




THE HEALTH NEEDS OF RURAL MISSOURI EXECUTIVE SUMMARY



Rural Missouri (ruMO) is dying. Citizens of the region consistently experience worse health outcomes in most areas of life. The 1.5 million people living in ruMO are consistently overrepresented in every leading cause of death. Life expectancy is shortening, and there are not enough healthcare providers to meet patients' needs. Rates of drug overdose, suicide, and poor mental health are growing exponentially, resulting in devastating outcomes. The rural health crisis is overwhelming, complex, and in immediate need of intervention.

To understand the community health needs of ruMO, the Missouri Rural Health Association (MRHA) hosted a series of listening sessions. The organization collected feedback from stakeholders in nine regions to identify recurring needs across the state. Utilizing qualitative research methods, stakeholders' responses were categorized by relevant social determinants of health (SDOH) to prioritize areas of most immediate need (more detailed information can be found in *Listening to Rural Missouri: A Needs Assessment*). With a focus on MRHA's goal to link, engage, and sustain rural health partners, this paper presents a model to utilize existing resources in meeting the critical needs of rural Missouri.

THE ROOTS OF POOR HEALTH IN RUMO

Rural lifespans are being cut short. ruMO represents a third of the state's population, but experiences greater mortality than urban peers in all 10 of the leading causes of death. Over the last decade, fatal drug overdoses in ruMO increased by 127% and death by suicide increased by 26%. The COVID-19 pandemic resulted in a 19% increase in death, and a decrease in life expectancy by 2.1 years. This has led to the first recorded observation of state deaths outnumbering state births.² The most significant mortality spikes have been observed in the Ozark and Bootheel regions, where populations are the most vulnerable.¹ Unfortunately, the data shows health outcomes worsening rather than improving.

Federal, state, and local reports continue to show disproportionately worse health outcomes across ruMO; in 2019, approximately 230,000 years of potential life were lost.² The number of primary care physicians (PCPs) has steadily declined to 48 PCPs per 100,000: 62% less than metropolitan counterparts.³ Communities have

voiced concerns about residents' poor mental health, with evidence of poorer health outcomes found in both statistical data and qualitative reports.⁴ These worsening disparities impede rural communities' ability to thrive.

As health in ruMO worsens, populations die prematurely or move to other areas that more adequately support their livelihood. A survey of Missouri farmers found that a lack of access to affordable healthcare not only impacts their personal health, but also causes a degree of financial strain that forces them to delay farm investments. This is damaging to the agricultural industry, as farmers are forced to pursue non-agricultural employment to achieve financial stability and obtain affordable healthcare.⁵

Failing to address the rural health crisis will have long reaching impacts on ruMO and the economy of the state and nation.

Over the last decade, rural populations vs. urban peers had:

↑ **127%**
FATAL DRUG
OVERDOES



↑ **26%**
SUICIDE
DEATH



↑ **19%**
INCREASE
IN DEATH



↓ **62%**
PCPs VS.
METRO AREAS



COLLECTING FEEDBACK FROM RURAL MISSOURI

During regional listening sessions, participants were asked a series of four questions:

1. What are continued barriers in your community?
2. What are possible solutions to those barriers?
3. Why have these solutions not been implemented?
4. What is currently working to break down barriers in your community?

Over 1000 responses to these questions were collected from 417 participants. To highlight areas of highest priority, all responses were coded with SDOH for the purpose of determining future intervention strategies.

1,000+
RESPONSES
TO QUESTIONS
FROM **417**
PARTICIPANTS

Continued Barriers in Rural Missouri

Stakeholders consider the lack of available healthcare services to be the primary barrier to maintaining good health in ruMO. The most frequently discussed barriers relate to transportation (16%), health care providers (16%), service offerings (13%), and insurance coverage (10%). Cost (6%), education (6%), and telehealth connectivity (6%) are additional areas of concern. When cross-analyzing for SDOH, the primary barriers are access to health care (65%) and economic stability (21%). There are not enough providers to meet ruMO's needs and transportation and telehealth infrastructures inadequately compensate for this shortage.

Proposed Solutions

By far, participants were most interested in solutions which address the lack of access to healthcare (66%). These include efforts to recruit and retain the rural health workforce (16%) and address the lack of transportation services (13%). Efforts to increase telehealth connectivity (8%), scope of service offerings (8%), and availability of adequate insurance coverage (8%) are also identified as priorities. The rural health community reports that interventions increasing available service lines will be most impactful in addressing current barriers.

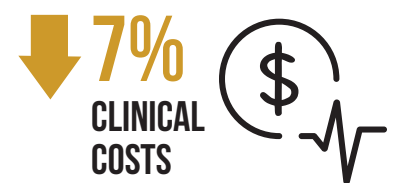
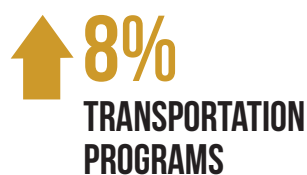
Implementation Challenges

These proposed solutions have not been implemented due to a lack of funding (17%) and a shortage of healthcare providers (16%). State/federal policy (8%), cost of services (7%), insurance coverage (7%), and lack of health education (6%) were also identified as major problem areas. To address these concerns, intervention strategies need to focus on increasing these specific resources in ruMO.

Current Methods for Reducing Barriers

Working together to develop creative solutions has been the most successful avenue for breaking down barriers. Stakeholders have created innovative ways to increase service offerings (17%) and engage in strategic collaborations (14%). Communities have also found success in expanding transportation programs (8%), increasing access to healthcare specialists (8%), and reducing clinical costs (7%). When ruMO comes together to overcome mutual barriers, innovative solutions emerge.

Stakeholders working together to develop creative solutions have created innovation ways to:





NEEDS VOICED BY THE RURAL COMMUNITY

After review and analysis of the insightful feedback received from rural community stakeholders, the following are observed as the **most significant needs of ruMO to adequately improve health:**

- ➔ **Stabilization of a larger rural healthcare workforce** through competitive recruitment and retention practices and expanded scope of practice for advanced practitioners.
- ➔ **Growth of transportation services** to support long-distance medical transport at low cost to the patient and outside normal business hours.
- ➔ **Expansion of healthcare service programs**, particularly in relation to mental health and other specialty services, with wider availability for Medicaid recipients.
- ➔ **Additional funding to support the purchase of transportation vehicles**, competitive provider/ staff salaries and benefits packages, and widened program offerings, with support to quickly identify potential funding sources.
- ➔ **Increased strategic collaboration among health systems, community organizations, non-profits, foundations, schools, service providers and community leaders** to create collaborative collations, bolster existing programs, enhance outreach initiatives, pool resources, reduce staff isolation and burnout, and develop a shared vision for improved health.

Additional increased attention needs:

1. **High direct and indirect costs for healthcare** regardless of insurance coverage.
2. **Lack of affordable health insurance** and the incomplete expansion of Medicaid.
3. **Reactive orientation of healthcare**, rather than a proactive or preventative approach.
4. **Poor health literacy** and health insurance navigation challenges.

MRHA CONNECT: A WAY TO LINK, SUSTAIN AND ENGAGE FOR CHANGE

Utilizing the health networks framework developed by RHIhub, technology can be a foundational tool that unites ruMO to overcome mutual challenges.⁶ MRHA Connect is an intuitive online platform that can function as a central connectivity point for rural health stakeholders through the creation of collaborative networks. By enhancing the existing MRHA Connect model, an active online rural health community can be formed.

Through strategic participation, MRHA has the potential to link rural stakeholders with resources, engage partners in meaningful discussions, and develop sustainable tools that address the specific health concerns of ruMO. These connections have the potential to empower isolated healthcare stakeholders through the building

of productive and supportive relationships that result in information sharing. These partnerships can support the development of accessible and inclusive programming across the state.

By using existing resources, MRHA has the potential to function as the central connectivity point for stakeholders in ruMO. Establishing MRHA Connect as an intuitive collaborative platform can create rural networks well equipped to address the needs of specific communities, examine topics of concern, and link communities to resources across rural Missouri. Through this linkage, MRHA staff can engage with members and stakeholders in strategic collaboration, advocating for mutual benefit, and the development of sustainable resources.



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The growing health crisis in ruMO is evidenced by exponentially growing death rates and severe disparities in health equity, with major systemic consequences for the rest of Missouri. Stakeholders are primarily concerned by the lack of access to basic health services, high healthcare costs, inadequate health insurance, poor health literacy, transportation limitations, unstable healthcare staffing, and insufficient funding to support health programs. Along with the intensifying mental health & opioid crises, the lack of necessary funding structures, and equity issues, ruMO faces a rapidly shrinking resource pool.

Utilizing the strengths of the community, these challenges are not insurmountable. Stakeholders have already found strategic collaborations to be the most effective way to increase access to resources for healthcare consumers and organizations alike. In the face of great adversity, ruMO has shown innovation and ingenuity by developing mobile services, collaborating with other partner organizations, and providing discounted care for those most in need. With the bolstering of additional educational programs, broader transportation services, a well-developed telehealth infrastructure, and increased service offerings, ruMO could drastically improve health outcomes.

Without the promise of additional funding streams and tools to address the daunting barriers found in ruMO, empowering solutions are necessary. By engaging the dedicated rural workforce with strategic partners and subject matter experts, MRHA can serve as a central hub that links communities with one another. MRHA Connect has the potential to serve as the foundation for state-wide collaborations that develop sustainable resources and programs that meet the complex needs of ruMO. Through collaboration, relationship building, and mutual advocacy, rural Missouri can overcome and thrive.

REFERENCES

- ¹ Woolf, S. H., Chapman, D. A., Buchanich, J. M., Hill, L., Bobby, K. J., Snellings, L. K., & Schoomaker, H. L. (2018). *Why are death rates rising among Whites in Missouri? Communities facing new social & economic realities*. Retrieved from <https://mffh.org/wp-content/uploads/2018/01/White-Death-Rate-in-Missouri-Report.pdf>
- ² Missouri Department of Health & Senior Services. (2022). *Years of potential life lost (YPLL)*. Retrieved from <https://health.mo.gov/data/ypll/>
- ³ University of Missouri Extension. (2021). *Missouri healthcare availability and outcomes differ regionally*. Retrieved from <https://extension.missouri.edu/publications/mx56>
- ⁴ Missouri Department of Health and Senior Services. (2021). *Missouri health assessment*. Retrieved from <https://health.mo.gov/accreditation/pdf/state-health-assessment.pdf>
- ⁵ The Missouri Rural Crisis Center & Saint Louis University. (2020). *Healthcare in the heartland*. Retrieved from <https://morural.org/wp-content/uploads/2021/06/Health-Care-in-the-Heartland-II-2017-2018.pdf>
- ⁶ Rural Health Information Hub. (2022). General considerations when developing health networks & coalitions. Retrieved from www.ruralhealthinfo.org/toolkits/networks/4/general-considerations

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