

Geographical region and urbanicity

PAN
Foundation



Overview

Public health experts have long known that where you live—down to the ZIP code—can determine how healthy you are and even how long you are likely to live. Our research shows that patient access to care and healthcare affordability vary based on both geographic region and type of community. In particular, people living in the South and people living in urban areas face greater challenges overall and particularly with prescription drug affordability.

2025 State of Patient Access Scorecard

The PAN Foundation’s *State of Patient Access* initiative aims to examine healthcare access and affordability challenges and their impact on different communities. To crystallize key findings from the national patient survey and synthesize the state of patient access in the United States, we created a scorecard with five dimensions:

Overall Grade	Overall Access to Care		Relationship with Healthcare Professionals		Affordability of Prescription Medications		Access to Treatment through Healthcare Plans		Financial Toxicity	
	C	C+	B	B-	D-	D+				
Total*	C	C+	B	B-	D-	D+				
Northeast	C	C+	B	B-	D-	D+				
Midwest	C+	B-	B	B	D-	C				
South	C	C+	B-	C+	D-	D+				
West	C	C+	B	B-	D-	D+				
Urban/inner city	C-	C+	B-	C+	D-	D-				
Suburban	C+	B-	B	B	D-	C-				
Rural/small town	C	C+	B	B-	D-	C-				

Year-over-year comparison is not available.

↑ Better than 2024 ↓ Worse than 2024 = Same as 2024

Region Urbanicity

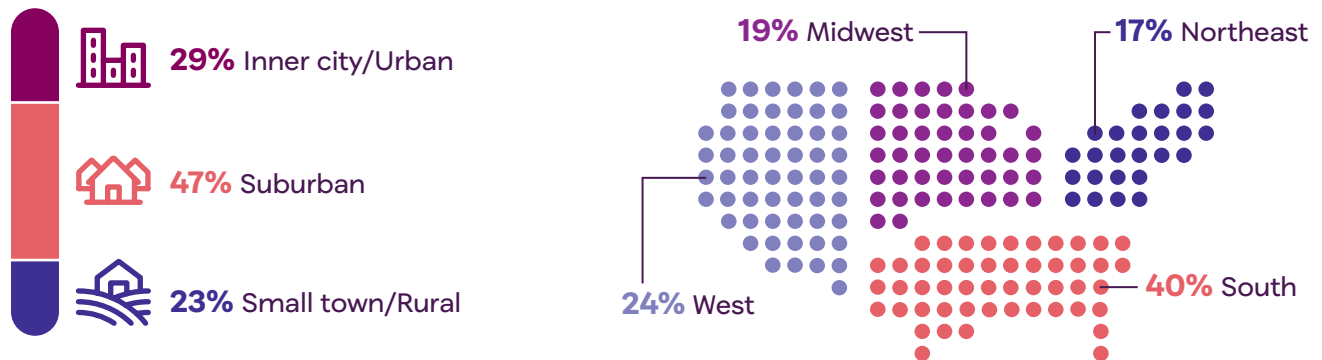
A+ 97-100 B+ 87-89 C+ 77-79 D+ 67-69 F 0-59
 A 93-96 B 83-86 C 73-76 D 65-66
 A- 90-92 B- 80-82 C- 70-72 D- 60-64

Overall ratings in the *2025 State of Patient Access Scorecard* reveal that people living in the South (“C,” or 73.8) and people living urban areas (“C-,” or 72.2) have the lowest overall index scores relative to their counterparts and the overall rating (“C” or 75.2). People in the Midwest (“C+,” or 77.7) and those living in suburban areas (“C+,” or 77.1) were the only groups to outperform the overall index. People living in cities rated *Financial Toxicity* significantly lower (“D-,” or 61.9), compared with people in suburbs (“C-,” or 72.4) and rural areas (“C-,” or 70.2).

*Total row represents the cumulative score for each measure as reflected in the full 2025 State of Patient Access report scorecard.

Key findings

Breakdown of total respondents by urbanicity and region*



- **Access to care varies slightly by region, with patients in the Midwest giving the highest scores and people in the South the lowest.** Patients from the Midwest rated *Overall Access to Care* a “B-” (80.4), while people in all other regions gave it a “C+” (77.8 in the South, 79.0 in the West, and 79.4 in the Northeast). Patients living in the South (44%) were most likely to perceive that their identity negatively impacted their access to care, compared with 29% in the Midwest. The West (39%) and Northeast (34%) fell in between.
- **People living in urban areas were more likely to report barriers to care than their counterparts in suburban and rural communities.** *Overall Access to Care* was highest for people in suburbs (“B-,” or 80.0) and lowest for people in cities (“C+,” or 77.4). Nearly half (47%) of individuals living in urban areas reported negative impacts of their identity on their access to care, compared with 32% of individuals living in suburban areas and 38% in rural areas. A majority (61%) of people living in cities said they wanted help navigating care, versus 51% of people in suburbs and 52% in rural areas.
- **Patient feelings about their healthcare provider (HCP) relationships were generally better in the Midwest and Northeast compared with the South and West.** People in the Midwest and the Northeast gave their relationships with their HCP a “B” (86.5 and 86.1, respectively), compared with people in the South, who rated HCP relationships a “B-” (82.7). Fifteen percent of people in the South and West disagreed with the sentiment that their HCP sees them as a partner in their care, compared with 8% each in the Northeast and Midwest.

*Percentages may not add up to 100% due to weighting and/or computer rounding.

- **People living in cities were more likely to struggle with their HCP interactions.** More than one-third (39%) of patients from cities who saw an HCP in the past 12 months said they had experienced HCP interaction challenges in that time, compared with 24% of those living in suburban areas and 25% of individuals living in rural areas.
- **People in the South struggled more with prescription affordability than people in the Midwest and West; people in the Northeast fell in between.** Patients who reside in the South rate prescription affordability a “C+,” or 79.2 (vs. “B-” in the Midwest [83.3] and in the West [82.2]). People in the Northeast rated prescription affordability a “B-” (80.0). More than one-quarter (27%) of respondents in the South who take at least one prescription medication said they had difficulty paying for them, compared with 18% in the Midwest and 19% in the West. Almost half (44%) of people in the South who take at least one prescription medication had taken financial actions such as reducing spending in other areas to be able to afford medications, vs. 36% each in the Midwest and West.
- **Affordability challenges hit people living in cities harder than others.** Three in ten (30%) people in cities reported not being able to get prescriptions in the past 12 months because of cost, compared with 16% of people in suburbs and 21% of respondents in rural areas.

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