For more information and the complete Needs Assessment please visit *The Causeway*

2026

From Collapse to Connection: Designing Infrastructure for a Health System in Crisis

Needs Assessment Executive Summary

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At a Glance: What Missouri's Health Leaders Need to Know

The Problem:

Preventable deaths are rising, life expectancy has not recovered at the same pace as in urban areas, and entire regions are losing reliable access to care. As hospitals close and the health workforce thins, families are traveling farther, delaying treatment, and absorbing higher personal and financial risk. What once functioned as a fragile but viable rural health system is now eroding across multiple points at once.

What MRHA has Learned:

This crisis is driven primarily by structural forces, not individual behavior. Workforce shortages, transportation gaps, broadband limitations, housing instability, and persistent rural poverty now intersect to restrict access across entire regions. These pressures fall most heavily on already marginalized rural populations and are most concentrated in Southeast Missouri.

Local innovation is strong. Communities are launching mobile clinics, expanding telehealth, and forming new partnerships under extreme strain; however, these efforts remain isolated, under-resourced, and forced to operate inside a system that is deteriorating faster than any one community can counter alone. Without coordination at scale, even effective local solutions are overwhelmed by accelerating system failure.

What MRHA is Doing Now:

To address Missouri's needs, MRHA has built *The Causeway*, a statewide virtual community of practice now serving more than 850 rural health stakeholders across Missouri. *The Causeway* provides cross-sector coordination infrastructure for rural health in Missouri—allowing ideas, tools, and strategies to move across counties instead of remaining siloed.

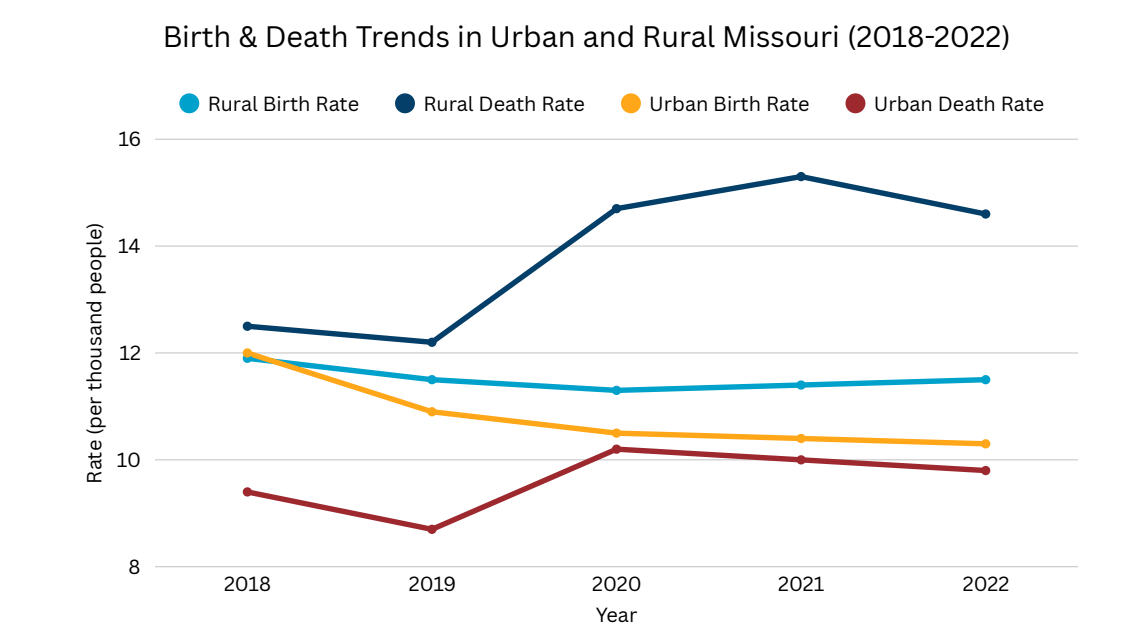
Early evaluation of *The Causeway* shows strong immediate value alongside clear gaps in staffing, technology, and analytic capacity plaguing the healthcare community. To stabilize and scale this system, MRHA will launch a 2026 capital campaign to raise $520,000 annually to support facilitation, evaluation, digital infrastructure, and workforce development. This investment positions Missouri to respond to a structural health crisis with a structural solution—operating as a coordinated statewide system rather than a collection of disconnected communities.

Mortality, Closures, Overdose, and Inequity:

Rural communities are confronting multiple, overlapping crises, each intensifying the others.

Rising preventable mortality: Rural Missourians suffer 19% more heart disease deaths, 13% more cancer deaths, and 61% more chronic respiratory deaths than urban residents.

Communities are shrinking due to early mortality: Rural Missourians are dying 20-25% faster than they are being born, making population decline itself a health outcome.



Hospital closures are accelerating: Rural Missouri has lost 13% of its hospitals in 10 years, and nearly half of those remaining operate at a loss, pushing emergency care 30–40 miles farther for residents and draining local economies.

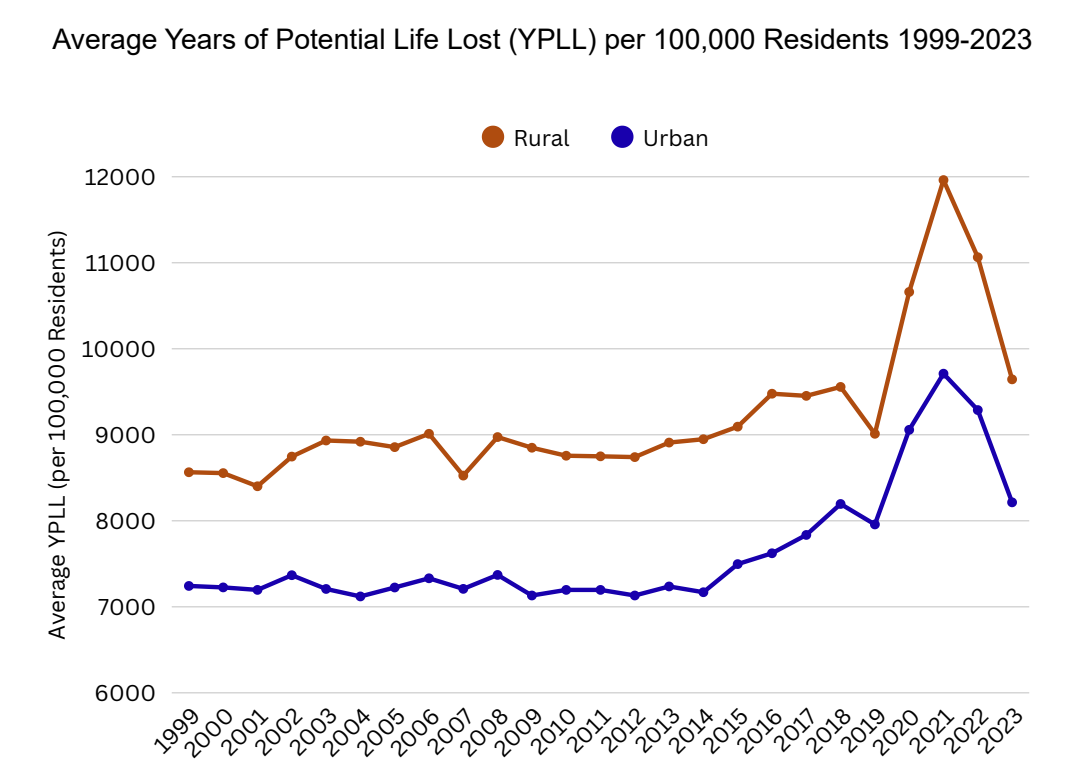
Overdose is the leading cause of death for Missouri adults 18–44: 80% of the high-burden counties are rural. Fatal overdoses increased by 36% from 2017 to 2022, even as overdose-related hospital visits dropped overall, signaling people are dying without ever receiving care.

Structural inequities deepen the crisis: Southeast Missouri bears the highest poverty, maternal and infant mortality, disability, and unemployment. Black rural residents face double the poverty and triple the maternal and infant mortality of white residents.

Rural Missouri at a Breaking Point

A Health System Under Strain:

Life expectancy has fallen, and the rural death rate has not rebounded as it has in urban areas. **Many of these deaths are preventable**. Residents live with unmanaged chronic disease, delay care due to distance or cost, and encounter a system weakened by loss of hospitals, staff, and trusted providers. For many families, the health system they once relied on is no longer accessible.



Nowhere Left to Turn:

Eroding Infrastructure and Threatened Access

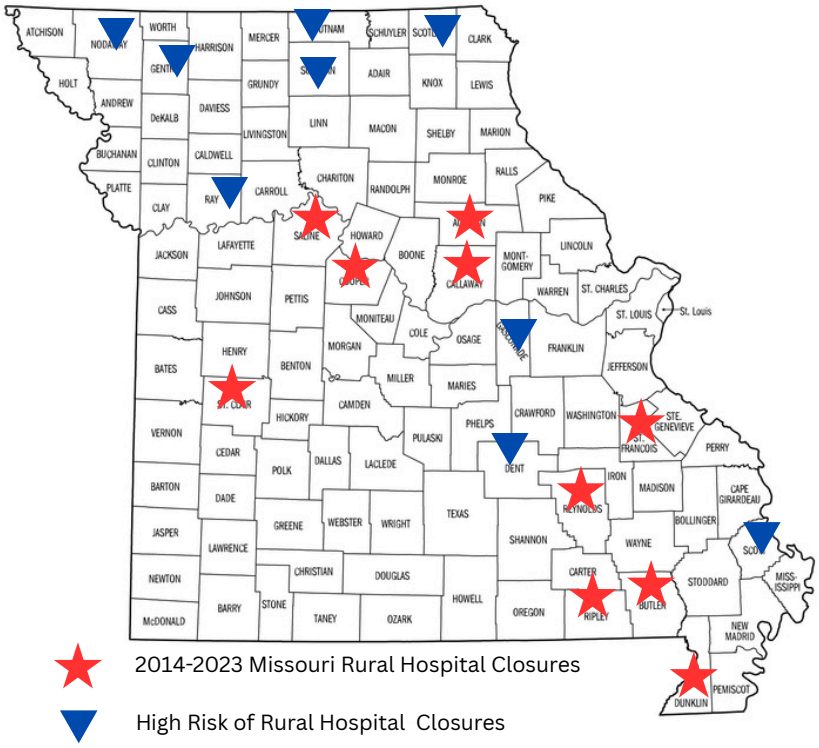
Behind every rural health disparity in Missouri sits a deeper issue: the infrastructure meant to carry the health system, hospitals, transportation, reimbursement, and workforce no longer matches the realities of rural life.

Communities are responding within a system that is deteriorating faster than they can help, producing not just limited access but structural disconnection.

Hospital Closures are Reshaping the Map of Care

Rural Missouri is losing hospitals at a rate that surpasses most of the country.

Rural Missouri Hospital Closures and Potential Closures



Over the past decade:

- 10 rural hospitals have closed, representing 8% of all closures nationwide, despite Missouri comprising only 2.8% of the U.S. population.
- Nearly half of the remaining rural hospitals now operate at a loss.

When a hospital shuts its doors, the consequences are immediate and cascading:

- Inpatient deaths rise nearly 9% after closure among patients who eventually reach care.
- Survival rates from heart attack and stroke drop by about 10%.
- Rural residents on Medicaid and racial minorities see mortality increase 11–13%.

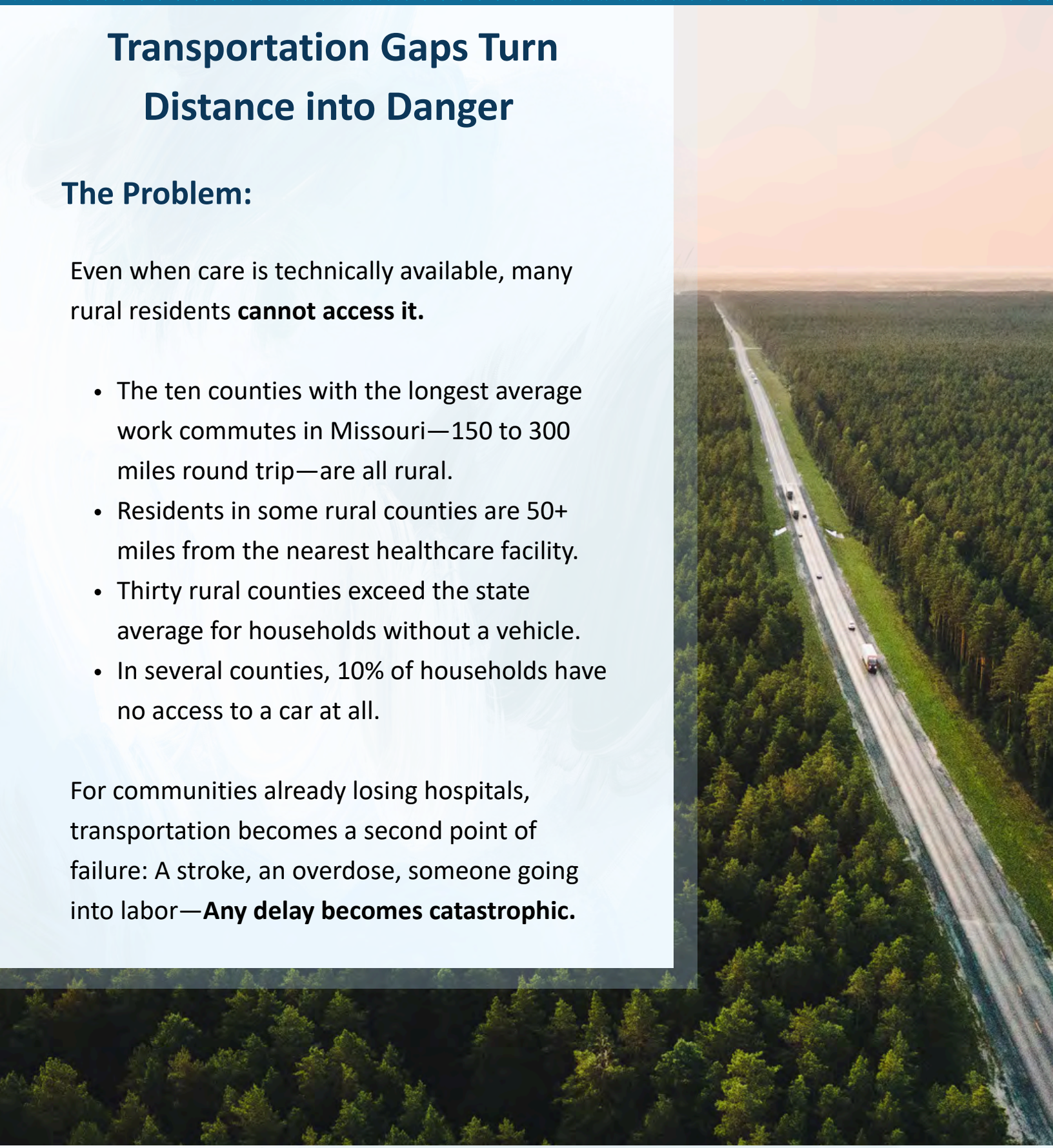
Transportation Gaps Turn Distance into Danger

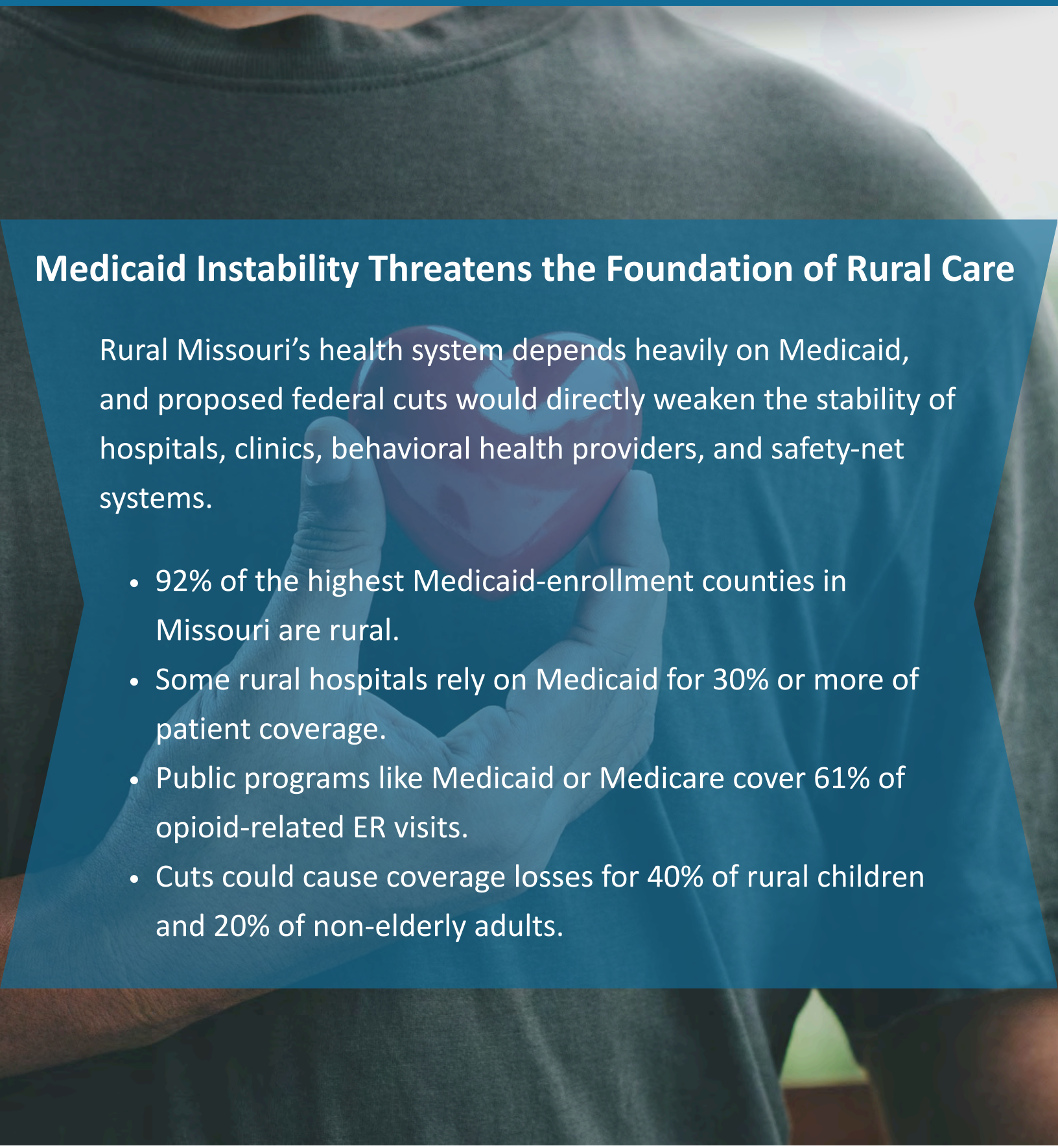
The Problem:

Even when care is technically available, many rural residents **cannot access it.**

- The ten counties with the longest average work commutes in Missouri—150 to 300 miles round trip—are all rural.
- Residents in some rural counties are 50+ miles from the nearest healthcare facility.
- Thirty rural counties exceed the state average for households without a vehicle.
- In several counties, 10% of households have no access to a car at all.

For communities already losing hospitals, transportation becomes a second point of failure: A stroke, an overdose, someone going into labor—**Any delay becomes catastrophic.**





Medicaid Instability Threatens the Foundation of Rural Care

Rural Missouri's health system depends heavily on Medicaid, and proposed federal cuts would directly weaken the stability of hospitals, clinics, behavioral health providers, and safety-net systems.

- 92% of the highest Medicaid-enrollment counties in Missouri are rural.
- Some rural hospitals rely on Medicaid for 30% or more of patient coverage.
- Public programs like Medicaid or Medicare cover 61% of opioid-related ER visits.
- Cuts could cause coverage losses for 40% of rural children and 20% of non-elderly adults.

The Economic Fallout Compounds the Health Crisis

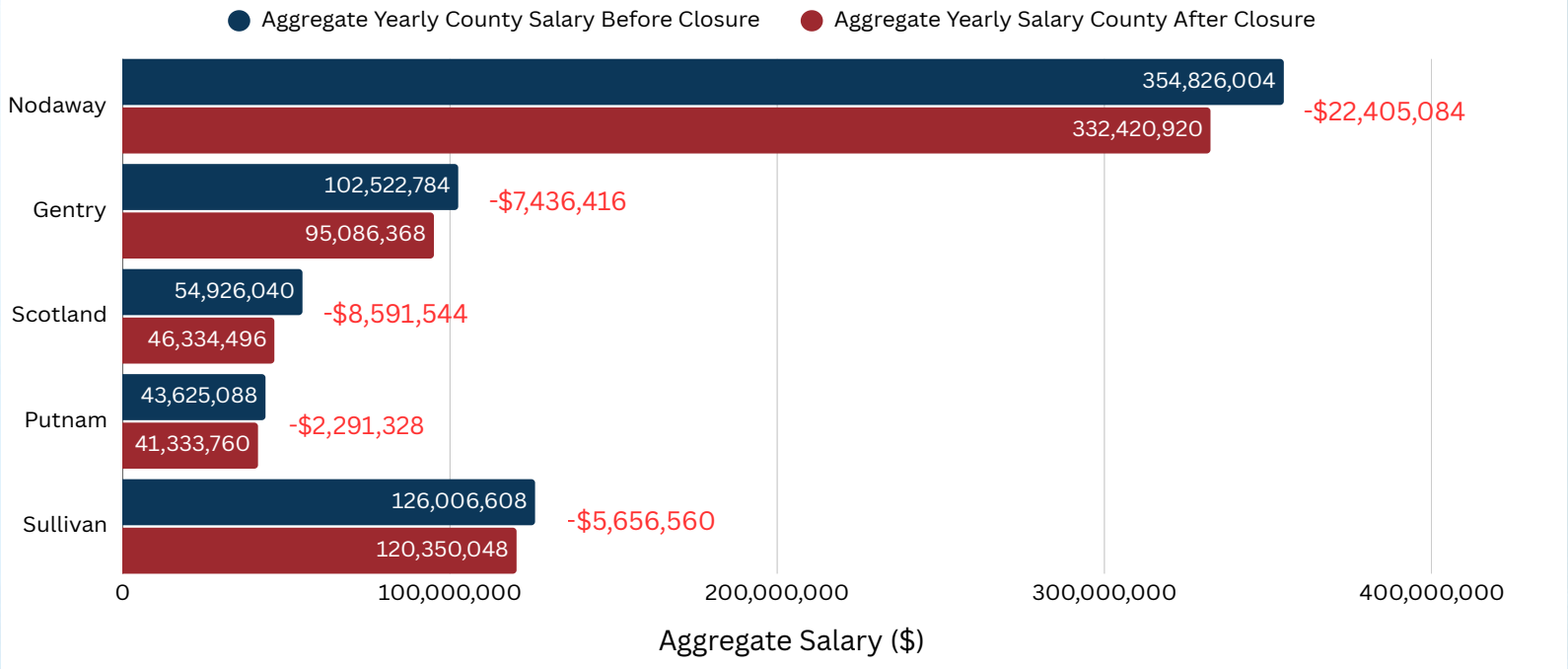
A rural hospital is not just a place of care; it is often the largest employer in the region.

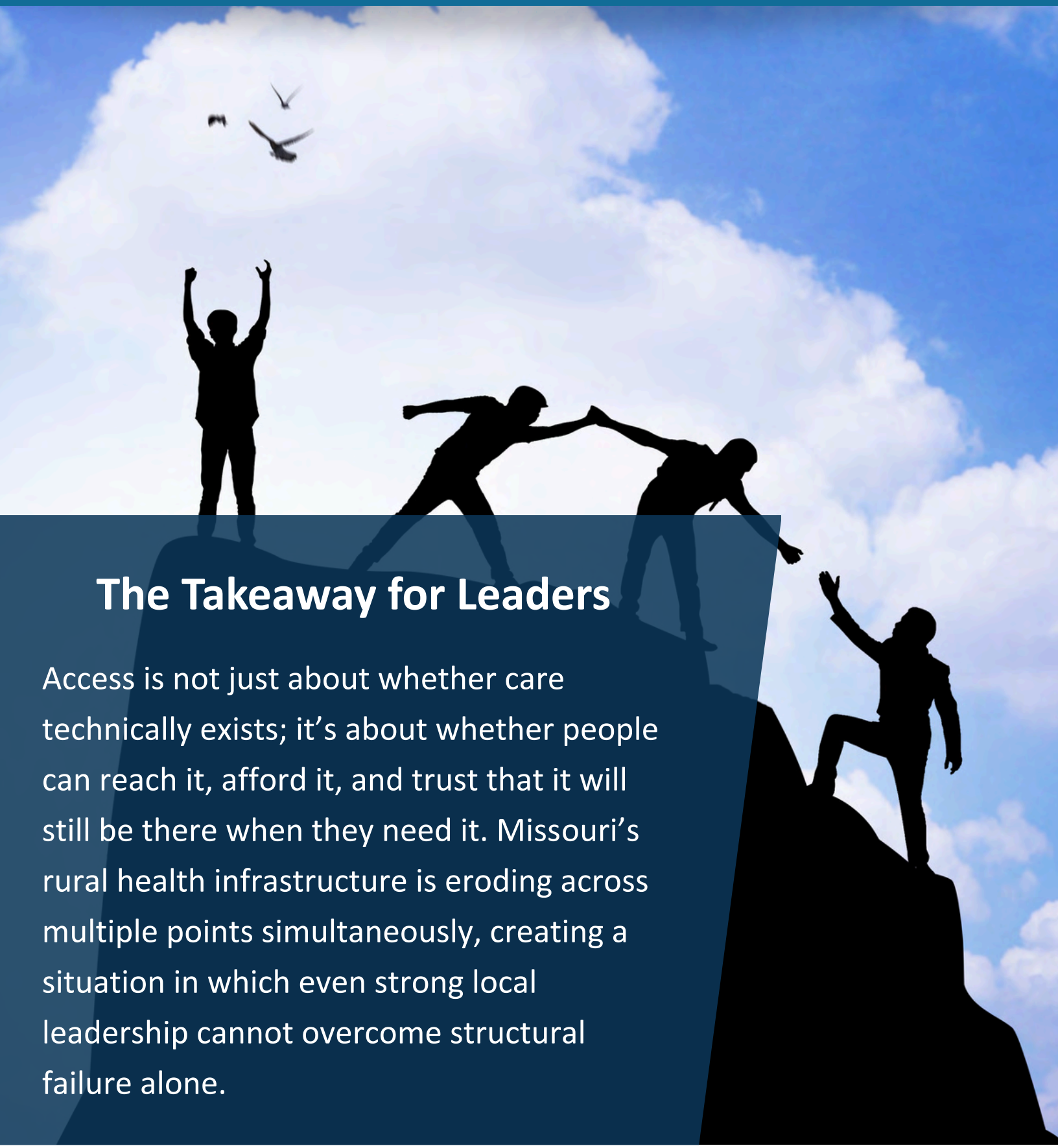
If Northern Missouri's five at-risk hospitals close:

- Over 1,000 jobs would disappear.
- Local economies would lose $46 million in wages within a year.
- Entire communities would lose up to 16% of their job market overnight.

These closures do not happen in isolation; when one hospital falls, the strain shifts to the next, creating a chain reaction that undermines health, economic stability, and population retention across entire regions.

Total Potential Loss in Yearly Take-Home Pay Per County in Event of Hospital Closure





The Takeaway for Leaders

Access is not just about whether care technically exists; it's about whether people can reach it, afford it, and trust that it will still be there when they need it. Missouri's rural health infrastructure is eroding across multiple points simultaneously, creating a situation in which even strong local leadership cannot overcome structural failure alone.

Layered Inequities Shape Rural Missouri's Crisis

Missouri's rural crisis is not experienced evenly; It's sharply concentrated in the same communities across **poverty, disability, suicide, and access to care**. In the most deeply affected regions, **disadvantage compounds across generations, straining families, local health systems, and economic stability**. Pemiscot County illustrates the depth of this concentration, with 35.3% overall poverty and 42.1% of children living below the poverty line. Rural veterans face layered barriers as well: beyond distance from specialty care, one in four lacks reliable internet, limiting access to telehealth, benefits, and care coordination in an already fragile system.

These patterns are not "pockets of need" but predictable outcomes of long-standing structural barriers, most concentrated in Southeast Missouri and increasingly visible in the rural north. They underscore that any statewide solution must be built around the realities of communities carrying the heaviest burden.

Rural Individuals Face:

Extreme Poverty

↑ **20%**

All Missouri counties above 20% poverty are rural

High Disability Concentration

↑ **21%**

All 27 counties with disability rates above 21% are rural

Suicide Hotspots

↑ **80%**

8 of Missouri's 10 highest-suicide counties are rural

Racial Minority Gaps

↑ **3x**

Black rural maternal & infant deaths are 3× higher than their white counterparts

Veteran Care Distance

↓ **26%**

Nationwide, only 26% of all veterans live near full VHA care

Beyond the Scope: System-Level Questions for Future Research

This assessment focuses on **Missouri's current rural health crisis** and the **infrastructure needed to respond**. However, the trends it documents point to more profound, system-level questions that could each warrant their own research agenda. Two sets of questions stand out as especially urgent but beyond the scope of this work.

1. **What happens when rural communities lose health care and begin to collapse?**

2. **What happens when rural populations are forced to relocate to metropolitan areas?**

What happens when rural communities lose health care and begin to collapse?

For communities already losing hospitals, transportation becomes a second point of failure: A stroke, an overdose, someone going into labor—Any delay becomes catastrophic. As hospitals close and basic health infrastructure erodes, some rural communities face the risk of long-term economic and population decline. This raises questions that extend far beyond health care alone:

- How does the loss of local health care accelerate school closures, business loss, and population decline?
- What happens to access to food, water, energy, and raw materials when rural producer communities weaken?
- How will farm consolidation, aging producers, and depopulation affect Missouri's food system over the next 10–20 years?
- What are the long-term impacts on water systems, land stewardship, and conservation as rural populations shrink?
- How do weakening rural communities shift costs statewide through higher prices, transport, and imports?
- What state or regional policies are needed to keep resource-producing rural communities viable under mounting health, workforce, and economic pressures?

These questions sit at the intersection of health, food systems, natural resources, and economic development and would require sustained, cross-sector research.

What happens when rural populations are forced to relocate to metropolitan areas?

If rural residents cannot access care, work, or basic services where they live, many will relocate to metropolitan regions. That movement will not be evenly distributed, and it raises important planning questions for cities and suburbs as well as for rural communities:

- Can Missouri's metro housing supply absorb large rural in-migration without driving up instability and costs?
- How would sustained rural in-migration affect rents, home prices, and property taxes over the next decade?
- What added strain would large inflows place on urban schools, transit, emergency care, and behavioral health systems?
- How can cities resource integration without forcing new residents to compete for scarce services?
- What policies could prevent rising homelessness and housing precarity as rural populations relocate?
- How can state and local leaders ease pressure on both rural sending communities and urban receivers—without shifting blame onto migrating residents?

Together, these lines of inquiry point to a larger question: what happens to Missouri's health, economy, and social fabric if large parts of rural Missouri become unsustainable places to live—and how can the state plan now to avoid that future?

Local Innovation & System Limits

Rural Missouri is innovating—but alone its efforts are limited.

Communities across rural Missouri are responding to rising mortality, hospital closures, and widening inequities with urgency and ingenuity. Frontline leaders have launched mobile clinics, expanded telehealth, and built cross-sector partnerships to reach isolated residents. In many places, **these efforts are the only reason people are receiving care at all.**

Yet these solutions share a critical constraint: they remain localized and largely disconnected from one another. The most pressing challenges—chronic disease, maternal mortality, overdose, workforce shortages, transportation barriers—do not stop at county lines. They are shaped by policy, funding structures, and statewide dynamics that no single community can influence alone. As a result, many rural leaders describe a familiar pattern: doing everything right but still falling behind.

Local resilience is real. But without statewide infrastructure, it reaches a ceiling.

Missouri doesn't lack effort—it lacks architecture

The Causeway fills that gap.

The gaps revealed in this needs assessment are not gaps in commitment or innovation; they are gaps in connection, alignment, information flow, and shared problem-solving. Missouri lacks a real-time mechanism that allows rural leaders to coordinate across regions, professions, and sectors.

What's missing is not more isolated programs;
what's missing is infrastructure:

- A way for rural professionals to learn from one another
- A shared space where solutions move quickly across counties
- A structure that turns frontline experience into policy influence
- A network that allows rural Missouri to function as one system, as opposed to hundreds of isolated networks

This is where *The Causeway* enters the story.

THE CAUSEWAY™

Linking Voices. Lasting Outcomes.

From Network to Statewide Infrastructure

The Causeway was created to unite Missouri's health workforce around shared concerns and shared solutions. It now includes more than 850 members spanning every region of the state. What began as a digital meeting place has grown into an emerging virtual community of practice—a structure shown to increase learning, reduce isolation, and strengthen collaboration across complex systems.

Early evaluation shows real traction:

- Members consistently cite the value of ideas, tools, and encouragement they gain through the platform.
- Leaders use the platform to prepare for board discussions and legislative engagement.
- Frontline providers rely on *The Causeway* for solidarity and resource-sharing.
- Advocates and educators use it to align their work with statewide priorities.

T**his evaluation reveals the next step clearly:** To meet Missouri's crisis at the scale it demands, *The Causeway* must evolve from a promising network into core statewide infrastructure, one capable of supporting learning, coordination, and collective action.

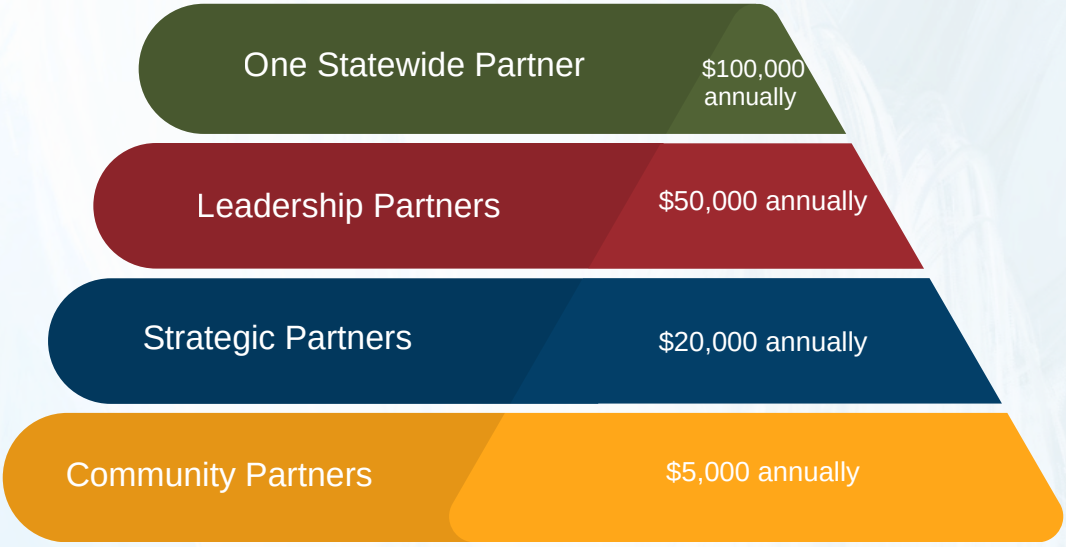
- MRHA will launch a streamlined statewide learning architecture in 2026 that orients new members, connects peers by role, organizes collaboration around shared priorities, and builds mentorship and distributed leadership. Together, these elements will turn local innovation into shared practice and align daily work with statewide goals.

Demonstrated Impact, Scalable Potential

MRHA's evaluation marks a turning point for *The Causeway*—signaling a shift from connection to coordinated, statewide impact.

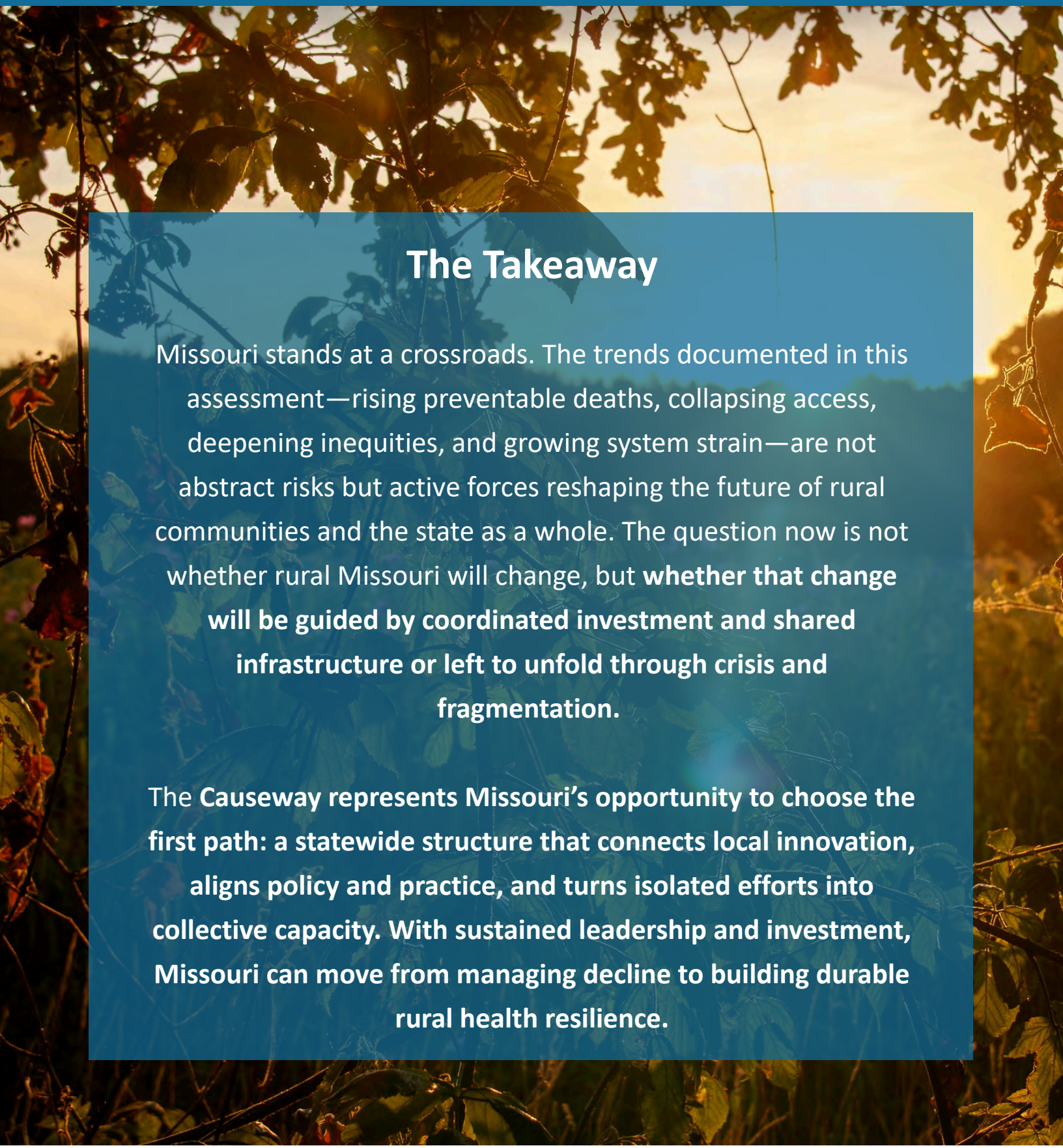
- The pressures facing rural Missouri are structural signals that the system cannot meet the needs of its people. Local leaders continue to innovate under extraordinary strain, but **they cannot carry this work alone**. The Causeway offers a statewide container for that innovation: a place where learning becomes shared, where solutions scale faster, and where policy and practice can align.

To sustain and grow this infrastructure, **MRHA will launch the 2026 Causeway Capital Campaign, seeking $520,000 in annual sponsorships.** These funds support the core functions that make the system work: facilitation, staffing, technology, evaluation, and onboarding, as well as keeping the platform free for frontline leaders.



Together, these partners become co-builders of Missouri's health system commons, ensuring *The Causeway* has the stable foundation needed to support collaboration, learning, and crisis response across every region of the state.

With the right investment and leadership, Missouri can choose a future where communities are not left to face crisis alone, where connection, shared learning, and coordinated action form the backbone of a more resilient health system.



The Takeaway

Missouri stands at a crossroads. The trends documented in this assessment—rising preventable deaths, collapsing access, deepening inequities, and growing system strain—are not abstract risks but active forces reshaping the future of rural communities and the state as a whole. The question now is not whether rural Missouri will change, but **whether that change will be guided by coordinated investment and shared infrastructure or left to unfold through crisis and fragmentation.**

The **Causeway represents Missouri's opportunity to choose the first path: a statewide structure that connects local innovation, aligns policy and practice, and turns isolated efforts into collective capacity. With sustained leadership and investment, Missouri can move from managing decline to building durable rural health resilience.**