



Setting the Stage: The Landscape of Rural America

January 25, 2024
Topeka, Kansas
Food is Medicine Research Action Plan
– Midwest Convening

Who We Are

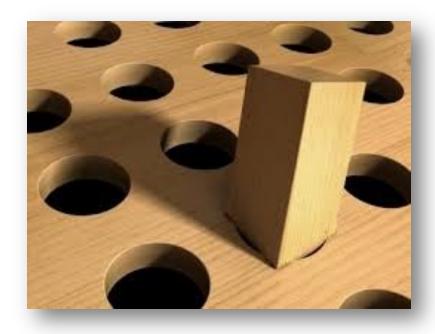


- Nonprofit, nonpartisan educational organization based in Topeka.
- Established in 1995 with a multi-year grant by the Kansas Health Foundation.
- Committed to convening meaningful conversations around tough topics related to health.



What Rural Isn't

Urban, but Smaller

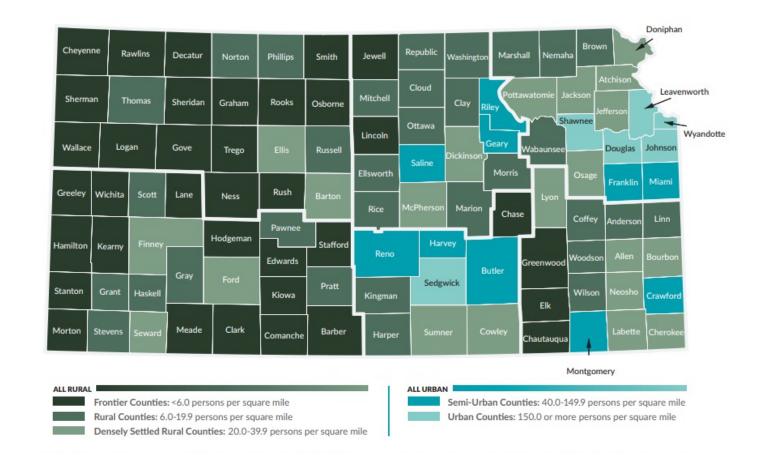


Uniform





How Rural Is Rural?



Source: Kansas Health Institute presentation of KDHE county peer groups by population density.



A Farm Near Dispatch

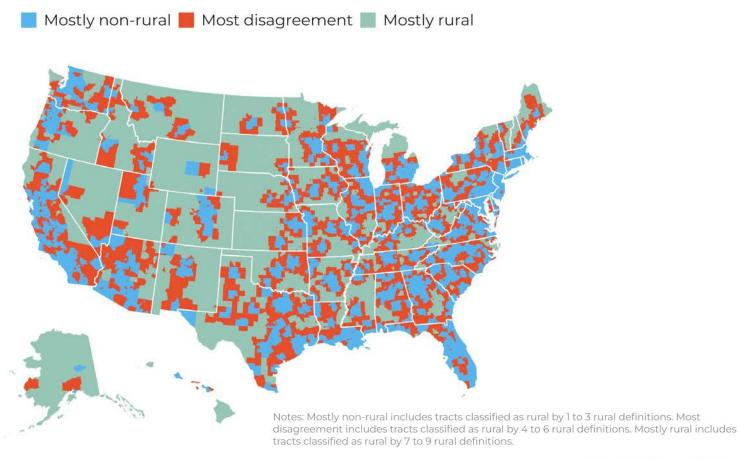






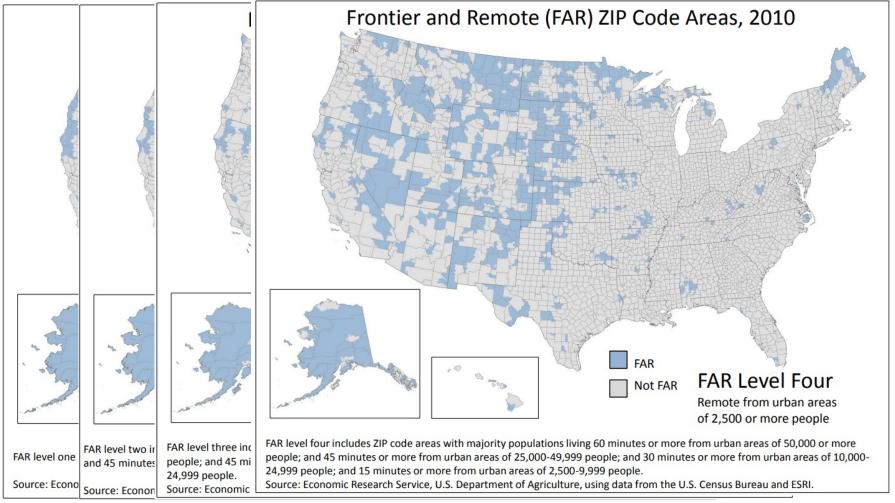
Rural Definitions

Agreement by census tract across 9 rural definitions





How Far is FAR?

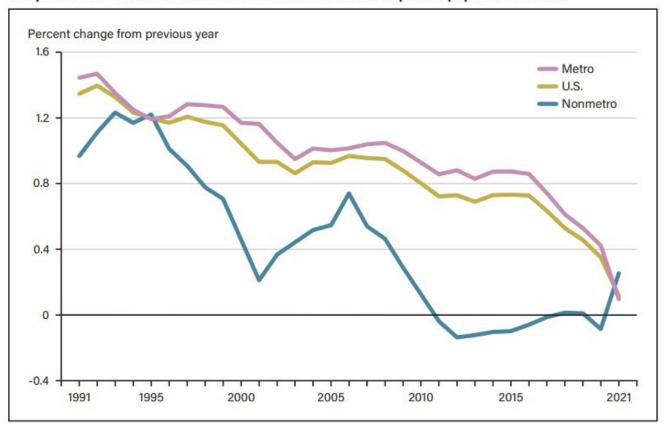


Frontier
and
Remote
(FAR) ZIP
Code Areas



Nonmetro Population Declined in 2010-2020

The period 2010-20 was the first decade of overall nonmetropolitan population decline



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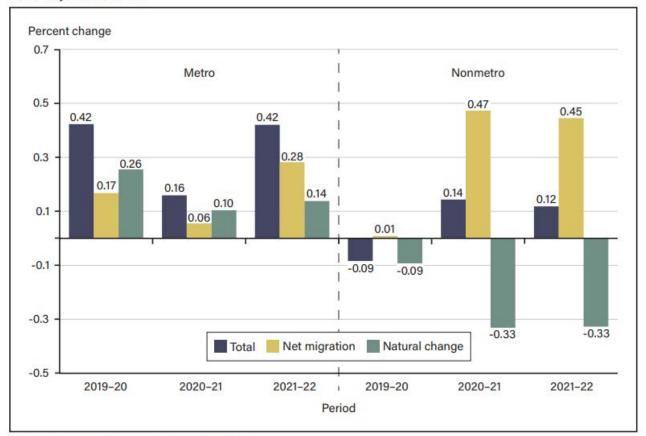
Note: The metropolitan status changes for some counties in 2000 and 2010.

Source: USDA, Economic Research Service using U.S. Department of Commerce, Bureau of the Census data.



Something Changed in 2021

Population change and components of change, metropolitan and nonmetropolitan areas, 2019–20, 2020–21, and 2021–22



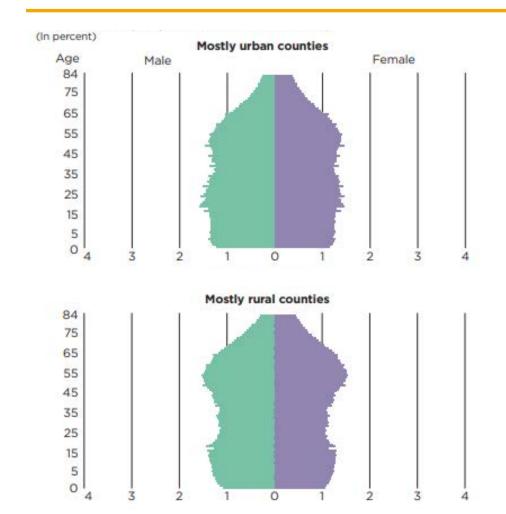
Note: The 1-year periods comprise July through June.

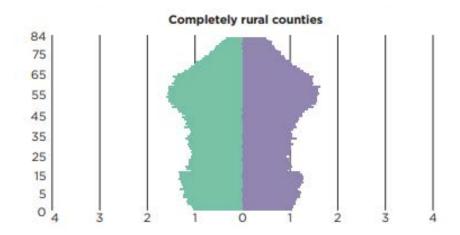
Source: USDA, Economic Research Service using data from the U.S. Department of Commerce, Bureau of the Census.

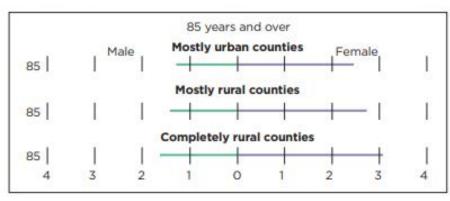
- Driven by net migration in 2020-21 and 2021-22, nonmetro areas grew approximately a quarter percent from 2020 to 2022.
- But overall natural decrease that began in 2017 accelerated in 2020-21.

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Population by Age, Sex and Rurality



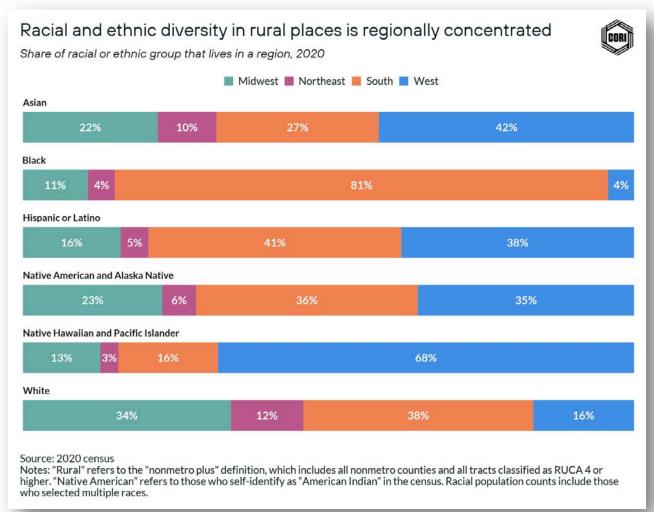




Note: The age category 85 years and over is aggregated due to data disclosure. Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <www.census.gov/acs>. Source: U.S. Census Bureau, 2012–2016 American Community Survey, 5-Year Estimates.

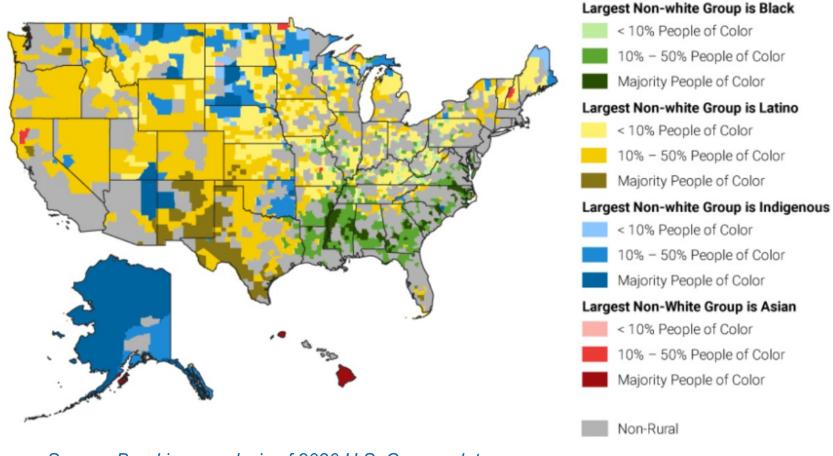


Increasing Diversity





Diversity in Rural America







Indicators as Issues

People in rural areas live 3 fewer years than people in urban areas, with rural areas having higher death rates for heart disease and stroke.



Rural women face higher maternal mortality rates Rural residents face higher rates of tobacco use, physical inactivity, obesity, diabetes and high blood pressure





Rural populations face greater challenges with mental and behavioral health and have limited access to mental health care.

Rural hospitals are closing or facing the possibility of closing

Increasing shortages of clinicians





Long distances and lack of transportation make it difficult to access emergency, specialty and preventive care.



Rural populations are more likely to be uninsured and have fewer affordable health insurance options than in suburban and urban areas.

Source: Federal Office of Rural Health Policy, Health Resources & Services Administration, 2022.



Maternity Care



outcomes than those living in other areas.

Rural residents have

9% greater probability

of severe maternal
morbidity and mortality

Rural hospitals report

higher rates of postpartum
hemorrhage and blood
transfusion during labor and
delivery than do urban hospitals.

More than 50% of rural women, compared to 7% of urban women, must travel more than 30 minutes to reach the nearest hospital with obstetric services.

Extensive travel may contribute to <u>increased</u> <u>risks</u> of infant mortality and pregnancy complications.

Rural women of color are at particular risk.

American Indian/Native Alaskan and Black women are

two to three times more likely to die

from pregnancy-related causes than white women.

In the past decade, rural counties with a higher proportion of non-Hispanic Black women were more likely

to lose obstetric services

than other rural counties.

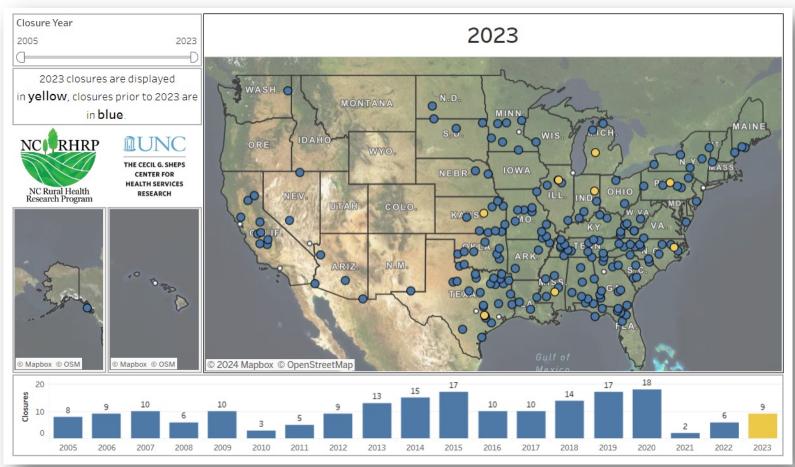
Source: Martha Hostetter and Sarah Klein, "Restoring Access to Maternity Care in Rural America," *Transforming Care* (newsletter), Commonwealth Fund, September 30, 2021. https://doi.org/10.26099/CYCC-FF50

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Hospital Closures: After Pause, Trend Resumes

191 rural hospital closures or conversions since 2005





Rural Health Workforce

Primary Care

Rural = 52.0/100,000 PeopleUrban = 80.5/100,000 People

All Primary Care (MD, DO, NP, PA)

• Rural = 153.3/100,000 People

• Urban = 213.9/100,000 People

Note: Rural and urban defined as nonmetropolitan and metropolitan, respectively Source: HRSA Area Health Resource File. 2020-2021 (2019 data)

Behavioral Health

U.S. Counties without Behavioral Health Providers by Urban Influence Category

	Counties without a Psychiatrist (Percent)	Counties without a Psychologist (Percent)	Counties without a Psychiatric Nurse Practitioner (Percent)	Counties without a Social Worker (Percent)	Counties without a Counselor (Percent)	Counties without any Behavioral Health Provider (Percent)
U.S.	1699	1076	1711	487	404	241
(3135 counties)	(54.2)	(34.3)	(54.6)	(15.5)	(12.9)	(7.7)
Metropolitan	316	183	360	62	50	25
(1164 counties)	(27.1)	(15.7)	(30.9)	(5.3)	(4.3)	(2.1)
Non-Metro	1383	893	1351	425	354	216
(1971 counties)	(70.2)	(45.3)	(68.5)	(21.6)	(18.0)	(11.0)
Adjacent to metro	653	377	651	145	112	60
(1023 counties)	(63.8)	(36.9)	(63.6)	(14.2)	(10.9)	(5.9)
Micro nonadjacent to	137	74	123	38	30	21
metro (269 counties)	(50.9)	(27.5)	(45.7)	(14.1)	(11.2)	(7.8)
Noncore adjacent to	337	254	319	135	114	70
metro (373 counties)	(90.3)	(68.1)	(85.5)	(36.2)	(30.6)	(18.8)
Noncore nonadjacent to metro or micro (306 counties)	256 (83.7)	188 (61.4)	258 (84.3)	107 (35.0)	98 (32.0)	65 (21.2)

Data Sources: Psychiatrists (2019) - Area Health Resource File (AHRF), 2020-2021, Psychologists and psychiatric nurse practitioners (July 2021), social workers, and counselors (January 2022) - National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) data, and the U.S. Department of Agriculture Economic Research Service (ERS) Urban Influence Codes, 2013.

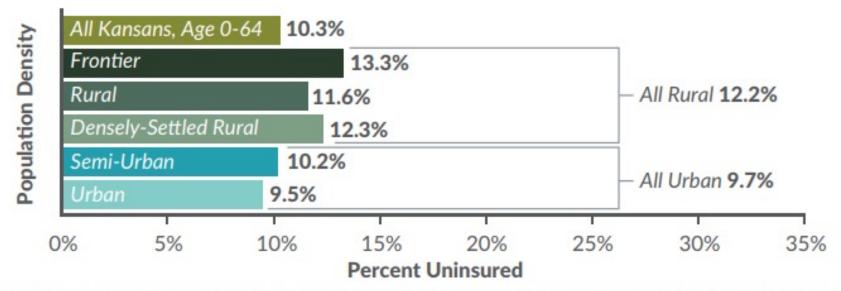
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Health Insurance Coverage

Kansans Age 0-64 Living in Frontier Counties Most Likely to be Uninsured

Figure 5.5b Kansans Age 0-64: Uninsured Rate by County Urban-Rural Classification, 2020



Note: Uninsured Kansans age 0–64 (not in institutions) = 2,363,952. The uninsured rate for Kansans age 0–64 was calculated by taking the number of uninsured Kansans age 0–64 and dividing by the total number of Kansans age 0–64. Peer groups are designated using the Kansas Department of Health and Environment County Peer Groups by population density.

Source: Kansas Health Institute analysis of data from the U.S. Census Bureau 2020 Small Area Health Insurance Estimates.



Building on Rural Assets





Social connectedness



Lessons from the COVID-19 pandemic



Innovative models



Opportunities for Authentic Engagement



- Building trust
- Empowering communities
- Supporting community-led solutions



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