



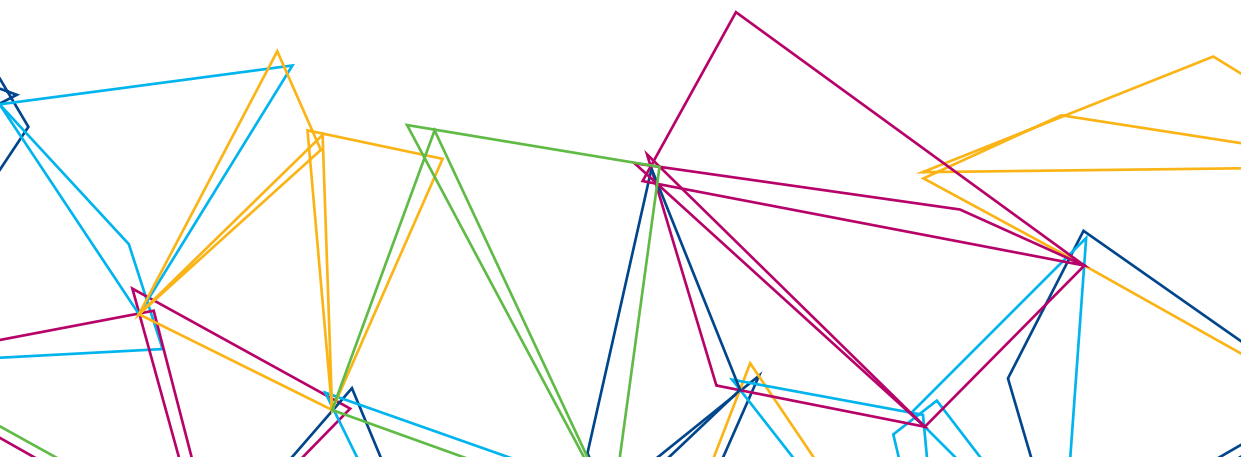
Health Forward
FOUNDATION



KANSAS HEALTH INSTITUTE
Informing Policy. Improving Health.

RURAL COMMUNITIES

DATA BRIEF





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Health Forward Foundation is committed to supporting and building inclusive, powerful, and healthy communities characterized by racial equity and economically just systems.

Our commitment to change prioritizes working to improve the lives of people who experience the greatest injustice in health outcomes, including:

- People in rural areas where systemic barriers hinder optimal health
- People of color whose outcomes are shaped by structural racism and other socioeconomic conditions



These communities often overlap with people of varied identities who experience economic insecurity, live in marginalized conditions, and find barriers to accessing high-quality care that is affordable, equitable, and trauma informed.

This data brief focuses on people in rural parts of Health Forward's service area, examining demographics, health outcomes, and the economic systems that impact these communities.

Thank you to Kansas Health Institute for the initial research and analysis that informed this brief. And thank you to Platform Civic Strategies for additional research and content development contributed to this report.

Defining rural communities

For the purposes of this brief, rural communities are defined as areas not included within an urban area as defined by the U.S. Census Bureau. In addition, Health Forward considers counties within our service area that have a low population density, where over 25 percent of the county is sparsely populated, as rural. This definition helps us ensure that communities with significant geographic spread and fewer resources are accurately represented in our strategies.



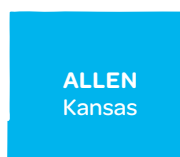
The counties in the Health Forward service area that are considered rural are Allen, KS; Cass, MO; and Lafayette, MO.



Lafayette County borders Jackson County, Missouri. The 5-year estimated population in Lafayette was 32,858. The largest city is Odessa, with a population of 5,554. Although Lafayette County is part of the Kansas City metropolitan area, 7 in 10 (69.3 percent) of the population lives in a rural area within the county.



Cass County sits below Jackson County, Missouri, and includes parts of Kansas City, Lee's Summit, and Raymore in Missouri. The 5-year estimated population in Cass was 108,205. Cass County is also part of the Kansas City Metropolitan area, and much of the population regularly commutes into the metro. Overall, 3 in 10 (29.7 percent) of the population lives in a rural area within the county.



Allen County is located in Southeast Kansas with a 5-year estimated population of 12,554. The largest city is Iola, the county seat, with a population of 5,395. Around half (53.3 percent) of the population lives in a rural area within the county.

Source: U.S. Census Bureau ACS 5-year 2018-2022, Rural Health Information Hub



Demographics of rural communities in Health Forward's service area

Health Forward's service area encompasses several counties in Kansas and Missouri and the entire city of Kansas City, Missouri. In total, Health Forward serves a diverse population of 1,647,874, encompassing a wide range of urban, suburban, and rural communities. Each of these communities has its own unique demographic composition. Reviewing data disaggregated by geography illuminates the systemic inequities that persist in these communities and guides Health Forward's efforts.

The three predominantly rural counties in the Health Forward service area (Allen, Cass, and Lafayette) account for 9.3 percent of Health Forward’s total service population, while the three more densely populated counties (Wyandotte, Jackson, and Johnson) make up 90.7 percent. For the purposes of this analysis, and due to data availability, we’ve focused on the most rural counties in our service area. This approach allows for clearer comparisons, but we acknowledge the diversity within each county.

		Population	% of Health Forward population
RURAL	Allen, KS	12,554	0.8%
	Cass, MO	108,205	6.6%
	Lafayette, MO	32,858	2.0%
NON-RURAL	Johnson, KS	610,742	37.1%
	Jackson, MO	715,526	43.4%
	Wyandotte, KS	167,989	10.2%
TOTAL		1,647,874	

Source: US Census Bureau 5-year 2018-2022



Health outcomes

Analysis of health outcomes data reveals significant differences between rural and non-rural communities. These differences reflect deep-rooted systemic challenges, including geographic isolation, limited health care infrastructure, and economic exclusion, which actively hinder rural residents' access to quality health care, specialized medical services, and economic opportunities. Rural communities often face higher rates of chronic diseases, limited access to mental health services, and higher mortality rates due to factors such as longer distances to emergency care, fewer health care providers per capita, and lower rates of health insurance coverage. Additionally, systemic factors such as jobs that pay low wages, lack of public transportation, and limited high-speed internet access further compound these health inequities, creating a complex web of barriers that disproportionately impact the well-being of people who live in rural areas.

Maternal health gaps

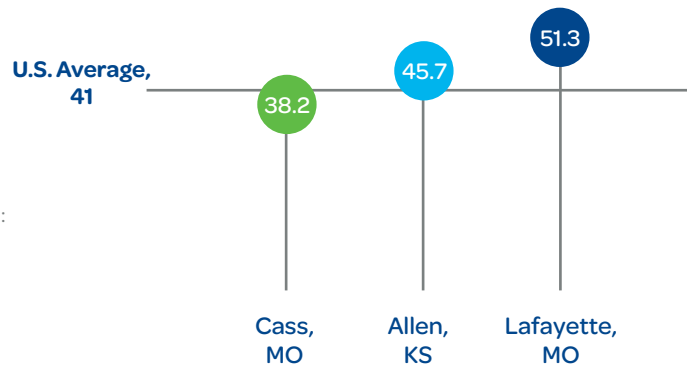
Pregnant people in rural areas face significant risks during pregnancy and childbirth. The increased vulnerability can be attributed to several interconnected factors. Rural areas often struggle with limited access to prenatal care, with fewer obstetric providers and longer distances to health care facilities.

Maternal vulnerability in Allen and Lafayette counties is higher than the U.S. average.

The maternal vulnerability index (MVI) is a measure of where mothers are vulnerable to poor health outcomes based on 43 indicators across six themes:

- 1) reproductive health care
- 2) physical health
- 3) mental health & substance abuse
- 4) general health care
- 5) socioeconomic determinants, and
- 6) physical environment.

The index can range between 0 and 100, with 100 reflecting the highest vulnerability.



Source: Surgo Maternal Vulnerability Index; U.S. Department of Health & Human Services, Office of Population Affairs. Title X Family Planning Directory (March 2023); United States Census Bureau. "S1301: Fertility." American Community Survey. 2017-2021.

Infant mortality

The infant mortality rate is the number of infant deaths per year per 1,000 live births. In the Health Forward service area, Johnson County has the lowest infant mortality rate and Lafayette County has the highest. The data for Allen County is suppressed, which happens when the underlying numbers are too small to publicly report.

Access to specialized neonatal care is often limited in rural areas, with many lacking the neonatal intensive care units (NICUs) crucial for treating high-risk newborns. This gap in specialized care is further exacerbated by the challenges in prenatal care quality and accessibility, which are closely tied to the higher maternal vulnerability observed in rural areas.

National Infant Mortality Rate is 6 per 1,000 Live Births.

INFANT DEATHS PER YEAR FOR 1,000 LIVE BIRTHS, 2015-2021

Cass, MO	5
Jackson, MO	7
Johnson, KS	4
Lafayette, MO	8
Wyandotte, KS	7

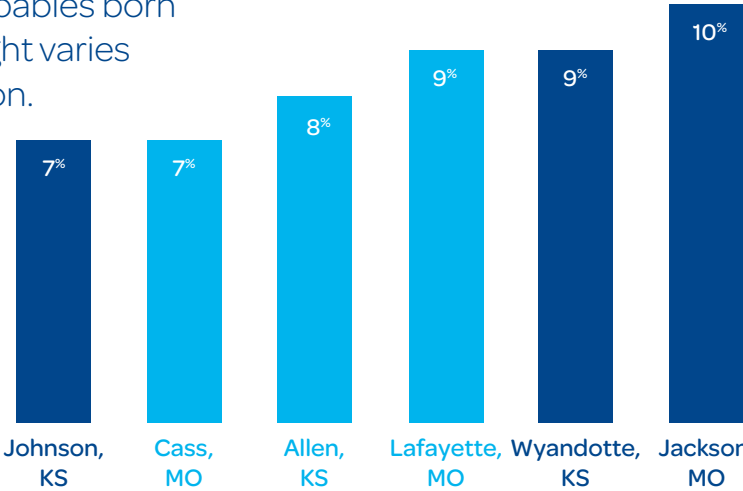
Source: National Center for Health Statistics - Natality and Mortality Files, 2015 to 2021

Low birthweight babies

Babies are considered low birthweight if they weigh less than 5 pounds 8 ounces at birth. Rates vary across the Health Forward service area with Jackson County having the highest rate of low birthweight babies at 10 percent and Johnson and Cass counties having the lowest at 7 percent.

This variation could be attributed to several factors, including differences in access to quality prenatal care, socioeconomic inequities affecting maternal nutrition and health, variations in environmental factors or stressors, and unequal access to health education and resources for expectant mothers. These low birthweight rates are concerning, as babies born underweight are at higher risk for various short-term and long-term health complications.

The percent of babies born at low birthweight varies across the region.



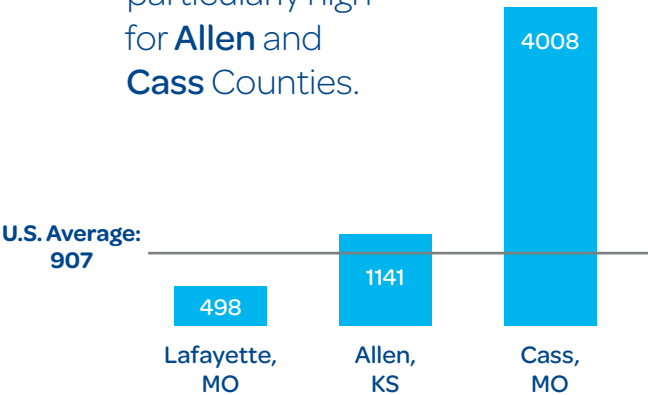
Contributors to health outcomes

Several factors contribute to the health outcomes observed in rural communities. This section explores key contributors, including health care workforce, physical environment, economic inclusion, and community assets.

Health care workforce

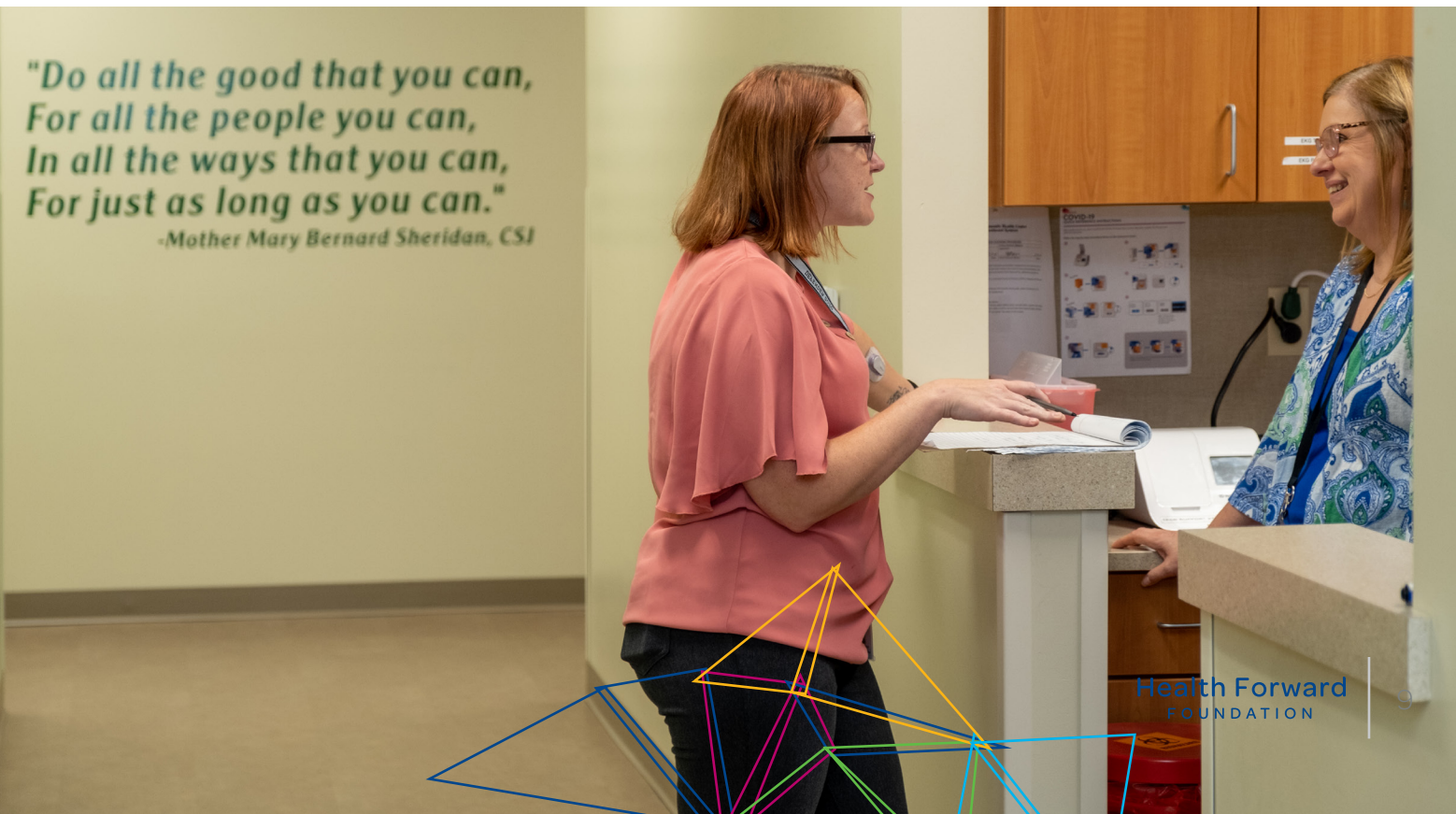
The health care workforce in rural areas faces significant challenges, impacting access to various medical services. For instance, the primary care physician ratio — representing the number of people per primary care physician in a county — illustrates this issue. A higher ratio indicates fewer physicians relative to the population, suggesting potentially limited access to primary care. While the national average is 907 people per primary care physician, rural areas often face much higher ratios. In the Health Forward service area, Cass and Allen counties have particularly high primary care physician ratios, highlighting the workforce shortage.

The primary care physician ratio is particularly high for **Allen** and **Cass** Counties.



The primary care physician ratio is the number of people per primary care physician in a county. The data is based on the physician's practice address.

Source: National Plan & Provider Enumeration System National Provider Identifier Registry, 2023





This trend extends beyond primary care to other essential health professionals, creating a comprehensive challenge for rural health care delivery. Data from the West Central Region of Missouri, which includes rural areas, reveals critical staffing shortages across multiple health care professions. The region reports high vacancy rates for key positions such as Magnetic Resonance Imaging Technologists, Respiratory Therapists, and Nurse Assistants. Additionally, the turnover rates for various roles, including Environmental Services, Nurse Assistants, and Food Service Workers, are notably high, with some exceeding 20 percent in certain areas of the state.

The Southeast region of Kansas faces similar challenges. According to a January 2024 Kansas Hospital Association Workforce Survey, Nursing Assistants in this region have a 38 percent turnover rate, with 16 vacant positions. Other critical roles like Food Service Workers/Dietary Aids and Phlebotomists also experience high turnover rates of 37 percent and 35 percent respectively. These statistics underscore the persistent struggle rural health care systems face in maintaining a stable workforce, which directly affects the quality and availability of health care services in these areas.

This inequity in primary care access could have significant implications for health outcomes in these communities, including barriers to receiving routine and preventive care, which could lead to delayed diagnoses, increased reliance on emergency services, and worse overall health outcomes.



Maternity care access

Comprehensive maternity care critically impacts maternal and infant health outcomes. Maternity care access is a composite metric based on three key factors: hospitals and birth centers offering obstetrics care, availability of obstetrician providers, and the proportion of women aged 18 to 64 without health insurance. In the Health Forward service area, both Cass and Allen Counties face significant challenges in maternity care access.

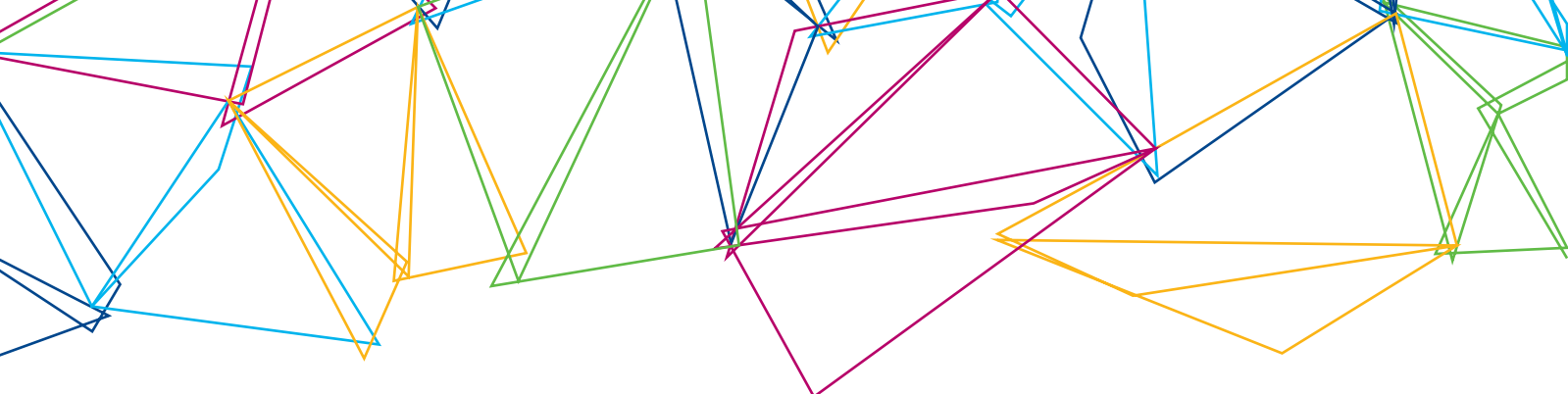
Allen County, in particular, is classified as a “maternity care desert.” This term describes regions where access to maternity care services is severely limited or non-existent. In such areas, expectant parents often must travel long distances for essential prenatal, delivery, and postpartum care.

Rural counties in the Health Forward service area are more likely to be maternity care deserts or have low access to maternity care.

- Maternity Care Desert
- Full Access
- Low Access



Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2022; American Board of Family Medicine, 2017-2020; National Center for Health Statistics, 2021 final natality data.

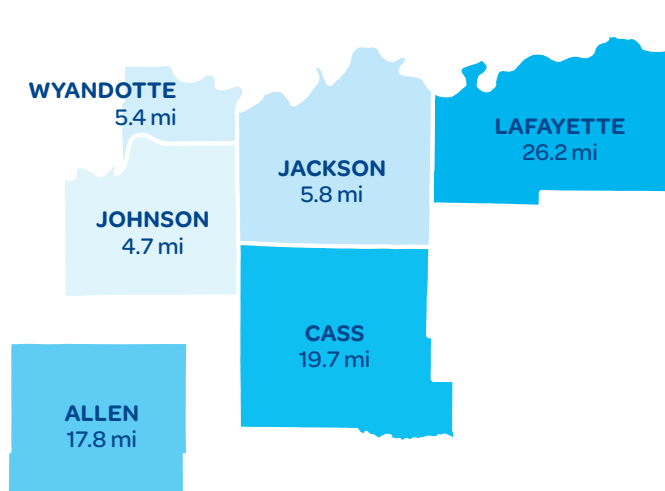


The disparity in access is starkly illustrated by the distances residents must travel to birthing hospitals. In Lafayette County, the average distance is 26.2 miles, compared to just 4.7 miles in Johnson County. This extended travel time can lead to delayed care and increased health risks.

Rural areas often have fewer obstetric providers and lack specialized maternal care facilities. Hospital and obstetric unit closures have further exacerbated these issues, forcing expectant parents to travel even greater distances for care. This impacts the entire spectrum of maternity care, from prenatal check-ups to postpartum follow-ups.

The consequences of limited maternity care access in rural areas are far-reaching. Inadequate prenatal care can lead to undetected pregnancy complications, increasing the risk of adverse outcomes for both the parent and infant. The lack of nearby delivery options may result in delayed care during labor, potentially leading to emergency situations. Moreover, limited access to postpartum care can hinder the early detection and treatment of post-delivery complications and may negatively impact infant care practices, including breastfeeding support and newborn health monitoring.

Residents of rural counties have substantially longer distance to travel to a birthing hospital.



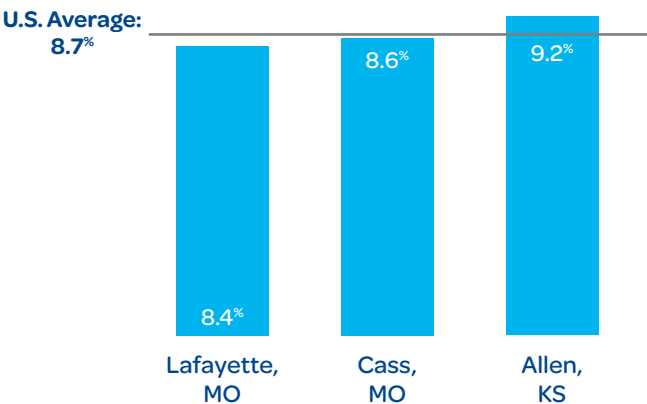
Source: United States Census Bureau. "S1301 : Fertility." American Community Survey. 2017-2021. Web. 1 Nov 2022. American Hospital Association, 2021; American Board of Family Medicine, 2017-2020; U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2022.



Health insurance coverage

The national uninsured rate is 8.7 percent, which is higher than the rates in Lafayette and Cass County, but lower than the rate in Allen County. Lafayette and Cass counties demonstrate that rural communities can achieve insurance rates on par with or better than the national average. However, the higher uninsured rate in Allen County suggests that challenges remain in some rural areas.

It is important to note that Kansas and Missouri’s Medicaid programs have different underlying structure and enrollment eligibilities, which impacts people’s ability to access health insurance. The Affordable Care Act provides states with the option of expanding their Medicaid programs to cover nearly all adults up to 138 percent of the Federal Poverty Level with federal matching payments for the expansion. To date, 41 states (including Missouri) have exercised this option. Kansas has not. There are 1.5 million Missourians participating in the state’s Medicaid program, roughly 15 percent of the state. There are 507,000 Kansans enrolled in the state’s Medicaid program. If Kansas expands its Medicaid program, an additional 150,000 Kansans will have access to the program. This difference in coverage may account for the lower percentage of people with health insurance in Allen County, Kansas.^{1, 2, 3, 4}



Across Health Forward Foundation’s rural counties, the **percent of people who do not have health insurance** is generally lower than the U.S. average.

Source: US Census Bureau ACS 5-Year, 2018 to 2021

People without insurance are more likely to postpone or avoid seeking medical care due to cost concerns, leading to delayed or forgone care. When people without insurance do seek care, they often face significant out-of-pocket expenses, which can lead to financial hardship. The combination of delayed care and financial strain can contribute to worse overall health outcomes.

Digital access

The digital landscape across Health Forward's service area reveals a complex picture of technological access and ownership, highlighting significant gaps between rural and non-rural communities. This digital divide manifests in two crucial aspects: high-speed internet access and computer ownership, both of which play pivotal roles in today's increasingly connected world of health care and economic opportunities.

When it comes to high-speed internet access, known as broadband internet, the data paints a nuanced picture. While the U.S. average for rural households stands at 88 percent, the rural counties in the region show varying levels of connectivity. Cass County emerges as a bright spot, slightly surpassing the national average with 89 percent broadband access. However, in Lafayette and Allen counties, access drops to 83 percent and 81 percent respectively, underscoring the infrastructure gaps that often plague rural areas.

Allen and Lafayette Counties have less broadband internet access than the U.S. average.

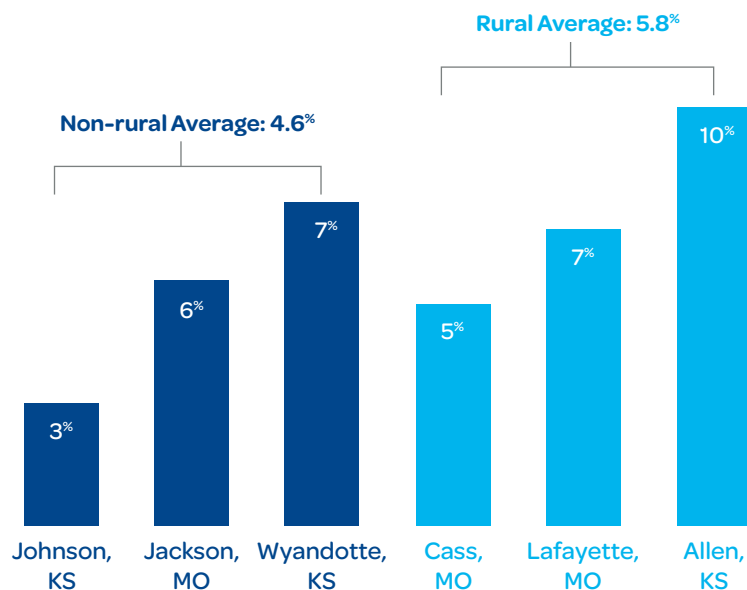


Source: U.S. Census Bureau ACS 5-Year, 2018 to 2022

The gaps become even more pronounced when examining computer ownership across households. Rural counties in the region average 5.8 percent of households without a computer device, compared to 4.6 percent in non-rural areas. This gap, while seemingly small, represents thousands of families potentially cut off from digital resources.

Allen County stands out, with 10 percent of households lacking a computer — double the rate of Cass County and more than three times that of Johnson County.

The percent of households without a computer device is higher in rural counties than non-rural.



Source: US Census Bureau ACS 5-Year, 2018 to 2022

Interestingly, the data reveals that the digital divide isn't a simple rural versus non-rural split. Wyandotte County, classified as non-rural, shows a higher rate of households without computers (7 percent) than some rural areas, highlighting the complex socioeconomic factors at play beyond mere geography.

These findings have profound implications for health equity in the region. In an era where telehealth, online health resources, and digital health management tools are becoming increasingly prevalent, lack of internet access or a computer device can significantly hinder people's ability to engage with the health care system effectively. Moreover, in rural areas where physical distance to health care facilities is often greater, these digital tools become even more crucial for maintaining health and well-being.



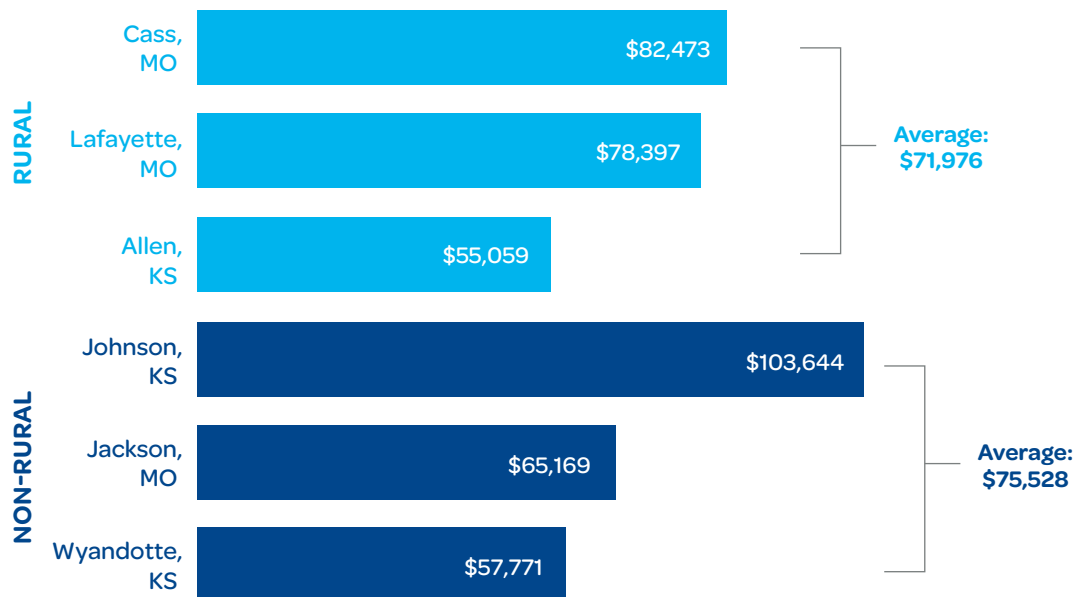
Economic inclusion

Economic factors play a significant role in shaping health outcomes. The data on median household incomes reveals a nuanced picture of financial well-being across the Health Forward's service area.

Among rural counties, Cass stands out with the highest median household income of \$82,473, closely followed by Lafayette at \$78,397. These figures are notably higher than some might expect for rural areas, suggesting pockets of relative prosperity. However, Allen County's substantially lower median income of \$55,059 pulls down the rural average and highlights the economic challenges faced by some rural communities.

The non-rural counties present an even more diverse economic landscape. Johnson County has the highest median household income across all counties at \$103,644, significantly above both rural and non-rural averages. In contrast, Wyandotte County's median income of \$57,771 is lower than two of the three rural counties.

The median household income is, on average, slightly lower in **rural** counties.



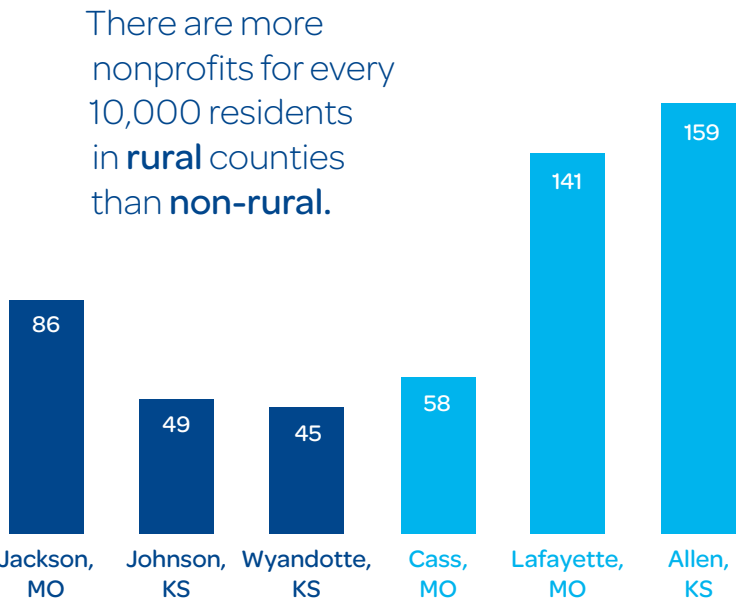
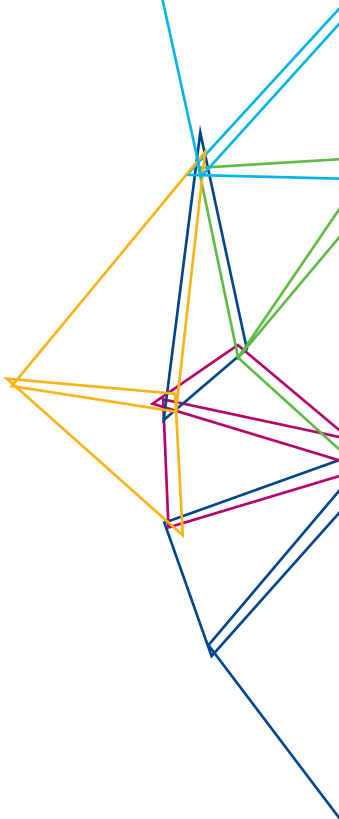
Household income data, when considered alongside other factors like health care access and digital connectivity, paints a more comprehensive picture of the social contributors to health in the region. It suggests that effective health equity strategies will need to address not just medical care, but also the broader economic conditions that influence health outcomes.

Community assets

While rural communities face numerous challenges, they also possess remarkable strengths and assets that can be harnessed to improve health outcomes. These assets, often deeply rooted in the community fabric, provide a foundation for resilience and growth. One such asset is the vibrant nonprofit sector, which plays a crucial role in addressing community needs and fostering social cohesion. Rural counties have fewer nonprofits in absolute numbers compared to their non-rural counterparts. However, a closer examination uncovers a different story: rural areas often have a higher number of nonprofits per capita. This density of community organizations speaks to the strong spirit of civic engagement and mutual support that characterizes many rural communities.

	Number of Nonprofits
RURAL	Allen, KS 199
	Cass, MO 635
	Lafayette, MO 465
NON-RURAL	Johnson, KS 6,179
	Jackson, MO 3,063
	Wyandotte, KS 742
TOTAL	11,283

Source: IRS Exempt Organizations Business Master File Extract, 2024



Source: IRS Exempt Organizations Business Master File Extract; U.S. Census Bureau, 2020 Census Redistricting Data

Nonprofit organizations play a vital role in improving health outcomes in rural communities. These organizations often fill gaps in service delivery, providing essential health education, preventive care, and support services that may be otherwise unavailable. They can be particularly effective in addressing social factors, such as food insecurity, housing instability, and lack of transportation, which significantly impact overall well-being. Nonprofits also frequently serve as advocates for rural health needs, bringing attention to disparities and pushing for policy changes. Moreover, their deep community roots allow them to build trust and deliver culturally responsive care, enhancing the effectiveness of health interventions.



Health Forward's commitment to addressing health injustice

Health Forward aims to create high-quality, equitable community health ecosystems, strong community organizations and voices, and equitable and just places that foster health and economic advancement. The foundation recognizes the unique challenges faced by rural communities and is committed to addressing these inequities through its purpose areas: People, Power, Place, and Platform.

Key strategies include:

1. Strengthening the capacity and effectiveness of partners to provide whole-person, equity-centered care
2. Advancing capacity building, leadership development, and connectedness
3. Advancing digital access, literacy, and equity
4. Championing an inclusive and culturally responsive health sciences workforce
5. Advocating for policies that improve health
6. Advancing safe, healthy, and affordable housing and homeownership opportunities

Conclusion

Rural communities are often characterized by a strong sense of connection, mutual support, and rich community assets that are vital to their resilience. These communities possess a deep-rooted understanding of the value of collaboration, with neighbors frequently coming together to address shared challenges and celebrate collective successes.

However, the data presented in this brief clearly demonstrates the significant health inequities faced by rural communities in Health Forward's service area. These differences are not simply the result of geographic isolation but reflect systemic barriers rooted in economic disinvestment, limited health care infrastructure, and historical neglect of rural needs.

Addressing these inequities requires a multifaceted approach that goes beyond traditional health care to address economic inclusion, education, housing, digital connectivity, and civic engagement in rural contexts. Health Forward's commitment to rural equity and economically just systems provides a framework for tackling these complex issues.

The sense of togetherness in rural communities, coupled with the unique strengths and resources within rural areas, serves as a strong base for community-driven solutions. By centering the experiences and voices of rural communities, leveraging data to drive decision-making, and fostering partnerships across sectors, Health Forward is working toward its vision of inclusive, powerful, and healthy rural communities.



¹ "Status of State Medicaid Expansion Decisions: Interactive Map" from the Kaiser Family Foundation. Published on March 20, 2024. Accessed on April 1, 2024. Available at <https://www.kff.org/affordable-care-act/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

² "Medicaid in Missouri." Kaiser Family Foundation. Published June 2023. Accessed April 1, 2024 at <http://files.kff.org/attachment/fact-sheet-medicaid-state-MO>

³ "Medicaid in Kansas." Kaiser Family Foundation. Published June 2023. Accessed April 1, 2024 at <http://files.kff.org/attachment/fact-sheet-medicaid-state-KS>

⁴ "Medicaid Expansion is Good for Kansas." From the Alliance for a Healthy Kansas. Accessed on May 6 2024 at <https://www.expandkancare.com/>







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