

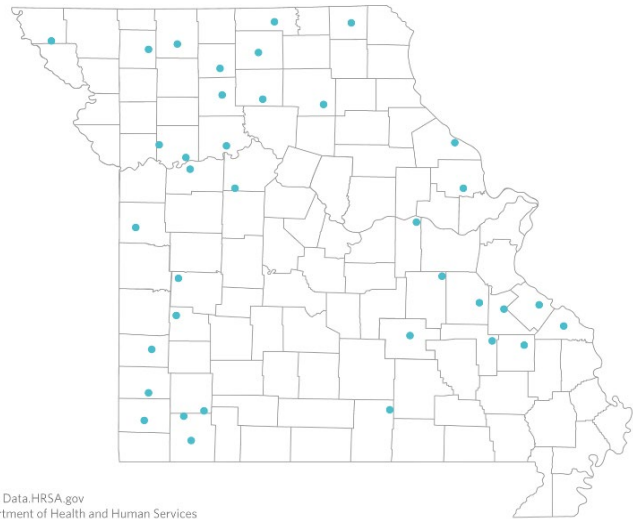
# Transportation and Health in Rural Missouri

## Transportation in Rural Missouri

Rural communities in Missouri rely on a combination of private and public modes of transportation to access health care and health care services. These communities are often miles from critical community resources, such as hospitals, grocery stores, and pharmacies. For most residents, a private vehicle is the primary mode of travel. Public transit options include regional bus systems, paratransit for individuals with a disability, non-emergency medical transportation (NEMT) available to Medicaid enrollees, taxis, and other ride-sharing services. Despite these options, access to health care continues to be a significant challenge due to time, cost, as well as the limited availability of transportation and health care providers. To seek some services, an individual may need to travel more than a hundred miles round trip to see a health care provider.

Rural Missouri also continues to experience a health care workforce shortage, which contributes to the increasing distance between some rural residents and care. Much of rural Missouri is designated as Health Professional Shortage Areas (HPSAs), federally defined as places where the ratio of population to health care providers falls below a specified level. Of the 101 rural counties in the state, 99 are considered medical HPSAs. Ninety-seven counties have been designated as mental health HPSAs and 95 are considered dental HPSAs. Eighteen percent of the state's primary care providers practice in rural communities, and access to hospitals is also limited. Of the 164 licensed hospitals in the state, 72 (45%) are in rural areas, and half of these hospitals are designated as critical access hospitals. These are federally designated small hospitals (25 or fewer beds) that receive cost-based reimbursement from Medicare. Critical access hospitals were created to help ensure access to health care in rural communities.

## Critical Access Hospitals in Missouri



Source(s): Data.HRSA.gov  
U.S. Department of Health and Human Services  
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The availability and accessibility of public transportation throughout the state is also limited. Restricted scheduling options and service routes make it difficult for some populations to access

existing transit services. For example, NEMT services available to Medicaid enrollees have advance appointment or reservation requirements that leave individuals with little flexibility in the event of an emergency or unexpected change in circumstance. Surveys of NEMT riders show frequent complaints about “no-shows” or late arriving rides.

The hours of operation and limited routes of the regional bus lines are also a barrier, as some families live far away from bus routes. In the event of an emergency, residents use ambulance services or even law enforcement, which can be costly and inefficient. Rural communities are more vulnerable to the added costs associated with air ambulance service, a common life-or-death form of transport for communities a considerable distance from a trauma facility. To protect themselves from large, out-of-network costs, some rural residents are joining air ambulance memberships. However, reports find that residents are still vulnerable to balance billing and other unanticipated costs that total in excess of tens of thousands of dollars.

Because of the necessity of private vehicles, the lack of widely available public transportation, and the condition of the state’s roads and highways, motor vehicle accidents and fatalities are also an issue for residents in rural communities. Forty percent of unintentional injuries in these areas are caused by motor vehicles. Studies show that the quality and funding of Missouri’s transportation system have fallen behind most other states. In an analysis of the state’s transportation infrastructure, the St. Louis and Kansas City sections of the American Society of Civil Engineers (ASCE-Missouri), found that the state’s infrastructure was inadequate and, in some cases, sorely inadequate. In ASCE-Missouri’s 2018 Missouri Infrastructure Report Card, the state received a C- for overall infrastructure, a D for roads, and a C for bridges. Grading criteria includes capacity, condition, funding, future need, operation and maintenance, public safety, resilience, and innovation. Other evaluations of the state’s transportation infrastructure find similar or worse deficiencies. According to the U.S. Department of Transportation, 31 percent of the state’s roads are in mediocre or poor conditions and 27 percent of the state’s bridges are structurally deficient or functionally obsolete.

## The Impact of Transportation on Health

The impact of the transportation-related challenges experienced by individuals in rural Missouri, among other factors, is evident in the disparate health outcomes between rural and urban communities in the state. Rural Missourians are more likely to be uninsured or not have access to employer-sponsored health insurance, which subsequently leads to higher levels of medical debt.

Compared to urban areas, rural communities in Missouri also experience higher rates of morbidity and mortality. Despite an overall decline in death rates between 2005 and 2015, the disparity between rural and urban death rates is widening (866.7 per 100,000 residents and 796.8 per 100,000 respectively). Most recently, death rates in rural Missouri have begun to increase.

Among the counties with the highest rates of heart disease, seven are classified as rural. Other chronic conditions in which the rates in rural communities exceed that of urban areas include diabetes, kidney disease, and chronic lower respiratory diseases, conditions that require ongoing medical attention and monitoring.

Other factors affecting the health of rural Missourians include an aging population and higher rates of poverty and unemployment. Currently, the aging population comprises 15.7 percent of the population in Missouri and 17.7 percent in rural Missouri. Between 2005 and 2015, there was a 14 percent increase in the elderly population in rural communities, compared to a 12 percent increase in urban areas. This population trend signals a growing demand for health care, transportation, and other critical health care services.

Rural communities in Missouri also experience greater economic disadvantage and have access to fewer resources to achieve mobility. While the rural poverty rate exceeds the state's overall poverty rate, certain rural communities are characterized as "consistent poor,"<sup>1</sup> because they have experienced persistent poverty for extended periods of time.

### Policy and Program Interventions and Approaches

Despite various efforts to address the transportation-related health issues in rural Missouri, gaps in service persist. A recent focus group completed by the University of Kansas Medical Center reveals that transportation continues to be an important concern of Medicaid consumers across the state, especially in rural communities. Among the issues cited by respondents were problems related to the cumbersome nature of NEMT and unreliable transportation options.

In response to the growing and evolving transportation needs of rural residents, telemedicine and mobile integrated health efforts have expanded into rural communities to widen access to health care. Stakeholders across the state have also recently worked to ensure alignment of NEMT services across all managed-care companies. There are also efforts to expand transportation services to include car sharing services in underserved areas.

In 2013, the Missouri Rural Health Association piloted a rural transportation program called HealthTran that collects data about rural transportation and health needs and provides affordable transportation to rural Missourians not eligible for NEMT. The program currently operates in several counties in south central Missouri and is actively working with other rural communities to expand and replicate the program. Between 2014 and 2016, HealthTran provided transportation to more than 720 individuals and processed more than 4,840 referrals.

Federal and state policymakers have also begun to seek ways to improve transportation. In 2017, the Missouri General Assembly established the 21st Century Missouri Transportation Task Force to evaluate and make recommendations regarding transportation in the state. The task force, comprised of Democratic and Republican lawmakers and members of the private sector, evaluated the state transportation system and found significant deficiencies in transportation investments and the condition of transportation infrastructure.

Currently, the state generates \$2.5 billion in transportation revenue. Of this amount, two-thirds is received from state user fees, such as vehicle registration and driver's licensing fees and the motor fuel tax. One-third of the state's transportation revenue comes from federal user fees. State revenue is allocated to cities and counties as outlined in the state constitution, and federal

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<sup>1</sup> Fourteen counties in Missouri have been characterized as "persistent poor." These counties have experienced high rates of poverty for at least 30 years.

law determines the distribution of federal transportation funds. Cities and counties are also able to use local revenue, namely sales and property taxes, for transportation. According to the task force's evaluation of transportation investment, due to inflation and a stagnant fuel tax, Missouri's transportation system is substantively underfunded and economically unsustainable. The state ranks 47 out of the 50 states in revenue generated per mile.

During the 2018 legislative session, the Missouri General Assembly passed a measure that will allow voters to decide on a 10-cent increase to the fuel tax, two-and-a-half cents each year for four years, during the November general election. The legislature also approved a measure that would reduce instances of surprise billing by protecting consumers from insurance claim denial for avoidable emergency department visits and for treatment by out-of-network providers at an in-network health care facility. Both measures were signed by the governor and enacted into law.

As public and private stakeholders continue to seek ways to improve access to transportation in rural communities, a lack of sustained funding and statutory and regulatory barriers threaten the efficacy of current efforts and stifles innovation. Greater collaboration between public and private stakeholders is needed to fill gaps in service, expand services, and improve accessibility to underserved populations.

*Endnotes available upon request.*