (video, email, text, app, or phone), while 25% have received a diagnosis or treatment for a chronic condition, 16% have received a diagnosis or treatment for an emergency, and 9% have received a diagnosis or treatment for an infectious disease.

Most rural telehealth patients report satisfaction with their most recent visit

The vast majority of rural telehealth patients report they were satisfied with their most recent experience using telehealth: 89% of video/email/text/app telehealth patients and 90% of phone telehealth patients say they were very or somewhat satisfied with the diagnosis or treatment received in their most recent experience, while 9% of video/email/text/app telehealth patients and 10% of phone telehealth patients say they were somewhat or very dissatisfied.

Rural telehealth patients report variation in costs and insurance coverage for visits

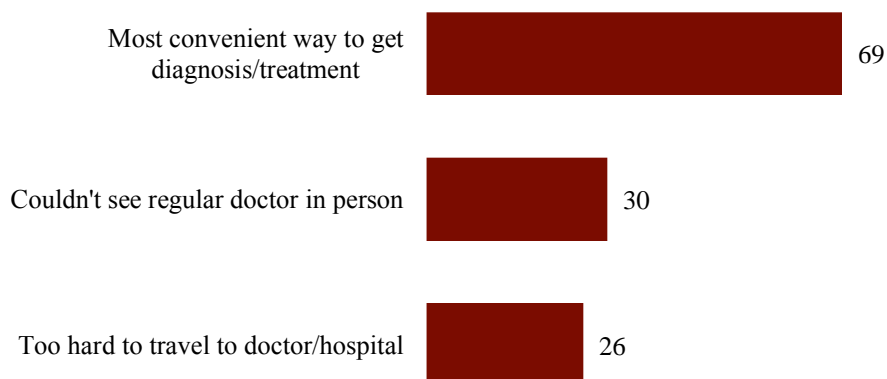
About four in ten video/email/text/app telehealth patients (41%) say they were charged by their health insurance for their most recent visit, and among those charged, more than one in five (22%) say their health insurance covered none of the bill, while only 14% say their health insurance covered all of the bill. Fewer phone telehealth patients say they were charged by their health insurance for their most recent telehealth phone call (22%).

Rural telehealth patients value convenience

Among the 24% of rural Americans who have used telehealth for health care in the past few years, more than two-thirds (69%) say they used telehealth (phone or video/email/text) because it was the most convenient way to get a diagnosis or treatment, while 30% say they used telehealth because they couldn't see their regular doctor or other health professional in person, and 26% say they used telehealth because it was too hard to travel to the doctor, other health professional, or hospital (Figure 6).

Figure 6. Why Rural Americans Use Telehealth, in Percent

Q43d/45d. [Among telehealth patients]: Please tell me if each of the following was or was not a reason why you used [email, text messaging, live text chat, a mobile app, or a live video OR the telephone] to get a diagnosis or treatment from a doctor or other health care professional:



NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q43da-dc/Q45da-dc. Questions asked among rural adults who have ever used telehealth. N=360 rural U.S. adults ages 18+ who have used any mode of telehealth in the past few years.

V. Quality of Life and Safety

A majority of rural Americans are satisfied with their quality of life, and they are more likely to see their communities as safe compared to adults nationally.

Rural Americans hold positive views of their quality of life

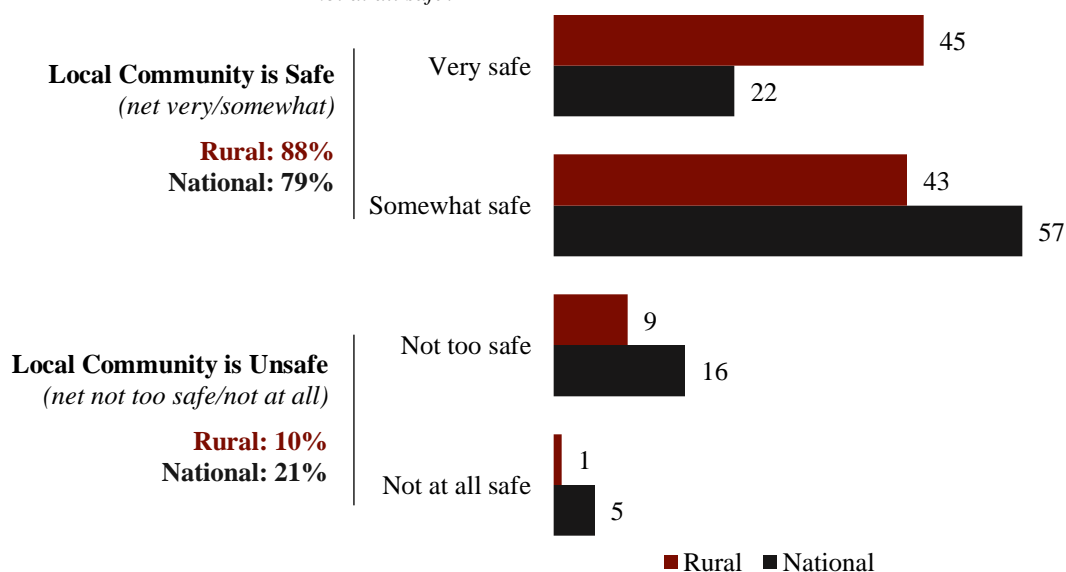
When asked to rate their own overall quality of life, about three-quarters of rural Americans (73%) rate their overall quality of life in their local community as excellent or good, including about one-quarter (24%) who rate it as excellent. Fewer rural adults rate their quality of life as only fair (19%) or poor (8%).

The vast majority of rural Americans say their community is safe

When asked how safe, if at all, their local community is from crime, almost nine in ten rural Americans say their local community is very (45%) or somewhat (43%) safe from crime, while only 1% say their community is not at all safe from crime. A significantly higher share of rural Americans say their communities are safe compared to adults nationally (Figure 7). Only about one in five adults nationally (22%) say their local community is very safe from crime, while 57% say it is somewhat safe, 16% say it is not too safe, and 5% say it is not at all safe.

Figure 7. Rural vs. National Ratings of Community Safety, in Percent

Q37. How safe, if at all, would you say your local community is from crime? Would you say it is very safe, somewhat safe, not too safe, or not at all safe?



NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q37. Half Sample A, N=701 rural adults ages 18+. National estimates are drawn from the Pew Research Center [American Trends Panel Poll](#), Wave 26, 4/4/17 – 4/18/17.

VI. Community Values

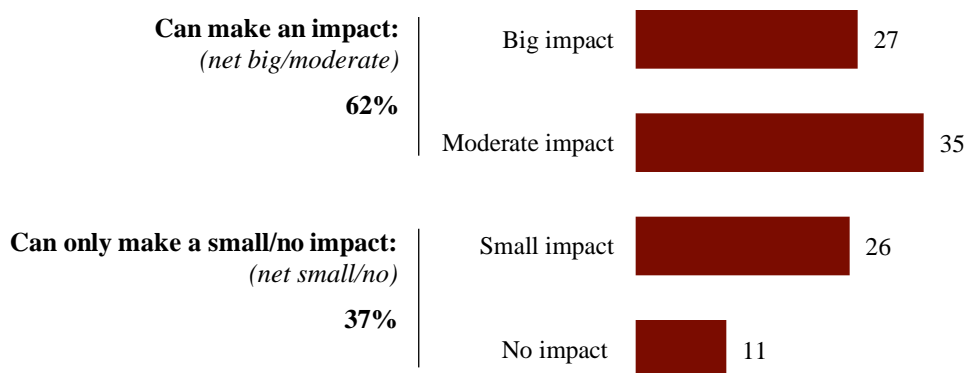
A majority of rural Americans express optimism that people like them can make an impact on their local community. However, they are split in beliefs on how much their community affects their own personal health, as well as whether people in their community share the same values and political beliefs.

A majority of rural adults believe people like them can have an impact in improving their community

When asked how much impact they think people like them can have in making their local community a better place to live, a majority of rural Americans (62%) say they think people like them can make an impact, including 27% who think people like them can make a *big* impact (Figure 8). A smaller share (37%) say they think people like them can only make a small impact or no impact at all in making their local community a better place to live.

Figure 8. Rural Americans' Views on Making an Impact in Your Local Community, in Percent

Q11. How much impact do you think people like you can have in making your local community a better place to live?



NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q11. N=1,405 rural adults ages 18+.

Rural Americans split on connection between community and personal health, values, and politics

When it comes to the relationship between community and personal health, rural Americans are split (Figure 9). About half of rural Americans (49%) say their local community affects their own personal health a lot (20%) or some (29%), while about half (49%) say their local community affects their own personal health not much (22%) or not at all (27%).

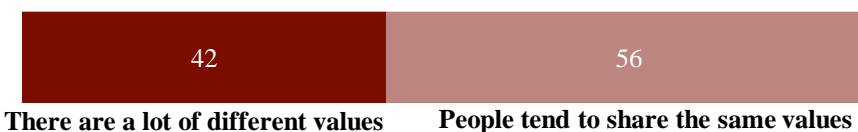
When it comes to community values and political beliefs, rural Americans are also split (Figure 9). When asked which comes closer to their own beliefs, even if neither is exactly right, a majority of rural Americans (56%) say their local community is a place where people tend to share the same values, compared to 42% who say there are a lot of different values in their local community. On political beliefs, a majority of rural Americans (56%) say it comes closer to their own view that there are a lot of different political views in their local community, compared to 40% who say their local community is a place where people tend to share the same political views.

Figure 9. Views on the Community and Health, Values, and Politics, in Percent

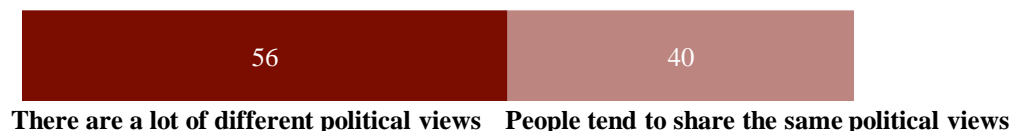
Q3. How much would you say that your local community affects your own personal health? A lot, some, not much, or not at all?



Q4. Which comes closer, even if neither is exactly right: my local community is a place where people tend to share the same values, or there are a lot of different values in my local community?



Q5. Which comes closer, even if neither is exactly right: my local community is a place where people tend to share the same political views, or there are a lot of different political views in my local community?



NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q3. Half sample A, N=701. Q4-Q5, N=1405 rural U.S. adults ages 18+.

VII. Civic and Social Engagement

A majority of rural Americans say they participate in civic and social activities, including volunteering and service, political activities, community meetings, and membership in a variety of groups.⁷ Higher-income rural adults and those with college degrees report more involvement in civic activities than low-income adults and those without college degrees.

Rural Americans say they participate in a variety of civic activities

Rural Americans say they have participated in a variety of civic activities within the past year: 49% have volunteered their time to an organization working to make their local community a healthier place to live, 43% have volunteered their time to a non-religious charitable cause, 37% have attended political meetings on local, town, or school affairs in their local community, 37% have attended community meetings, such as a school board or city council meeting in their local community, 31% have volunteered their time to a religious organization, and 12% have volunteered their time to a local political party or campaign.

Adults with college degrees and those in higher-income households are more likely than those without college degrees and those in low-income households to say they are involved in civic activities (Table 5).

Table 5. Civic Engagement in Rural America, By Education and Income, in Percent

Q12. Here is a list of things some people might do. Which of the following things, if any, have you personally done in the past year? How about...

	All	<College Degree	College Degree +	<\$25k	\$25-~\$50k	\$50-~\$75k	\$75k+
<i>Volunteered your time to an organization working to make your local community a healthier place to live</i>	49	46	64	41	41	60	69
<i>Volunteered your time to a non-religious charitable cause in your local community</i>	43	41	54	36	39	49	54
<i>Attended a community meeting, such as a school board or city council meeting, in your local community</i>	37	33	53	23	38	43	55
<i>Attended a political meeting on local, town, or school affairs in your local community</i>	37	34	49	26	45	45	48
<i>Volunteered your time to a religious organization in your local community</i>	31	29	43	25	22	42	44
<i>Volunteered your time to a local political party or campaign</i>	12	9	22	5	6	16	24

NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q12a-e & Q12aa. Questions asked among half-samples of respondents. Half sample C, N=691. Half sample D, N=714. Rural U.S. adults ages 18+.

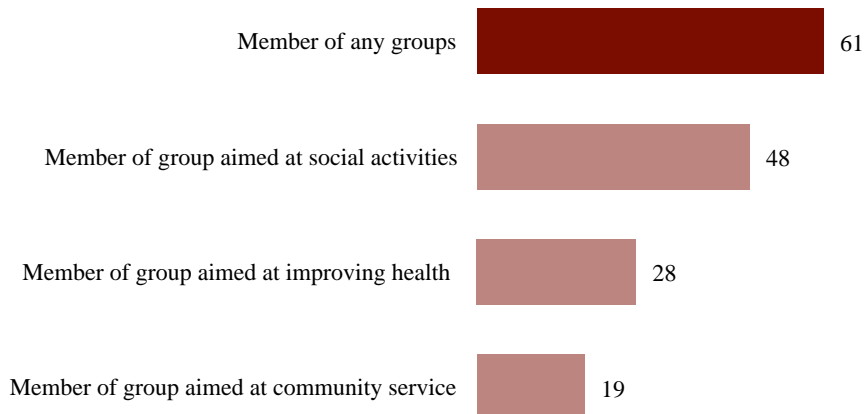
⁷ Prior research has shown that telephone surveys may over-represent the share of U.S. adults who are involved in civic and social activities.

A majority of rural Americans belong to a health, social, or community service group

In addition to civic activities, a majority of rural Americans (61%) say they belong to a health, social, or community service group (Figure 10). This includes almost half of rural Americans (48%) who say they are currently a member of a group aimed at doing social activities with other people, including craft or hobby groups, religious groups, clubs, fraternities, or sororities; 28% of rural Americans who say they are a current member of a group aimed at improving their health, such as a fitness group, gym, weight loss group, or sports team; and 19% of rural Americans who say they are currently a member of a group aimed at doing community service, volunteering, or doing charitable work, such as the Lions Club or Kiwanis.

Figure 10. Group Membership in Rural America, in Percent

Q13. Are you currently a member of any of the following organizations or groups, or not?



NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q13. N=1,405 rural adults ages 18+.

VIII. Social Support, Loneliness, and Isolation

Research has shown that loneliness and social isolation are connected with illness and premature death.⁸ While nearly one in five rural Americans say they always or often feel isolated or lonely, most report having at least a few people nearby they can rely on for help or support. Physical isolation was identified as less problematic for rural Americans, as few say the time or distance for them to travel to their work, school, doctor, or grocery store is a problem.

Most rural Americans say they have at least a few people nearby to rely on

Most rural Americans say when thinking about relatives and friends living nearby who they can rely on for help or support, they have a lot (30%), a fair amount (23%), or just a few (39%) people they can rely on. Fewer rural adults (7%) say there are no people living nearby they can rely on.

Nearly one in five rural Americans say they feel isolated or lonely

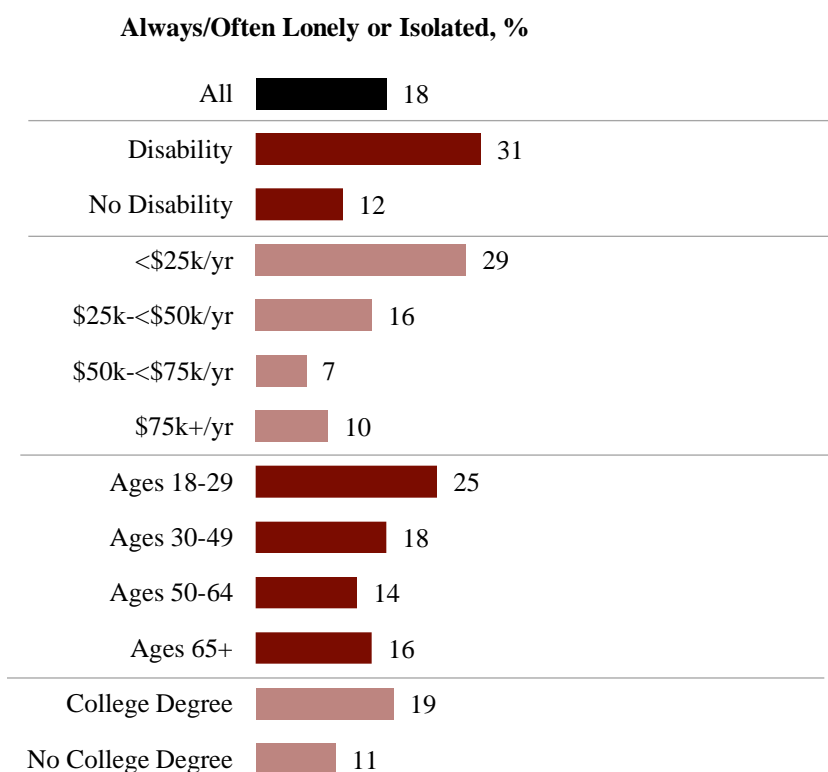
In addition, nearly one in five rural Americans (18%) say they always or often feel either isolated or lonely (Figure 11). This includes 14% who say they always or often feel isolated from others, 19% who say they sometimes feel isolated, 26% who rarely feel isolated, and 41% who never feel isolated. When it comes to loneliness, about one in ten rural Americans (9%) say they always or often feel lonely, while 22% sometimes feel lonely, 27% rarely feel lonely, and 41% never feel lonely.

⁸ See Holt-Lundstad et al. *PLOS Med* 2010 and Valtorta et al. *Heart* 2016.

Figure 11. Loneliness and Isolation in Rural America

Q7. How often do you feel lonely? Always, often, sometimes, rarely, or never?

Q8. How often do you feel isolated from others? Always, often, sometimes, rarely, or never?



NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q7 & Q8 (sum of always/often responses). N=1,405 rural adults ages 18+.

A significantly higher share of rural Americans with disabilities say they feel lonely or isolated from others (31% always/often) compared to those without disabilities (12%), while younger rural Americans ages 18-29 are more likely to say they always or often feel isolated from others (25%) compared to older rural adults ages 50-64 (14%) and ages 65+ (16%). In addition, about three in ten rural adults in households earning less than \$25,000 each year (29%) say they always or often feel either lonely or isolated from others, compared to only 12% of those in households earning \$25,000+, while rural adults without college degrees are more likely to say they feel isolated or lonely (19%) compared to those with college degrees (11%).

Nearly four in ten rural adults believe loneliness and isolation are problems for many people in their community

When thinking about people in their community, nearly four in ten rural Americans (38%) say they think many people in their local community feel lonely or isolated, while about half (51%) think loneliness and isolation is not a problem for many people in their community, and 11% say they don't know (Figure 12). Among rural adults who think many people feel lonely or isolated in their local community, about four in ten (39%) think loneliness and isolation are more of problems that their local community should address, while 55% think they are more of individual or family problems that people need to deal with themselves.

Figure 12. Views on Loneliness/Isolation in the Community, in Percent

Q9. Do you think many people in your local community feel lonely or isolated, or are loneliness and isolation not a problem for many people in your local community?



Q10. Do you think loneliness and isolation are more problems that your local community should address, or are they more individual or family problems that people need to deal with themselves?



NPR/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health, Life in Rural America Part II, 1/31/19 – 3/2/19. Q9 N=1,405, Q10 N=534 (only asked among those who say many people feel lonely/isolated in local community). Rural U.S. adults ages 18+.

Few rural Americans have problems traveling to work, school, the doctor, or the grocery store

Few rural Americans say when thinking about the time or distance it takes to travel to certain places, it is a problem for them to get to their work, school, doctor, or grocery store. Only 12% of rural adults say it is a problem to travel to the doctor or place they go for most of their health care (not including the emergency room or hospital) (*major* problem: 5%); 11% say it is a problem to travel to the closest hospital (*major* problem: 5%); 10% say it is a problem to travel to the grocery store or place they get more of their food (*major* problem: 4%); 8% of those who are employed say it is a problem to travel to their job (*major* problem: 3%); and 4% of parents of school-aged children say it is a problem to travel to their child's school (*major* problem: <1%).

Nine in ten rural Americans say they believe it is very (83%) or somewhat (7%) important to have a car or other vehicle in order to get through their day-to-day life to do the things they need to do, while 3% say having a vehicle is not very important, and 6% say it is not at all important.

IX. Educational Differences in Rural Americans' Life Experiences

This survey finds major differences between the views and experiences of rural Americans with college degrees compared to those who do not have college degrees on a range of measures. Rural adults without college degrees report worse problems and outcomes compared to adults with college degrees when it comes to financial security, quality of life, civic and social engagement, and isolation.

FINANCIAL INSECURITY

A majority of rural adults without college degrees cannot afford to pay off an unexpected \$1,000 expense right away. A majority of rural adults without college degrees (53%) say they would have a problem paying off the full amount of an unexpected \$1,000 expense right away, compared to 30% of rural adults with college degrees.

More than four in ten rural adults without college degrees say their families have had problems paying for medical bills, housing, or food in the past few years. When asked about problems paying bills in the past few years, more than four in ten rural adults without college degrees (43%) say their families have had problems paying for medical bills, housing, or food, including 28% saying they have had *major* problems (27% of adults with college degrees report any problems paying bills). Specifically, 35% of rural adults without college degrees say their families have had problems paying for medical bills or dental treatment, 21% have had problems paying for housing, and 19% have had problems paying for food.

HEALTH AND SAFETY

Rural adults without college degrees report worse quality of life than rural adults with college degrees. About three in ten rural adults without college degrees (29%) rate their overall quality of life in their local community as only fair or poor, compared to only 16% of those with college degrees.

COMMUNITY VALUES

Rural Americans with college degrees are more optimistic about making an impact on their local community. More than three in four rural adults with college degrees (78%) say people like them can have an impact in making their local community a better place to live, including 34% who say *big* impact, compared to 58% of rural adults without college degrees (25% of whom say *big* impact).

CIVIC AND SOCIAL ENGAGEMENT

Rural adults with college degrees are more likely to belong to health, social, or community service groups. Rural adults with college degrees are more likely to say they are a member of any health, social, or community service groups (80%) compared to those without college degrees (57%).

Rural adults with college degrees are more civically engaged. Rural adults with college degrees are more likely than those who do not have college degrees to say they are involved in a variety of civic activities (see *Table 5. Civic Engagement in Rural America, By Education and Income*, p. 16).

LONELINESS AND ISOLATION

Almost one in five rural Americans without college degrees say they feel isolated or lonely. Rural adults without college degrees are more likely to say they always or often feel lonely or isolated from others (19%) compared to those with college degrees (11%).

X. Experiences of Rural Native Americans

A significant share of Native Americans live in rural areas, and they report substantial problems with financial insecurity, health care access, housing, homelessness, high-speed internet access, safety, and isolation.

FINANCIAL INSECURITY

A majority of Native Americans living in rural America (51%) say they would have a problem paying off the full amount of an unexpected \$1,000 expense right away.

Nearly half of rural Native Americans say their families have had problems paying for medical bills, housing, or food in the past few years. When asked about problems paying bills in the past few years, nearly half of rural Native Americans (49%) say their families have had problems paying for medical bills, housing, or food, including 38% reporting *major* problems. More than one-third (35%) have had problems paying for medical bills or dental treatment, 26% have problems paying their rent or house payment, and 22% have had problems paying for food.

GAPS IN HEALTH CARE ACCESS

More than one in seven rural Native Americans report recent hospital closures in their community. More than one in seven rural Native Americans (16%) say hospitals in their local communities have closed down in the past few years, while one-third (33%) say they have recently experienced problems with health care access.

More than one in four rural Native Americans say it is a problem to travel to the nearest hospital. When asked to think about the time it takes to travel somewhere or the distance to certain places, 27% of rural Native Americans say it is a problem to travel to the closest hospital. In addition, 23% of rural Native Americans say it is a problem to get to their doctor/health care provider, 18% say it is a problem to travel to the closest grocery store or place they get most of their food, and 15% of employed rural Native Americans say it is a problem to travel to their jobs.

HIGH-SPEED INTERNET ACCESS

More than one-quarter of rural Native Americans (28%) say access to high-speed internet is a problem for their family, including nearly one in five (18%) who say it is a *major* problem.

HOUSING AND HOMELESSNESS

Half of rural Native Americans say homelessness is a problem. When asked about homelessness, half of rural Native Americans (50%) say homelessness is a problem in their local community, including 19% who say it is a *major* problem.

More than one in five rural Native Americans have experienced several types of housing problems in their current residence. When given a list of eight potential housing issues, more than one in five rural Native Americans have experienced any problems with pests, bugs, or wild animals (36%), phone service (28%), electricity (27%), the safety of their drinking water (26%), mold or other environmental problems (23%), or inadequate heating or cooling (22%).

HEALTH AND SAFETY

About four in ten rural Native Americans (39%) rate their overall quality of life in their local community as only fair or poor.

More than one-quarter of rural Native Americans say their communities are unsafe. When asked how safe, if at all, their local community is from crime, more than one-quarter of rural Native Americans say their local community is not too safe (24%) or not at all safe (3%) from crime. About seven in ten rural Native Americans say their community is very (26%) or somewhat (45%) safe from crime.

LONELINESS AND ISOLATION

A majority of rural Native Americans think loneliness and isolation are problems in their community. When thinking about people in their community, a majority of rural Native Americans (52%) say they think many people in their local community feel lonely or isolated, while four in ten (40%) think loneliness and isolation is not a problem for many people in their community.

XI. Experiences of Black Rural Americans

Black Americans living in rural areas report significant problems when it comes to financial insecurity, health care access, housing, high-speed internet access, and quality of life.

FINANCIAL INSECURITY

About two-thirds of Black rural Americans (68%) say they would have a problem paying off the full amount of an unexpected \$1,000 expense right away.

A majority of Black rural Americans (52%) say their families have had problems paying for medical bills, housing, or food in the past few years, including 38% who have had *major* problems. In particular, 43% of Black rural Americans say their families have problems paying for medical bills or dental treatment, 24% have had problems paying for housing, and 23% have had problems paying for food.

GAPS IN HEALTH CARE ACCESS

One in six Black rural Americans report recent hospital closures in their community. More than one in six Black adults living in rural America (17%) say hospitals in their local communities have closed down in the past few years.

QUALITY OF LIFE

More than four in ten Black rural Americans (45%) rate their overall quality of life in their local community as only fair or poor.

HIGH-SPEED INTERNET ACCESS

More than one-quarter of Black rural Americans (27%) say access to high-speed internet is a problem for their family, including one in five (20%) who say it is a *major* problem.

HOUSING

One in five Black rural Americans have experienced several types of housing problems in their current residence. When given a list of eight potential housing issues, at least one in five rural Black adults have experienced any problems with pests, bugs, or wild animals (38%), phone service (26%), their sewage system (22%), mold or other environmental problems (20%), and electrical problems (20%).

XII. Experiences of Rural Americans Living with Disabilities

About three in ten rural Americans (29%) say they have a disability that keeps them from participating fully in work, school, housework, or other activities. Rural Americans with disabilities say they face significant challenges with financial security, health care, and isolation in their communities.

FINANCIAL INSECURITY

Seven in ten rural Americans living with disabilities (70%) say they would have a problem paying off the full amount of an unexpected \$1,000 expense right away, compared to 40% of rural Americans without any disabilities.

A majority of rural Americans with disabilities (62%) say their families have had problems paying for medical bills, housing, or food in the past few years, including 46% who have had *major* problems. In particular, 53% say their families have had problems paying for medical bills or dental treatment, 33% have had problems paying for food, and 29% have had problems paying for housing.

HEALTH CARE QUALITY

Nearly half of rural Americans with disabilities report problems with health care quality. When asked about health care quality, 48% of rural Americans living with disabilities say there has been a time in the past few years when they felt there was a problem with the quality of health care they received, compared to only 20% of rural Americans without disabilities.

QUALITY OF LIFE

More than four in ten rural Americans with disabilities report fair or poor quality of life. More than four in ten rural adults living with disabilities (43%) rate their overall quality of life in their local community as only fair or poor, compared to 20% of rural adults without disabilities.

COMMUNITY VALUES

Rural adults with disabilities are more likely to believe people like them cannot make any impact at all to improve their community. While similar shares of rural adults with (25%) and without (27%) disabilities say people like them can make a *big* impact in making their local community a better place to live, rural adults with disabilities are more likely to say people like them cannot make *any impact at all* (17%) compared to those without disabilities (8%).

LONELINESS AND ISOLATION

Rural adults with disabilities are more likely to feel lonely or isolated. A significantly higher share of rural adults with disabilities say they feel lonely or isolated from others (31% always/often) compared to those without disabilities (12%).

XIII. Experiences of Low-Income Rural Americans

Despite numerous federal income assistance programs aimed at helping low-income Americans, rural Americans with household incomes below the federal poverty line (<\$25,000/year)⁹ experience significantly worse quality of life, are less likely to be civically engaged, have more problems paying bills, and experience more problems with isolation and loneliness than rural Americans living in households with higher incomes.

FINANCIAL INSECURITY

About three in four rural adults living in households earning less than \$25,000 each year (73%) say they would have a problem paying off the full amount of an unexpected \$1,000 expense right away (see *Figure 1. Financial Insecurity in Rural America*, p. 2 for detailed responses by income).

A majority of rural adults in households earning less than \$25,000 each year (57%) say their families have had problems paying for medical bills, housing, or food in the past few years, including 45% who say their families have had *major* problems. This includes 44% with problems paying for medical bills or dental treatment, 31% with problems paying for food, and 30% with problems paying for housing.

QUALITY OF LIFE

About four in ten rural adults in households earning less than \$25,000 each year (41%) rate their overall quality of life in their local community as only fair or poor, compared to 21% of those living in households with earning \$25,000+.

LONELINESS AND ISOLATION

Nearly three in ten rural adults in households earning less than \$25,000 each year (29%) say they always or often feel either lonely or isolated from others, compared to only 12% of those in households earning \$25,000+ (see *Figure 11. Loneliness and Isolation in Rural America*, p. 19).

CIVIC ENGAGEMENT

Rural adults in households earning less than \$25,000 each year are less likely to than higher-income rural adults to say they participate in civic activities. Rural adults in households earning <\$25,000 each year are less likely than rural adults in households earning \$25,000+ to say they are involved in a variety of civic activities (see *Table 5. Civic Engagement in Rural America, By Education and Income*, p. 16).

⁹ Annual household income <\$25,000 is <100% of the federal poverty level for a family of four.

XIV. Age Differences in Rural Americans' Life Experiences

There are some notable age differences between the views and experiences of younger rural adults and their older counterparts. While younger rural adults report more involvement in community groups and greater optimism about making an impact in their community, they also report greater loneliness and isolation.

COMMUNITY VALUES

Younger rural Americans are more optimistic about making an impact on their local community. While 77% of rural adults ages 18-29 say people like them can make an impact on their community (including 37% who say *big* impact), 67% of adults ages 30-49 say this (*big* impact: 34%), 60% of adults ages 50-64 say this (*big* impact: 26%), and only 47% of adults ages 65+ say this (*big* impact: 10%).

CIVIC AND SOCIAL ENGAGEMENT

Younger rural Americans are more likely to belong to any health, social, or community service groups. While 72% of adults ages 18-29 say they belong to any health, social, or community service groups, 62% of those ages 30-49 say this, 56% of those ages 50-64 say this, and 59% of those ages 65+ say this.

LONELINESS AND ISOLATION

Younger rural adults are more likely to feel lonely or isolated than retirement-age rural adults. A higher share of younger rural Americans ages 18-29 say they always or often feel lonely or isolated from others (25%) compared to older rural adults ages 50-64 (14%) and ages 65+ (16%) (see *Figure 11. Loneliness and Isolation in Rural America*, p. 19).

XV. Regional Differences in Rural Americans' Experiences

Rural Americans' views and experiences also vary by region.¹⁰ For example, three-quarters of adults living in the rural Pacific West say homelessness is a problem in their local community, compared to one-third or fewer adults in other rural regions. This survey also found regional variation in housing problems, quality of life, and adults' views on improving health in local communities.

HOUSING AND HOMELESSNESS

One quarter of adults living in the rural Northeast (25%) say they have experienced problems with the safety of their drinking water while living in their current residence, compared to 24% of adults in the rural Southwest, 19% of adults in rural Appalachia, 17% of adults in the rural South, 14% of adults in the rural Midwest, 14% of adults in the rural Mountain West, and 14% of adults in the rural Pacific West.

Three in four adults living in the rural Pacific West say homelessness is a problem. When asked about homelessness, three-quarters of adults living in the rural Pacific West¹¹ say homelessness is a problem in their local community (75%), including almost half (48%) who say it is a *major* problem. A smaller proportion of adults living in other rural regions share this view (see *Figure 4: Rural Americans' Views on Homelessness, Overall and by Region* on p. 7).

QUALITY OF LIFE

More than nine in ten adults living in the rural Mountain West (91%) rate their own quality of life in their local community as excellent or good, compared to 66% of adults in rural Appalachia, 78% of adults in the rural Northeast, 79% of adults in the rural Midwest, 65% of adults in the rural South, 68% of adults in the rural Southwest, and 63% of adults in the rural Pacific West.

IMPROVING HEALTH

When asked an open-ended question about the most important thing that could be done to improve health in their local community, rural adults in all regions identify improving health care access, costs, and quality as the top option. Notably, nearly one in five adults living in the rural Pacific West (18%) cite options related to improving the economy and infrastructure (rural U.S. overall: 11%), and at least one in ten rural adults living in Appalachia (11%) and the Pacific West (10%) identify reducing drug/opioid problems as the most important thing that could be done to improve health in their local community (rural U.S. overall: 6%).

¹⁰ This sample includes 7 overlapping rural U.S. regions, including rural communities in Appalachia, Northeast, Midwest, South, Southwest, Pacific West, and Mountain West. See *Characteristics of Population Subgroups* on p. 31 for a detailed definition.

¹¹ The rural Pacific West includes rural communities in Alaska, California, Hawaii, Oregon, and Washington.

XVI. Methodology

The poll in this study is part of an on-going series of surveys developed by researchers at the Harvard Opinion Research Program (HORP) at Harvard T.H. Chan School of Public Health in partnership with the Robert Wood Johnson Foundation and NPR. The research team consists of the following members at each institution.

Harvard T.H. Chan School of Public Health: Robert J. Blendon, Professor of Health Policy and Political Analysis and Executive Director of HORP; John M. Benson, Senior Research Scientist and Managing Director of HORP; Mary T.G. Findling, Senior Research Specialist; Justin M. Sayde, Administrative and Research Manager.

Robert Wood Johnson Foundation: Carolyn Miller, Senior Program Officer, Research and Evaluation; Jordan Reese, Director of Media Relations; Martina Todaro, Research Associate.

NPR: Andrea Kissack, Senior Supervising Editor, Science Desk; Joe Neel, Deputy Senior Supervising Editor, Science Desk; Vickie Walton-James, Senior Supervising Editor, National Desk; Laura Smitherman, Deputy Senior Supervising Editor, National Desk; Luis Clemens, Supervising Editor, National Desk; Ken Barcus, Midwest Bureau Chief; Jason DeRose, Senior Editor, National Desk.

Interviews were conducted by SSRS of Glen Mills (PA) via telephone (including both landline and cell phone) using random-digit dialing, January 31 – March 2, 2019, among a nationally representative probability-based sample of 1,405 adults age 18 or older living in the rural United States. Interviews were conducted in English and Spanish. The margin of error for total respondents is ± 3.5 percentage points at the 95% confidence level. The sample of Rural Americans is defined in this survey as adults living in areas that are not part of a Metropolitan Statistical Area (MSA). This is the definition used in the 2016 National Exit Poll.

Possible sources of non-sampling error include non-response bias, as well as question wording and ordering effects. Non-response in telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases and for variations in probability of selection within and across households, sample data are weighted by cell phone/landline use and demographics (sex, age, education, and Census region) to reflect the true population. Other techniques, including random-digit dialing, replicate subsamples, and systematic respondent selection within households, are used to ensure that the sample is representative.

Characteristics of Population Subgroups

	Number of Interviews (unweighted)	Margin of Error at the 95% confidence level (percentage points)	Weighted % of total sample
Total rural adults	1405	+/-3.5	100
By gender			
Men	709	+/-5.0	49
Women	695	+/-5.0	50
By education			
College graduate	458	+/-6.2	19
Not college graduate	938	+/-4.1	81
By Race/ethnicity			
White (non-Latino)	892	+/-4.2	78
Black (non-Latino)	165	+/-9.6	8
Latino	157	+/-10.1	8
Native American	139	+/-10.6	2
By household income			
<\$25,000/year	432	+/-6.4	30
\$25,000-<\$50,000/year	292	+/-7.7	22
\$50,000-<\$75,000/year	204	+/-9.0	16
\$75,000 or more/year	335	+/-7.5	23
By age			
18-29	150	+/-9.6	19
30-49	310	+/-7.2	28
50-64	445	+/-6.2	28
65+	494	+/-5.7	25
By disability status			
Disabled	423	+/-6.5	29
Not disabled	973	+/-4.2	70
By type of home			
House/apartment	1160	+/-3.9	83
Mobile home	201	+/-9.5	14
By region			
Appalachia*	195	+/-8.7	18
Northeast†	135	+/-10.7	11
Midwest†	319	+/-6.7	32
South†	572	+/-5.4	43
Southwest (AZ, NM, NV, UT, TX, OK)‡	207	+/-8.9	13
Mountain (CO, ID, MT, WY)	138	+/-13.1	6
Pacific (CA, OR, WA, AK, HI)	175	+/-10.7	6

* This survey follows the Appalachian Regional Commission definition of the Appalachian region (available at https://www.arc.gov/appalachian_region/CountiesinAppalachia.asp). It is a 205,000 square-mile region following the Appalachian Mountains from southern New York to northern Mississippi. It includes rural areas in AL, GA, KY, MD, MS, NY, NC, OH, PA, SC, TN, VA, and WV. † Northeast, Midwest, and South are defined here according to the U.S. Census. Parts of the rural Northeast, rural South, and rural Midwest are also included in the rural Appalachia category, so these three regions are not mutually exclusive from Appalachia in this survey. ‡ Rural Southwest overlaps with rural South, because TX and OK are in both, so these two regions are not mutually exclusive in this survey.

NPR
ROBERT WOOD JOHNSON FOUNDATION
HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

Life in Rural America, Part 2

This survey is the second in the series “Life in Rural America,” on rural Americans’ personal experiences with health, social, civic, and economic issues in their local communities. It was conducted for NPR, the Robert Wood Johnson Foundation, and Harvard T.H. Chan School of Public Health, via telephone (landline and cell phone) by SSRS, an independent research company. Interviews were conducted in English and Spanish using random-digit dialing, **January 31 – March 2, 2019**, among a nationally representative probability-based sample of 1,405 adults age 18 or older living in the rural U.S. The margin of error for the total respondents is +/-3.5 percentage points at the 95% confidence level.

Table of Contents

	Page #
I. Community Health and Well-Being	2
II. Civic and Social Engagement: Community Values	4
III. Civic and Social Engagement: Social Support and Social Isolation	5
IV. Civic and Social Engagement: Involvement in Community Activities	6
V. Life Experiences in Rural America: Access to Health Care	8
VI. Life Experiences in Rural America: Financial Security	12
VII. Life Experiences in Rural America: Housing	13
VIII. Life Experiences in Rural America: Distance	16
IX. Broadband, Internet Use, and Telehealth	18
X. Health Demographics	27
XI. Demographics	29

The sample of Rural Americans is defined in this survey as adults living in areas that are not part of a Metropolitan Statistical Area (MSA). This is the definition used in the 2016 National Exit Poll.

Responses shown in the tables that follow are percentages.

We are conducting a survey on people's lives. In this survey, we'll be using the phrase "in your local community" to refer to the geographic area where you live, such as your town or county.

I. Community Health and Well-Being

(Asked of half-sample B; n=704)

Q1 Generally speaking, how would you rate the overall quality of life for you in your local community? Is it excellent, good, only fair, or poor?

Excellent	Good	Only fair	Poor	Don't know/ Refused
24	49	19	8	*

Q2. In your view, what is the **most** important thing that could be done to improve health in your local community? (Open-ended)

Improving health care (net)	36
Improve access to health care	19
Improve quality of health care/better health care	8
Reduce health care costs	7
Other health care mentions	2
Healthier lifestyles (net)	13
More opportunities for physical activity (access to gyms/exercise programs/trails, etc.)	3
People to take personal responsibility for their health/life (diet/exercise/etc.)	3
More access to food/food options/healthy foods	2
Health education/campaign to improve health awareness/healthy habits	2
Reduce smoking/tobacco use	1
More opportunities for physical activities/physical activity for youth/children (sports/parks/etc.)	1
Reduce obesity	*
Other promote healthy lifestyle mentions	1
Improving economy and infrastructure (net)	11
More/better job opportunities/higher wages	3
Transportation-related issues (improve roads/public transportation/etc.)	2
Helping people in need more/more services/social services (general)	2
More stores/restaurants/businesses back in the community/economic development	1
Improve housing	1
More funding	1
Other infrastructure related mentions	1
Reduce drug or opioid problems	6
Cleaner environment (cleaner water/air/trash-free/etc.)	4
Improve education	1
Less government/less government overreach/mandates/taxes	1
Other	7
Nothing	5
Don't Know/Refused	16

(Asked of half-sample A; n=701)

Q3. How much would you say that your local community affects your own personal health? A lot, some, not much, or not at all?

A lot	Some	Not much	Not at all	Don't know/ Refused
20	29	22	27	2

II. Civic and Social Engagement: Community Values

Q4. Which comes closer, even if neither is exactly right: 1. (My local community is a place where people tend to share the same values), or 2. (There are a lot of different values in my local community)?

Place where people tend to share same values	There are a lot of different values	Don't know/Refused
56	42	2

Q5. Which comes closer, even if neither is exactly right: 1. (My local community is a place where people tend to share the same political views), or 2. (There are a lot of different political views in my local community)?

Place where people tend to share the same political views	There are a lot of different political views	Don't know/Refused
40	55	5

III. Civic and Social Engagement: Social Support and Social Isolation

Q6. Thinking about relatives and friends living nearby who you can rely on for help or support, do you have a lot of people you can rely on, a fair amount, just a few, or no people living nearby who you can rely on?

A lot of people	A fair amount	Just a few	No people	Don't know/ Refused
30	23	39	7	1

Q7. How often do you feel isolated from others?

Always	Often	Sometimes	Rarely	Never	Don't know/ Refused
5	9	19	26	41	*

Q8. How often do you feel lonely?

Always	Often	Sometimes	Rarely	Never	Don't know/ Refused
5	4	22	27	41	1

Q7/Q8 Combo Table Based on Total Respondents

Feel isolated or lonely always or often	18
Do not feel isolated or lonely	82

Q9. Do you think many people in your local community feel lonely or isolated, or are loneliness and isolation not a problem for many people in your local community?

Feel lonely or isolated	Loneliness and isolation not a problem	Don't know/ Refused
38	51	11

(Asked of those who think many people in their local community feel lonely or isolated; n=534)

Q10. Do you think loneliness and isolation are more problems that your local community should address, or are they more individual or family problems that people need to deal with themselves?

Problems that your local community should address	Individual or family problems that people need to deal with themselves	Don't know/ Refused
39	55	6

IV. Civic and Social Engagement: Involvement in Community Activities

Q11. How much impact do you think people like you can have in making your local community a better place to live?

A big impact	A moderate impact	A small impact	No impact at all	Don't know/Refused
27	35	26	11	1

Q12. Here is a list of things some people might do. Which of the following things, if any, have you, personally, done in the past year? How about (INSERT ITEM)?

(Asked of half-sample C; n=691)

- a. Volunteered your time to a charitable cause in your local community

Yes, have done	No, have NOT done	Don't know/Refused
52	48	*

(Asked of half-sample C; n=691)

- b. Volunteered your time to a local political party or campaign

Yes, have done	No, have NOT done	Don't know/Refused
12	88	*

(Asked of half-sample D; n=714)

- c. Volunteered your time to an organization working to make your local community a healthier place to live

Yes, have done	No, have NOT done	Don't know/Refused
49	50	1

(Asked of half-sample D; n=714)

- d. Attended a political meeting on local, town or school affairs in your local community

Yes, have done	No, have NOT done	Don't know/Refused
37	63	*

(Asked of half-sample D; n=714)

- e. Attended a community meeting, such as a school board or city council meeting in your local community

Yes, have done	No, have NOT done	Don't know/Refused
37	63	*

(Asked of half-sample D respondents who say they have volunteered time to a charitable cause in their local community; n=384)

Q12aa. And was that a religious organization, another charitable cause, or both?

Q12 Summary Table**c = asked of half-sample C; n=691****d = asked of half-sample D; n=714**

Volunteered your time to a charitable cause in your local community ^c	52
To a religious organization	8
To another charitable cause	20
To both	23
Don't know/Refused to say which	1
Volunteered your time to an organization working to make your local community a healthier place to live ^d	49
Attended a political meeting on local, town, or school affairs in your local community ^d	37
Attended a community meeting, such as a school board or city council meeting in your local community ^d	37
Volunteered your time to a local political party or campaign ^c	12

Q13. Are you currently a member of any of the following organizations or groups, or not? First/How about (INSERT ITEM). Are you a member of such a group, or not?

- a. A group aimed at improving your health, such as a fitness group, gym, weight loss group, or sports team

Yes	No	Don't know/Refused
28	72	*

- b. A group aimed at doing social activities with other people, such as a craft or hobby group, a religious group, a club, a fraternity, or a sorority

Yes	No	Don't know/Refused
48	52	*

- c. A group aimed at doing community service, volunteering, or doing charitable work, such as the Lions Club or Kiwanis

Yes	No	Don't know/Refused
19	80	1

Q13 Combo Table**Based on Total Respondents**

Any group membership (net)	61
No group membership (net)	39

V. Life Experiences in Rural America: Access to Health Care

Q14. Was there any time in the past few years when you needed health care but did not get it, or did you get health care every time you needed it in the past few years?

Needed health care but did not get it	Got health care every time	Don't know/Refused
26	72	2

(Asked of those who said there was a time in the past few years when they needed health care, but did not get it; n=331)

Q15. Please tell me whether or not any of the following were reasons you could not get the health care you needed. How about (INSERT ITEM)? Was that a reason you did not get the health care you needed? How about (INSERT ITEM)?

- a. You could not afford that health care

Yes, a reason	No, not a reason	Don't know/Refused
45	54	1

- b. You could not find a doctor who would take your health insurance

Yes, a reason	No, not a reason	Don't know/Refused
19	80	1

- c. You could not get an appointment during the hours you needed

Yes, a reason	No, not a reason	Don't know/Refused
22	78	*

- d. You felt the health care location was too far or difficult to get to

Yes, a reason	No, not a reason	Don't know/Refused
23	77	*

Q14/Q15 Combo Table Based on Total Respondents

Yes, needed health care but did not get it	26
You could not afford that health care	12
You could not find a doctor who would take your health insurance	5
You could not get an appointment during the hours you needed	6
You felt the health care location was too far or difficult to get to	6
No, got health care every time	72
Don't know/Refused	2

(Asked of half-sample A; n=701)

Q16. Was there any time in the past few years when you felt there was a problem with the quality of health care you received, or have you not had any problems with the quality of health care you received in the past few years?

Felt there was a problem with health care you received	Not had any problems with the quality of health care you received	Don't know/Refused
28	70	2

(Asked of half-sample B; n=704)

Q17. In the past few years, have any hospitals in your local community closed down? IF YES, ASK: Was it ONE hospital that closed, or did MORE than one hospital in your local community close?

Yes, ONE hospital closed	Yes, MORE than one hospital closed	No	Don't know/Refused
7	1	90	2

(Asked of half-sample B respondents if any of the hospitals in their local community closed down in the past few years; n=59)

Q18. And how much of a problem, if at all, (was that hospital closure/were those hospital closures) for your local community? Was that a major problem, minor problem, or not a problem?

Major problem	Minor problem	Not a problem	Don't know/Refused
38	29	32	1

Q17/Q18 Combo Table

Based on half-sample B; n=704

Yes, hospital closed (NET)	8
Hospital closure was a major problem	3
Hospital closure was a minor problem	2
Hospital closure was not a problem	3
No hospital closed	90
Don't know/Refused	2

Q19. Are you, yourself, currently covered by any form of health insurance or health plan, or do you not have health insurance at this time?

Yes	No	Don't know/ Refused
87	12	1

See Health Demographics section below for details of health insurance coverage.

Q24. Are you currently employed full-time, part-time, or not currently employed?

(Asked of those who are not employed)

Q25. Are you: retired, a homemaker, a student, or temporarily unemployed?

**Q24/Q25 Combo Table
Based on Total Respondents**

Employed (NET)	53
Employed Full-time	41
Employed Part-time	12
Not employed(NET)	47
Retired	24
A homemaker	7
A student	3
Temporarily unemployed	6
Disabled/Handicapped (Vol.)	7
Other (Vol.)/Don't know/Refused	*
Don't know/Refused	*

Q26. Do you have any school-age children under age 18 living in your household, or not?

Yes	No	Don't know/ Refused
28	72	*

Q27. Are you a parent of a child under 5 years old, or not?

Yes	No	Don't know/ Refused
11	89	*

(Asked of those who are a parent of a child under 5 years old; n=120)

Q28. In the past year, have you received any government assistance from WIC, the Women, Infants, and Children Nutrition Program, or not?

Yes	No	Don't know/ Refused
26	74	-

**Q27/Q28 Combo Table
Based on Total Respondents**

Yes, parent of a child under 5 years old	11
Have received government assistance from WIC, the Women, Infants, and Children Nutrition program	3
Have not received government assistance from WIC, the Women, Infants, and Children Nutrition program	8
No, not a parent of a child under 5 years old	89
Don't know/Refused	*

VI. Life Experiences in Rural America: Financial Security

(Asked of half-sample C; n=691)

Q29. Suppose you had an unexpected expense, and the amount came to one thousand dollars. Based on your current financial situation, would you have a problem paying off the full amount of that expense right away, or not?

Would have a problem paying the full-amount right away	Would NOT have a problem	Don't know/Refused
49	50	1

Q30. Within the past few years, have you or anyone in your family ever had a problem paying for (INSERT ITEM), or not? IF YES, ASK: Was that a major problem or a minor problem?

- a. Your medical bills or dental treatment

Major problem	Minor problem	No	Don't know/Refused
19	13	67	1

- b. Your rent or house payment

Major problem	Minor problem	No	Don't know/Refused
11	8	81	*

- c. Food

Major problem	Minor problem	No	Don't know/Refused
8	9	83	*

Q30a-c Combo Table I
Based on Total Respondents

One or more of these three were major problems	25
None of these three were major problems	75

Q30a-c Combo Table II
Based on Total Respondents

One or more of these three were major or minor problems	40
None of these three were major or minor problems	60

VII. Life Experiences in Rural America: Housing

Q31. Which of the following types of housing do you live in? Do you live...?

In a house	73
In an apartment	10
In a mobile home, manufactured home, or trailer	14
In a nursing home or retirement community	1
Some other type of housing	2
Don't know/Refused	*

Q32. In the past few years, have you ever worried about your housing conditions affecting the health of you or your family, or is this not something you have ever worried about in the past few years?

Yes, have worried	No	Don't know/Refused
16	84	*

Q33. In the past few years, have you ever worried about the safety of your housing conditions, or is this not something you have ever worried about in the past few years?

Yes, have worried	No	Don't know/Refused
17	83	1

Q32/Q33 Combo Table Based on Total Respondents

Worried about housing conditions affecting family's health or safety (net)	22
Not worried (net)	78

(Asked of half-sample D; n=714)

Q34. Is homelessness a problem in your local community, or not? IF YES, ASK: Would you say that is a major problem or a minor problem?

Major problem	Minor problem	No	Don't know/Refused
15	18	62	5

Q35. Thinking now of the time you've lived in your current housing situation, have you ever had a problem with (INSERT ITEM)? How about (INSERT ITEM)?

- a. Inadequate heating or cooling

Major problem	Minor problem	No	Don't know/Refused
6	8	86	*

- b. Mold or other environmental problems

Major problem	Minor problem	No	Don't know/Refused
8	8	84	*

- c. Pests, bugs, or wild animals

Major problem	Minor problem	No	Don't know/ Refused
9	18	72	1

- d. The safety of your drinking water

Major problem	Minor problem	No	Don't know/ Refused
8	9	82	1

- e. Phone service

Major problem	Minor problem	No	Don't know/ Refused
6	13	81	*

- f. The sewage system

Major problem	Minor problem	No	Don't know/ Refused
6	6	87	1

- g. Electricity

Major problem	Minor problem	No	Don't know/ Refused
5	8	87	*

- h. Trash collection

Major problem	Minor problem	No	Don't know/ Refused
3	6	91	*

**Q35 Major Problem Summary Table
Based on Total Respondents**

	% saying each was a MAJOR problem
Any reported <i>major</i> problem during the time you've lived in your current housing situation (net)	28

**Q35 Problem Summary Table
Based on Total Respondents**

	% saying each was a problem
Pests, bugs, or wild animals	27
Phone service	19
The safety or your drinking water	17
Mold or other environmental problems	16
Inadequate heating or cooling	14
Electricity	13
The sewage system	12
Trash collection	9

VIII. Life Experiences in Rural America: Distance

Q36. Thinking now about the time it takes to travel somewhere or the distance to certain places, is it a problem for you to get to (INSERT ITEM), or not? IF YES, ASK: And would you say it is a major problem or minor problem?

(Asked of those who are employed; n=695)

- a. Your job

Major problem	Minor problem	No, not a problem	Don't know/Refused
3	5	92	*

(Asked of everyone; n=1,405)

- b. The closest hospital

Major problem	Minor problem	No, not a problem	Don't know/Refused
5	6	89	*

(Asked of everyone; n=1,405)

- c. Your doctor or the place you go for most of your health care, not including the emergency room or hospital?

Major problem	Minor problem	No, not a problem	Don't know/Refused
5	7	87	1

(Asked of everyone; n=1,405)

- d. Your grocery store or the place you get most of your food?

Major problem	Minor problem	No, not a problem	Don't know/Refused
4	6	90	*

(Asked of those who are a parent of school-aged children; n=340)

- e. Your child's school?

Major problem	Minor problem	No, not a problem	Don't know/Refused
*	4	96	-

(Asked of half-sample A; n=701)

Q37. How safe, if at all, would you say your local community is from crime? Would you say it is very safe, somewhat safe, not too safe, or not at all safe?

Very safe	Somewhat safe	Not too safe	Not at all safe	Don't know/Refused
45	43	9	1	2

(Asked of half-sample B; n=704)

Q38. How important is it to have a car or other vehicle in order to get through your day-to-day life or do the things you need to do? Would you say it is very important, somewhat important, not very important, or not at all important?

Very important	Somewhat important	Not very important	Not at all important	Don't know/Refused
83	7	3	6	1

IX. Broadband, Internet Use, and Telehealth

Q40. Is access to HIGH-SPEED INTERNET a problem for you or your family, or not? IF YES, ASK: And would you say it is a major problem or minor problem?

Major problem	Minor problem	No, not a problem	Don't know/Refused
10	11	78	1

Q40a. Do you use the internet or email, at least occasionally?

Yes	No	Don't know/Refused
81	19	*

Q40b. Do you access the internet on a cell phone, tablet or other mobile handheld device, at least occasionally?

Yes	No	Don't know/Refused
78	22	*

Q40a/Q40b Combo Table Based on Total Respondents

Ever use the internet (total)	85
Do not use the internet	15

(Asked of those who ever use the internet; n=1,175)

Q41. Do you ever use the internet to (INSERT ITEM), or not?

a. Get health information

Yes	No	Don't know/Refused
68	32	*

b. Do banking or manage your finances

Yes	No	Don't know/Refused
61	39	*

c. Do your job or other business-related activities

Yes	No	Don't know/Refused
54	46	*

**Q40a/Q40b/Q41 Combo Table
Based on Total Respondents**

Ever use the internet	85
Use to get health information	58
Do banking or manage finances	52
Do your job or other business-related activities	46
Do not use internet for any of those activities	14
Do not use the internet	15

Q42. In the past few years, have you ever received a diagnosis or treatment from a doctor or other health care professional using email, text messaging, live text chat, a mobile app, or a live video like FaceTime or Skype?

Yes	No	Don't know/Refused
14	86	*

(Asked of those who ever received a diagnosis or treatment from a doctor or other health care professional using email, text, messaging, live text chat, a mobile app, or a live video like FaceTime or Skype; n=204)

Q43a. Thinking about your most recent experience doing this, how satisfied were you with the diagnosis or treatment you received?

Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Don't know/Refused
56	33	4	5	2

(Asked of those who ever received a diagnosis or treatment from a doctor or other health care professional using email, text, messaging, live text chat, a mobile app, or a live video like FaceTime, or Skype; n=204)

Q43b. Were you charged for this, or not?

Yes, was charged	No, was not charged	Don't know/Refused
41	59	*

(Asked of those who have health insurance and ever received a diagnosis or treatment from a doctor or other health care professional using email, text messaging, live text chat, a mobile app, or a live video AND were charged; n=69)

Q43bb. Did your health insurance pay all, part, or none of this bill?

All	Part	None	Don't know/Refused
14	61	22	3

(Asked of those who ever received a diagnosis or treatment from a doctor or other health care professional using email, text messaging, live text chat, a mobile app, or a live video; n=204)

Q43c. Have you ever used email, text messaging, live text chat, a mobile app, or a live video (INSERT ITEM), or not?

- a. To get a diagnosis or treatment for a chronic condition

Yes	No	Don't know/Refused
18	81	1

- b. To get a diagnosis or treatment for an infectious disease

Yes	No	Don't know/Refused
8	92	*

- c. To get a diagnosis or treatment for an emergency

Yes	No	Don't know/Refused
12	88	*

- d. To get a prescription from your doctor or other health professional

Yes	No	Don't know/Refused
45	55	-

Q43c Yes Summary Table

Based on Respondents who ever received a diagnosis or treatment from a doctor or other health care professional using email, text messaging, live text chat, a mobile app, or a live video; n=204

To get a prescription from your doctor or other health professional	45
To get a diagnosis or treatment for a chronic condition	18
To get a diagnosis or treatment for an emergency	12
To get a diagnosis or treatment for an infectious disease	8

Q42/Q43ca-d Combo Table

Based on Total Respondents

Yes, have received a diagnosis or treatment using email, text messaging, live text chat, a mobile app, or a live video like FaceTime or Skype	14
To get a prescription from your doctor or other health professional	6
To get a diagnosis or treatment for a chronic condition	3
To get a diagnosis or treatment for an emergency	2
To get a diagnosis or treatment for an infectious disease	1
No, have not received a diagnosis or treatment using email, text messaging, live text chat, a mobile app, or a live video like FaceTime or Skype	86
Don't know/Refused	*

(Asked of those who ever received a diagnosis or treatment from a doctor or other health care professional using email, text messaging, live text chat, a mobile app, or a live video; n=204)

Q43d. Please tell me if each of the following was or was not a reason why you used email, text messaging, live text chat, a mobile app, or a live video to get a diagnosis or treatment from a doctor or other health care professional. How about (INSERT ITEM)? Was that a reason, or not?

- a. You couldn't see your regular doctor or other health professional in person

Yes	No	Don't know/Refused
26	71	3

- b. It was too hard to travel to the doctor, other health professional, or hospital

Yes	No	Don't know/Refused
27	71	2

- c. It was the most convenient way to get a diagnosis or treatment

Yes	No	Don't know/Refused
65	35	-

Q43d Yes Summary Table

Based on Respondents who ever received a diagnosis or treatment from a doctor or other health care professional using email, text messaging, live text chat, a mobile app, or a live video; n=204

Most convenient way to get diagnosis/treatment was a reason	65
Too hard to travel to doctor/health professional/hospital was a reason	27
Couldn't see your regular doctor/health professional in person was a reason	26

Q44. In the past few years, have you ever received a diagnosis or treatment from a doctor or other health care professional over the telephone?

Yes	No	Don't know/Refused
15	85	*

(Asked of those who ever received a diagnosis or treatment from a doctor or other health care professional over the telephone; n=227)

Q45a. Thinking about your most recent experience doing this, how satisfied were you with the diagnosis or treatment you received?

Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Don't know/Refused
61	29	4	6	*

(Asked of those who ever received a diagnosis or treatment from a doctor or other health care professional over the telephone; n=227)

Q45b. Were you charged for this, or not?

Yes, was charged	No, was not charged	Don't know/Refused
22	75	3

(Asked of those who have health insurance and ever received a diagnosis or treatment from a doctor or other health care professional over the telephone and were charged; n=47)

Q45bb. Did your health insurance pay all, part, or none of this bill?

Not enough cases for analysis (n<50)

(Asked of those who ever received a diagnosis or treatment from a doctor or other health care professional over the telephone; n=227)

Q45c. Have you ever (INSERT ITEM) over the telephone, or not?

- a. Received a diagnosis or treatment for a chronic condition

Yes	No	Don't know/Refused
28	71	1

- b. Received a diagnosis or treatment for an infectious disease

Yes	No	Don't know/Refused
11	89	*

- c. Received a diagnosis or treatment for an emergency

Yes	No	Don't know/Refused
16	84	*

- d. Received a prescription from your doctor or other health professional

Yes	No	Don't know/Refused
58	40	2

Q45c Yes Summary Table

Based on Respondents who ever received a diagnosis or treatment from a doctor or other health care professional over the telephone; n=227

Received a prescription from your doctor or other health professional	58
Received a diagnosis or treatment for a chronic condition	28
Received a diagnosis or treatment for an emergency	16
Received a diagnosis or treatment for an infectious disease	11

Q44/Q45ca-d Combo Table

Based on Total Respondents

Yes, ever received a diagnosis or treatment from a doctor or other health care professional over the telephone	15
Received a prescription from your doctor or other health professional	9
Received a diagnosis or treatment for a chronic condition	4
Received a diagnosis or treatment for an emergency	2
Received a diagnosis or treatment for an infectious disease	2
No, have not received a diagnosis or treatment from a doctor or other health care professional over the telephone	85
Don't know/Refused	*

(Asked of those who ever received a diagnosis or treatment from a doctor or other health care professional over the telephone; n=227)

Q45d. Please tell me if each of the following was or was not a reason why you received a diagnosis or treatment from a doctor or other health care professional over the telephone. How about (INSERT ITEM)? Was that a reason, or not?

- a. You couldn't see your regular doctor or other health professional in person

Yes	No	Don't know/Refused
32	68	-

- b. It was too hard to travel to the doctor, other health professional, or hospital

Yes	No	Don't know/Refused
26	74	*

- c. It was the most convenient way to get a diagnosis or treatment

Yes	No	Don't know/Refused
75	25	*

Q45d Yes Summary Table

Based on Respondents who ever received a diagnosis or treatment from a doctor or other health care professional over the telephone; n=227)

Most convenient way to get diagnosis/treatment was a reason	75
Couldn't see your regular doctor/health professional in person was a reason	32
Too hard to travel to doctor/health professional/hospital was a reason	26

Q42/Q44 Combo Table
Based on Total Respondents

Ever received a diagnosis or treatment from a doctor or other health care professional using email, text messaging, live text chat, a mobile app, or a live video OR over the telephone	24
Did not do either	76

Q43c/Q45c Combo Table

Based on those who ever received a diagnosis or treatment from a doctor or other health care professional using email, text messaging, live text chat, a mobile app, or a live video **OR over the telephone; n=360**

	Total
Used either to get prescription	53
Used either to get diagnosis/treatment for chronic condition	25
Used either to get diagnosis/treatment for emergency	16
Used either to get diagnosis/treatment for infectious disease	9

Q43d/Q45d Combo Table

Based on those who ever received a diagnosis or treatment from a doctor or other health care professional using email, text messaging, live text chat, a mobile app, or a live video **OR over the telephone; n=360**

Most convenient way to get diagnosis/treatment was a reason	69
Couldn't see your regular doctor/health professional in person was a reason	30
Too hard to travel to doctor/health professional/hospital was a reason	26

X. Health Demographics

Q47. In general, how would you describe your own health – excellent, very good, good, fair, or poor?

Excellent	Very good	Good	Fair	Poor	Don't know/Refused
15	33	25	19	7	1

Q48. Does any disability keep you from participating fully in work, school, housework, or other activities?

Yes	No	Don't know/Refused
29	70	1

Q49. In the past year, have you or another family member living in your household received government aid from SNAP, the Supplemental Nutrition Assistance Program, formerly known as food stamps, for assistance in purchasing food, or not?

Yes	No	Don't know/Refused
19	81	*

Q19. Are you, yourself, currently covered by any form of health insurance or health plan, or do you not have health insurance at this time?

Yes	No	Don't know/ Refused
87	12	1

(Asked of those who are covered by any form of health insurance or health plan; n=1,242)

Q20. Which of the following is your MAIN source of health insurance coverage? Is it... a plan through your or your spouse's employer or union; a plan you purchased yourself; Medicare, the government health program for people 65 and older and certain people with long-term disabilities; Medicaid (or [STATE-SPECIFIC NAME]), the government program that provides health insurance to certain low-income adults and children and long-term care for some people; the VA or Tricare; the Indian Health Service (IHS) [asked only if American Indian/Native American]; or some other form of insurance?

(Asked of those who are covered by either Medicaid or Medicare) Q21. Do you also have coverage from (Medicare/Medicaid (or [STATE SPECIFIC NAME])), or not? **(Asked of those covered by Medicare)** Q22. Do you also have some other type of health insurance (in addition to Medicare/in addition to Medicare and Medicaid or [STATE SPECIFIC NAME]), or not? **(Asked of those who are covered by health insurance and main coverage is a plan they purchased themselves)**

Q23. Did you purchase it from a government exchange or agency, or not?

**Q19/Q20/Q21/Q22/Q23 Combo Table
Based on Total Respondents**

Yes, covered by health insurance	87
A plan through your or your spouse's employer or union	34
A plan you purchased yourself	8
Purchased it from a government exchange	2
Did not purchase it from a government exchange or agency	5
Don't know/Refused	*
Medicare (total)	28
Medicaid (total)	17
Medicare and not Medicaid	18
Medicaid and not Medicare	8
Medicare + Medicaid	9
Medicare + Medicaid or Supplemental	22
The VA or Tricare	5
Indian Health Service (IHS)	*
Some other form of insurance	1
Plan through your parent/mother/father (Vol.)	3
Don't know/Refused	1
No, not covered by health insurance	12
Don't know/Refused	1

XI. Demographics

Q50. Do you live in a farming community, or not?

Yes	No	Don't know/Refused
64	35	1

Q51. Just to confirm: What is your current age?

Q52. Could you please tell me if you are...?

18 to 29	30 to 49	50 to 64	65 or older	Refused
19	28	28	25	*

Q53. What is the last grade or class that you completed in school?

High school or less (NET)	51
Less than high school (grades 1-11, grade 12 but no diploma)	12
High school graduate or equivalent (e.g. GED)	39
Some college but no degree (incl. 2 year occupational or vocational programs)	30
College or post-graduate (NET)	19
College graduate (e.g. BA, AB, BS)	13
Postgraduate (e.g. MA, MS, MEng, Med, MSW, MBA, MD, DDs, PhD, JD, LLB, DVM)	6
Don't Know/Refused	*

Q56. Are you currently married, living with a partner, divorced, separated, widowed or have you never been married?

Married	49
Living with a partner	6
Divorced	10
Separated	3
Widowed	11
Never been married	21

D3. Are you, yourself, of Latino or Hispanic origin or descent, such as Mexican, Puerto Rican, Cuban, or some other Latin American background?

D4. (And besides being Latino,) What is your race? Are you white, black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or other Pacific Islander?

(Asked of those who said both Hispanic and American Indian/Alaska Native; n=8; code into the group with which the respondent identifies more)

D5. With which do you identify more?

**Race/Ethnicity Table
Based on Total Respondents**

Hispanic	8
White, non-Hispanic	78
Black, non-Hispanic	8
Asian, non-Hispanic	1
American Indian/Alaska Native (Native American)	2
Native Hawaiian/Pacific Islander, non-Hispanic	1
Other non-Hispanic	2

Q54. Were you born in the United States, on the island of Puerto Rico, or in another country?

U.S.	Puerto Rico	Another country	Don't know/ Refused
95	*	5	*

(Asked of those who were born in another country; n=87)

Q55. Did you come to live in the U.S. in the past 10 years, or earlier than that?

**Q54/Q55 Combo Table
Based on Total Respondents**

Born in the U.S.	95
Born in Puerto Rico	*
Born in another country	5
Came to live in U.S. earlier than 10 years ago	4
Came to live in U.S. in the past 10 years	1
Don't know/Refused where born	*

(Asked of American Indians/Alaskan Natives; n=139)

D8a. Do you live on tribal lands such as a reservation, pueblo, or Alaska Native village?

Yes	No	Don't know/ Refused
37	61	2

Q57. Is your home owned or rented?

Owned	Rented	Don't know/Refused
73	26	1

Q58. Are you now, or have you ever been, a member of the U.S. military?

Yes	No	Don't know/Refused
14	86	*

Q59. How important is religion or spirituality in your life-the most important thing, very important, somewhat important, not too important, or not at all important?

Most important thing	Very important	Somewhat important	Not too important	Not at all important	Don't know/Refused
24	40	18	9	9	*

RELIG. What is your present religion, if any? Are you Protestant, Roman Catholic, Mormon, Orthodox such as Greek or Russian Orthodox, Jewish, Muslim, Buddhist, Hindu, atheist, agnostic, something else, or nothing in particular?

(Asked of those who have another religion, no religion, don't know or refused to say; n=231)

CHR. Do you think of yourself as Christian, or not?

(Asked of those who are Christian; n=889)

BORN. Do you happen to be a born-again or Evangelical Christian, or not?

**Religion Combo Table
Based on total respondents**

Evangelical Protestant	32
Mainline Protestant	29
Catholic	12
Other Christian	3
Jewish	*
Muslim	*
Buddhist	*
Hindu	-
Atheist/Agnostic	4
None/Nothing in particular	16
Other/Don't know/Refused	4

**Race/Religion Combo Table
Based on Total Respondents**

White Evangelical Protestant	26
White Mainline Protestant	24
Black Protestant	6
White Non-Hispanic Catholic	8
Hispanic Catholic	3
Other	33

RSEX. Are you male or female?

Male	Female	Other (Vol.)	Don't know/Refused
49	50	*	*

Q59a. Do you consider yourself to be heterosexual or straight, gay or lesbian, bisexual, or a different identity I haven't mentioned?

Heterosexual or Straight	95
LGBQ (NET)	2
Gay or Lesbian	*
Bisexual	1
Queer/other	1
Don't know/Refused	3

Q59b. Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person who was raised male, but who identifies as female. Some people who do not identify as either male or female might also call themselves transgender. Do you consider yourself to be transgender?

Transgender	Genderqueer or gender non-conforming	No	Don't know/Refused
1	*	98	1

LGBTQ Identity Based on Total Respondents

LGBTQ	3
Cis and Straight	94
Don't know/Refused	3

PARTY. In politics today, do you consider yourself a (Republican), (Democrat), an Independent, or what?

Republican	Democrat	Independent	Other/None	Don't know/Refused
37	22	28	8	5

(Asked of those who consider themselves independent, other party, don't know, or refused to say; n=549)

PARTYLEAN. Do you LEAN more towards the (Republican) Party or the (Democratic) Party?

**Party/Partylean Combo Table
Based on Total Respondents**

Republican/Republican leaners	50
Democrat/Democratic leaners	31
Independent	13
Other party (Vol.)	*
Don't know/Refused	6

Q60. Generally speaking, would you describe your political views as...?

Very conservative	23
Somewhat conservative	24
Moderate	26
Somewhat liberal	13
Very liberal	5
Don't Know	9

Q61. Did you vote in the 2018 congressional election, did something prevent you from voting, or did you choose not to vote?

Yes, voted	No, did not vote	Don't know/Refused
65	34	1

Q62. Thinking about your personal financial situation, would you describe yourself as (upper-class), middle-class, (working-class), or something else? IF SOMETHING ELSE: How would you describe yourself?

Upper-class	2
Middle-class	38
Working-class	44
Lower-class/poor	8
Something else	5
Don't Know/Refused	3

(Asked of those who ever use the internet; n=1,175)

Q62a. Overall, how often do you use the internet?

At least once a day or more (NET)	80
Most of the day	20
Multiple times a day	48
About once a day	12
Several times a week	9
Once a week	3
Less than once a week	6
Don't Know/Refused	2

**Q40a/Q40b/Q62a Combo Table
Based on Total Respondents**

Ever use the internet	85
Most of the day	17
Multiple times a day	41
About once a day	10
Several times a week	8
Once a week	3
Less than once a week	5
Don't know/Refused to say how often	1
Do not use the internet	15

Q63. Last year, that is in 2018, what was your total annual household income from all sources, BEFORE taxes? Just stop me when I get to the right category.

Q63a. Could you tell me if your total annual household income is less than 50 thousand, 50 thousand but less than 100 thousand, or over 100 thousand dollars?

Q63b. Is that 100 to under 150 thousand, 150 to under 200 thousand, 200 to under 250 thousand, or 250 thousand dollars or more?

**Income Summary Table
Based on Total Respondents**

Less than \$50,000 (NET)	53
Under \$15,000	15
\$15,000 to under \$20,000	8
\$20,000 to under \$25,000	7
\$25,000 to under \$35,000	9
\$35,000 to under \$50,000	13
Less than \$50,000 unspecified	1
\$50,000 but less than \$100,000 (NET)	27
\$50,000 to under \$75,000	16
\$75,000 to under \$100,000	11
\$50,000 but less than \$100,000 unspecified	*
Over \$100,000 (NET)	11
\$100,000 to under \$150,000	7
\$150,000 to under \$200,000	2
\$200,000 to under \$250,000	1
\$250,000 or more	2
Over \$100,000 unspecified	*
Don't know/Refused	9