Key Findings*

The picture of health remains vastly different in connected communities and digitally isolated communities. This holds true across access to care, quality of care and health outcome metrics.

- *Outcomes:* Based on December 2015 broadband data, the least connected counties generally have the highest rates of chronic disease. Obesity prevalence is 25% higher and diabetes prevalence is 41% higher (an increase of 6 percentage points since the prior year) in these counties (i.e., where 60% of households lack broadband access and over 60% lack basic Internet at home.)
- *Access:* Most of the counties with the worst access to primary care physicians are also the least connected (i.e., 40-60% of consumers in these counties do not subscribe to even basic Internet at home).
- *Quality:* Preventable hospitalizations (i.e., hospital stays that could have been avoided with appropriate care) are 1.5 times higher in the least connected counties compared to other counties.

The number of people living in "double burden" counties increased.

- Almost half of U.S. counties have high burdens of chronic disease (e.g., diabetes) as well as a need for greater broadband connectivity. That translates to over 36 million people who live in counties with a "double burden" of need — an increase of 1 million between 2014 and 2015.
- "Double burden" counties average 55% fixed broadband access as well as obesity and diabetes prevalence rates that are 19% and 25%, respectively, above the national average.
- The majority of "double burden" areas fall into "clusters" of five or more counties with total populations over 100,000. This has significant implications for crafting successful and sustainable business models for connected health in rural areas.

The rural/urban gap appears to be growing.

- Over 60% of rural Americans (an increase of 8% between 2014 and 2015) live in "double burden" counties; while less than 5% of urban America falls into the same category. The rural/urban gap holds true even if the benchmarks are set at 80%, 70%, or 60% broadband access.
- Rural counties are 10 times as likely as urban areas to be in low broadband access (below 50%), high diabetes areas (above 10%). These digitally isolated counties also experience physician shortages that are more than double the national average.

In many "critical need" counties, broadband access levels *and* health metrics have worsened.

- There are 214 "critical need" counties – 175 of which are majority rural – with broadband access below 50% and high rates of diabetes and obesity above the national average. These "critical need" counties are home to nearly 7 million people.
- Nearly 45% of "critical need" counties, representing nearly 3 million people, had worsening broadband *and* health metrics as compared to the prior year.
- "Critical need" counties that experienced these broadband access reductions report 20% higher diabetes prevalence and 15% higher obesity prevalence than the national average.

*NOTE: Key Findings are based on annual fixed broadband data released in December 2016 covering data submissions as of December 2015 along with the 2017 County Health Rankings & Roadmap. Comparisons are to December 2014 broadband data and the 2015 County Health Rankings.

To learn more, visit www.fcc.gov/health/maps. Also see our *Priority 2017* and *Rural Priority 2017* lists of critical need counties.