



# HEALTH

in RURAL MISSOURI

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Biennial Report  
2020-2021

# HEALTH CARE IN RURAL MISSOURI

Basic access to primary care physicians, psychiatrists, dentists, in-patient and out-patient, hospital, and specialty care services improve overall health and contribute significantly to an area's economic vitality. However, in rural Missouri, access to these health care services are limited, even for those who have health insurance, are financially stable, and have access to transportation. Furthermore, there are vast differences between urban and rural access to hospital, specialty care, and primary care services.

People in rural areas generally have less access to healthcare than their urban counterparts. Fewer primary care practitioners, mental health programs, and healthcare facilities in these areas often mean less preventative care and longer response times in emergencies.

## SPECIALTY SERVICES

The lack of access to and sufficient number of hospital and specialty services in rural Missouri is one of the contributors to the higher death rates seen in the Health Status section of this report. Given the lower incomes and increased age of rural residents compared to urban counterparts, the lack of specialty care services can mean no access to or less consistent care for vulnerable populations. Rural Missourians generally have to travel long distances to obtain specialty care, such as cardiology, oncology, and nephrology. Additionally, only 28 rural communities have access to the specialty emergency care necessary to save lives when minutes matter.

No rural Missouri counties have a Level 1 Trauma Center, Pediatric Trauma Center, Stroke Center, or STEMI Center as this level of care is only available in urban Missouri. STEMI (ST-Elevation Myocardial Infarction) is the term used for a type of serious heart attack where 1 of the major arteries that supply oxygen and blood to the heart is blocked.

Designated Hospitals: Rural vs. Urban

	LEVEL 1		LEVEL 2		LEVEL 3		LEVEL 4	
	RURAL	URBAN	RURAL	URBAN	RURAL	URBAN	RURAL	URBAN
TRAUMA CENTER	0	19	0	8	5	4	N/A	N/A
STROKE CENTER	0	11	3	24	23	4	3	0
STEMI CENTER	0	19	6	17	8	0	8	0

Source: <https://health.mo.gov/living/healthcondiseases/chronic/tcdsystem/designatedhospitals.php>

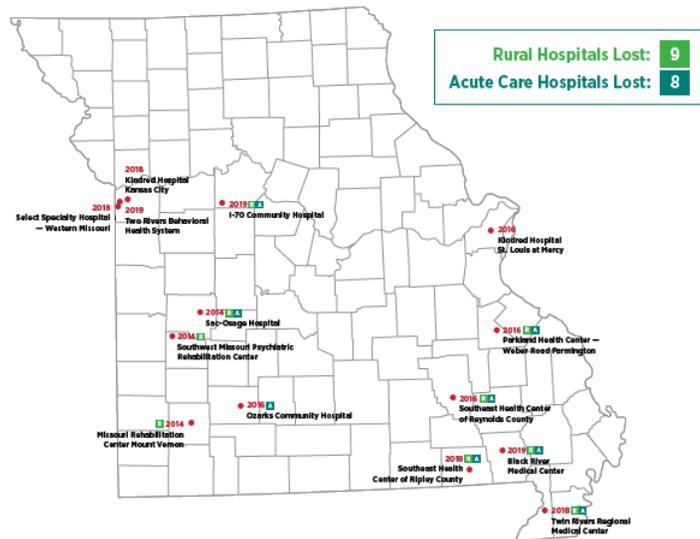
## RURAL HOSPITALS

Rural hospitals are a crucial component of a community's wellbeing. In addition to providing primary, acute, and long-term care they are often a major employer and natural leader in community-based health programs and initiatives. However, low reimbursement rates from Medicare, Medicaid, and other types of insurance, and increased regulation, reduced patient volumes, and unpaid patient medical bills have caused many rural hospitals to struggle financially.<sup>86</sup>

From 2014-2020, a total of 15 Missouri hospitals have closed, of which 10 were located in rural counties. Hospital closures have increased the number of rural counties without a hospital from 51, in 2017, to 55, in 2020. All 15 hospitals were in located in geographic and population based HPSAs.

## 14 Hospital Closures in Missouri

Since 2014



- Southwest Missouri Psychiatric Rehab Center, El Dorado Springs, in 2014 **R**
- Sac-Osage Hospital, Osceola, in 2014 **R A**
- Missouri Rehabilitation Center, Mount Vernon, in 2014 **R**
- Parkland Health Center, Farmington, in 2016 **R A**
- Southeast Health Center of Reynolds County, Ellington, in 2016 **R A**
- Ozarks Community Hospital, Springfield, in 2016 **A**
- Kindred Hospital St. Louis at Mercy, St. Louis, in 2016
- Kindred Hospital Kansas City, in 2018
- Select Specialty Hospital - Western Missouri, Kansas City (non-member), in 2018
- Twin Rivers Regional Medical Center, Kennett, in 2018 **R A**
- Southeast Health Center of Ripley County, Doniphan, in 2018 **R A**
- Two Rivers Behavioral Health System, Kansas City, in 2019
- Black River Medical Center, Poplar Bluff, in 2019 **R A**
- I-70 Community Hospital, Sweet Springs, in 2019 **R A**

09/19

As of August 2021, Missouri has 126 licensed general acute care hospitals, 46.8% (59 total) are located in rural counties. These hospitals provide 1.84 beds per 1,000 residents in rural counties while urban counties have 3.96 beds per 1,000 residents. Of the 161 licensed hospitals in Missouri, 64 (40%), including 5 behavioral health hospitals, are located in rural counties. Of those 64 hospitals, 48 are small rural hospitals of which 31 are Critical Access Hospitals (CAHs) in rural areas. There are an additional 4 CAHs located in non-rural counties.

Closure of the rural hospitals reduces access to needed care which increases health disparities. Along with the health impact, there is an economic impact. Communities see a reduction in taxes collected from the hospital and individuals purchasing goods. As a major employer, the individuals working for rural hospitals often have difficulty finding employment within their community. These individuals have to travel a great distance to the nearest large city for employment.