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Health Insurance Coverage in Rural and Urban Missouri: Update

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People living in rural Missouri are more likely than those living in urban areas to be covered by public programs (including Medicaid), and less likely to be covered by private insurance (including employer sponsored health insurance). The most significant difference is in Medicaid coverage; in Missouri 21.9% of rural residents are covered by Medicaid, compared to 16% in urban areas in 2024. In part the higher enrollment in public programs is driven by lower coverage rates for private coverage for rural people: 60.6% of rural residents had private insurance in 2024, about 10 percentage points lower than urban residents (70.8%). Employer-based insurance is the primary driver of this difference: only 46.1% of rural Missourians had employer-based coverage compared to 59% in urban areas—a substantial 13-point gap.

The results indicate that there was a drop in rural people covered by public programs in 2024, compared to 2023 (drop of 1-percentage point), driven primarily by a large, significant drop in the percentage covered by Medicaid of 1.9 percentage points; in comparison the changes in insurance coverage in urban areas were not significant from 2023 to 2024. The uninsured rate for rural people in Missouri increased slightly in 2024, relative to 2023 (by 0.4 percentage points, though not significant), driven by a drop in Medicaid coverage 1.9-percentage points (though not statistically significant).

Despite rural residents being more likely to have public insurance coverage, the uninsured rate for those living in rural areas in Missouri was 9.9% in 2024, significantly higher than the 6.9% rate in urban areas. While a similar pattern is observed nationwide (8.7% uninsured in rural areas versus 8.1% in urban areas), the rural-urban gap in Missouri is more pronounced.

This brief explores comparisons of insurance coverage for persons living in rural and urban areas in Missouri, and by age groups, with comparisons between 2023 and 2024 numbers, and comparisons to national averages during the 2024 period, using data from the American Community Survey (ACS), released by the U.S. Census Bureau.

KEY FINDINGS

- **Rural-Urban Gap:** While 7.6 percent were uninsured in Missouri, uninsured rates were higher in rural areas (9.9%), as compared to urban areas (6.9%). The rural-urban gap is much more pronounced in Missouri (3 percentage points) than it is nationwide (0.6 percentage points).

- **Public v. Private Coverage:** People under age 65 in rural areas in Missouri were significantly less likely to hold private sources of coverage than people living in urban areas. In contrast, people living in rural areas in Missouri were more likely than people in urban areas to hold public sources of coverage, especially Medicaid coverage.

- **Drops in Coverage Rates for Children:** The percentage of persons with Medicaid coverage dropped by 1.9 percentage points in rural areas from 2023 to 2024, with significant drops in coverage rates for children (under age 19), as the unwinding of the public health emergency (PHE) finalized, affecting Medicaid coverage rates.

- **Varied Insured Rates:** Insured rates vary significantly by age group: uninsured rates are lowest for those above age 65, due to near universal coverage from Medicare. Uninsured rates are highest in the age 19-64 age group in all areas.

DATA AND METHODS

As outlined in the Appendix, there are several data sources and methods that could be used to measure rural and urban differences across the populations, and the findings will also be affected by the methods used, and the data sources used. This brief is mostly based on data from the American Community Survey (ACS), augmented by other sources. See the Appendix for more details on the data, definitions and methods used here.

RESULTS

In 2024, Missouri's uninsured rate stood at 7.6%, slightly lower than the national average of 8.2%, indicating that Missouri's insurance coverage rates line up close to the national average (not shown here; see Appendix for details). Missouri exhibits notable rural-urban differences in health insurance coverage, with a larger gap compared to the national average, as shown in **Figure 1**. The uninsured rate in rural Missouri was 9.9% in 2024, significantly higher than the 6.9% rate in urban areas. While a similar pattern is observed nationwide—8.7% uninsured in rural areas versus 8.1% in urban areas—the rural-urban gap in Missouri is more pronounced (3 percentage points in Missouri, compared to 0.6 percentage points in U.S.). Additionally, rural Missourians experienced a higher uninsured rate than their national counterparts by 1.2 percentage points in 2024, whereas urban Missourians fare better, with an uninsured rate 1.2 points lower than the national urban average.

> **The uninsured rate in rural Missouri was 9.9% in 2024, significantly higher than the 6.9% rate in urban areas.**

Figure 1. Insurance Coverage Rates, by Residence, Compared with the US, 2024*

Insurance Coverage (2024)	Rural				Urban			
	Missouri	U.S.	Missouri - U.S.		Missouri	U.S.	Missouri - U.S.	
Insured	90.1%	91.3%	–1.2%		93.1%	91.9%	1.2%	
Uninsured	9.9%	8.7%	1.2%		6.9%	8.1%	–1.2%	
Private	60.6%	62.3%	–1.7%		70.8%	68.0%	2.8%	
Employer-based	46.1%	48.3%	–2.2%		59.0%	55.6%	3.4%	
Direct-purchase	14.3%	15.5%	–1.2%		13.4%	13.9%	–0.5%	
TRICARE	4.0%	2.9%	1.1%		2.5%	2.8%	–0.3%	
Public	43.2%	44.7%	–1.5%		33.7%	35.8%	–2.1%	
Medicare	23.8%	24.2%	–0.4%		19.2%	18.3%	0.9%	
Medicaid	21.9%	24.0%	–2.1%		16.0%	19.9%	–3.9%	
VA	3.8%	3.2%	0.6%		2.5%	2.2%	0.3%	

NOTES: *Individuals may hold more than one form of primary health insurance; thus, the totals may add to more than 100 percent. TRICARE is the health insurance program for the U.S. military, managed by the Pentagon's Defense Health Agency; the Census Bureau classifies TRICARE as private coverage because it is employer-based. The VA coverage refers to the Civilian Health and Medical Program of the Department of Veterans Affairs comprehensive health care program provided by the Department of Veterans Affairs (VA) for former military.

Private Insurance: Lower Coverage in Rural Missouri

Urban Missourians are more likely to have private insurance than their rural counterparts. Statewide, 60.6% of rural residents have private insurance, about 10 percentage points lower than urban residents (70.8%). Employer-based insurance is the primary driver of this difference: only 46.1% of rural Missourians have employer-based coverage compared to 59% in urban areas—a substantial 12.9-point gap. Conversely, direct purchase is slightly more common in rural areas. Compared to national trends, rural Missourians are less likely to have private insurance than rural residents nationwide (-1.7 percentage points), mainly due to lower employer-based coverage (-2.2 points). However, Missouri's urban residents have a higher private insurance rate than urban residents nationwide (+2.8 points), driven by a greater prevalence of employer-based insurance (+3.4 points). Direct-purchase insurance is slightly less common in Missouri across both rural (-1.2 points) and urban (-0.5 points) areas compared to the national average.

> **Employer-based insurance is the primary driver of differences in coverage: only 46.1% of rural Missourians have employer-based coverage compared to 59% in urban areas.**

Public Insurance: More Common in Rural Areas

Public insurance plays a more significant role in rural Missouri, covering 43.2% of rural residents, 9.5 percentage points higher than urban Missouri (33.7%). Specifically, 23.8% of rural Missourians have Medicare (compared to 19.2% for urban people), 21.9% have Medicaid (compared to 16% for urban people), and 3.8% are covered by VA benefits (2.5% for urban). Compared to national figures, Missouri's rural public insurance coverage aligns somewhat closely with the U.S. average, with relatively small differences (-1.5 points public, -0.4 points Medicare, -2.1 points Medicaid, +0.6 points VA). However, the public coverage rates of those living in urban Missouri lag behind U.S. urban residents by 2.1 percentage points. The most significant gap is in Medicaid, where Missouri's urban coverage rate (16%) is 3.9 percentage points lower than the U.S. urban rate (19.9%).

> **Public insurance plays a more significant role in rural Missouri: 43.2% of rural residents, compared to 33.7% for urban people. Also 21.9% of rural people have Medicaid, compared to 16% for urban people.**

Shifts in Health Insurance Coverage (2023–2024)

Between 2023 and 2024, the uninsured rate in Missouri remained relatively stable across rural and urban areas (**Figure 2**). However, this relative stability in the insurance coverage rate hides significant changes in public and private coverage rates: in general, a drop in Medicaid coverage rates in rural areas of 1.9 points (balanced by an increase in employer sponsored coverage rates), while in urban areas private and public coverage rates remained relatively stable between 2023 and 2024. These 2023-24 trends likely reflect the ending of the public health emergency (PHE), which led to the "unwinding" of Medicaid coverage for those who had been on Medicaid with continuous coverage during the pandemic. People living in rural Missouri experienced the largest drop in public coverage rates, with public insurance enrollment dropping by 1.0 percentage points, compared to a small increase of 0.2 points in urban areas.
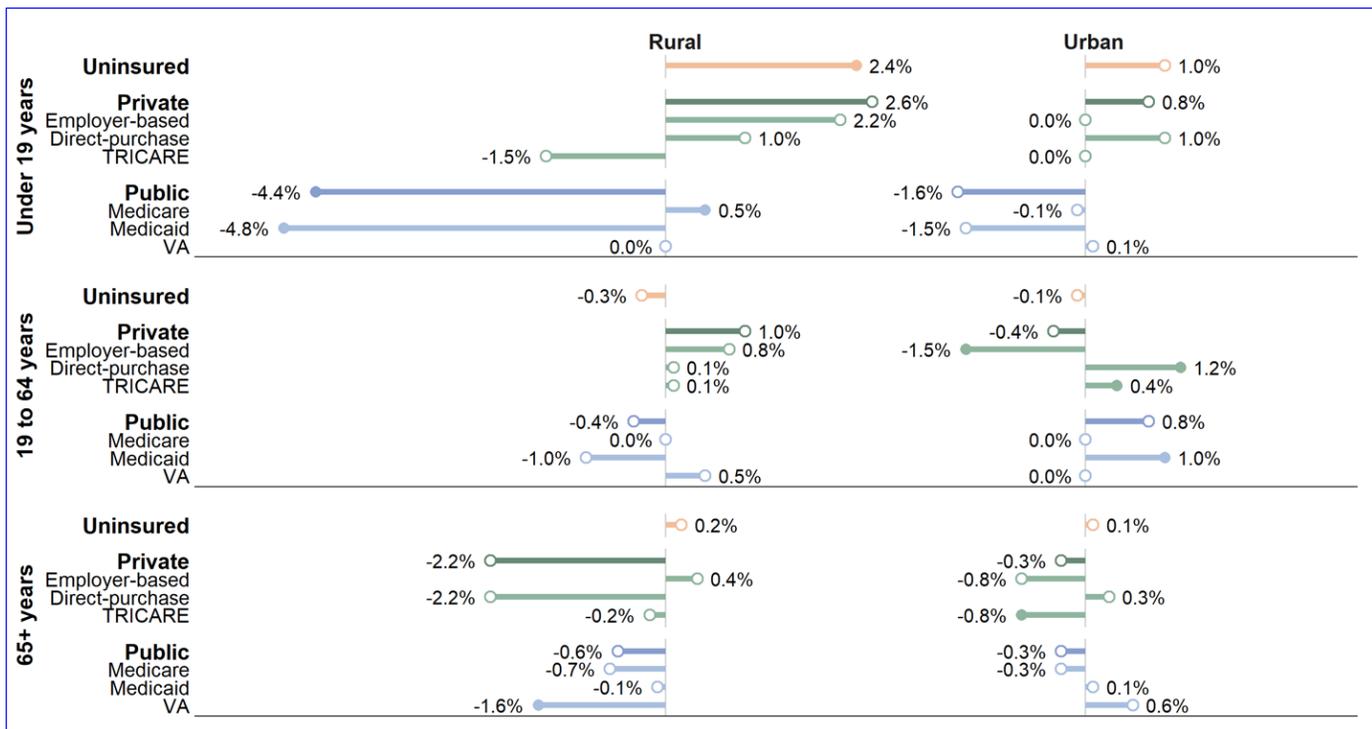
Figure 2. Insurance Coverage Rate Changes, by Residence, from 2023 to 2024, All Areas
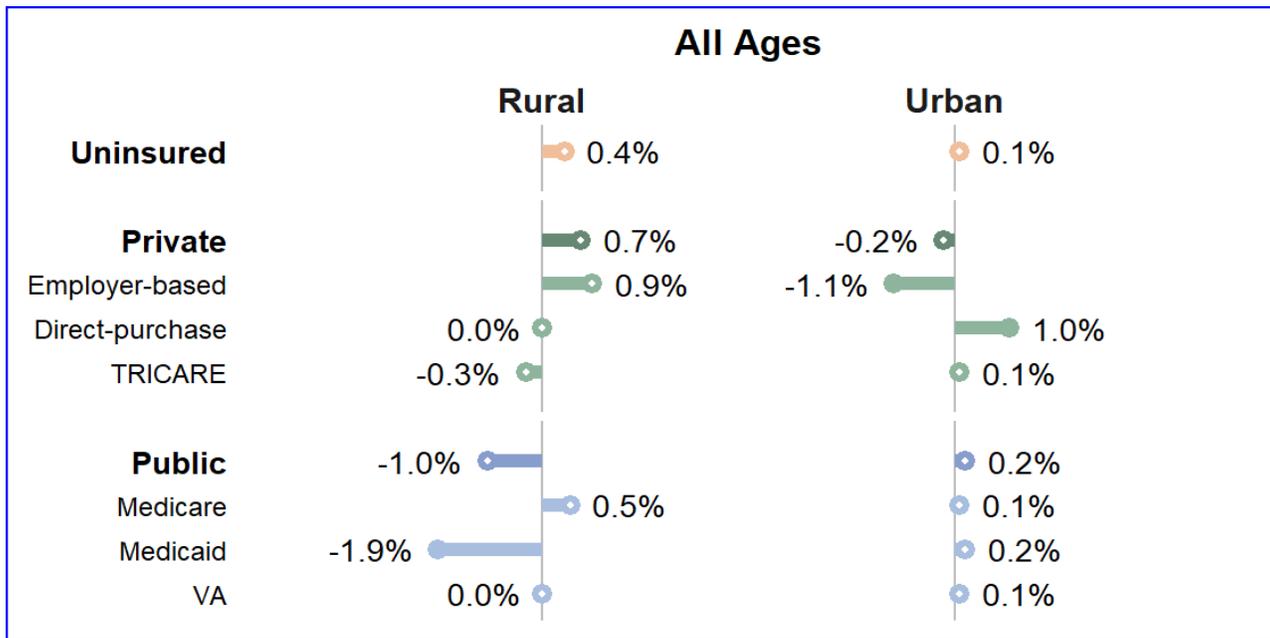
NOTE: Open circles indicate changes between 2023 and 2024 that are NOT statistically significant at the 95% confidence level, while filled circles represent statistically significant changes.

Between 2023 and 2024, Missouri experienced an increase in the uninsured rate across all areas in adults over age 65 and, especially, in children (**Figure 3**). The uninsured rate increased statewide by 1.3 percentage points, with rural children experiencing a 2.4-percentage point increase in uninsurance rates.

Figure 3. Insurance Coverage Rate Changes, by Residence and Age Group, from 2023 to 2024

NOTE: Open circles indicate changes between 2023 and 2024 that are NOT statistically significant at the 95% confidence level, while filled circles represent statistically significant changes.

Again, this trend likely reflects the ending of the PHE, which led to the "unwinding" of Medicaid coverage for those who had been on Medicaid with continuous coverage during the pandemic. People living in rural Missouri experienced the largest drop in public coverage rates, with public insurance enrollment dropping by 4.4 percentage points for children, compared to a 1.6-point drop in urban areas. Medicaid coverage rates dropped the most (-4.8 points) for children in rural areas, and -1.5 points in urban areas, and 2.4 points statewide.

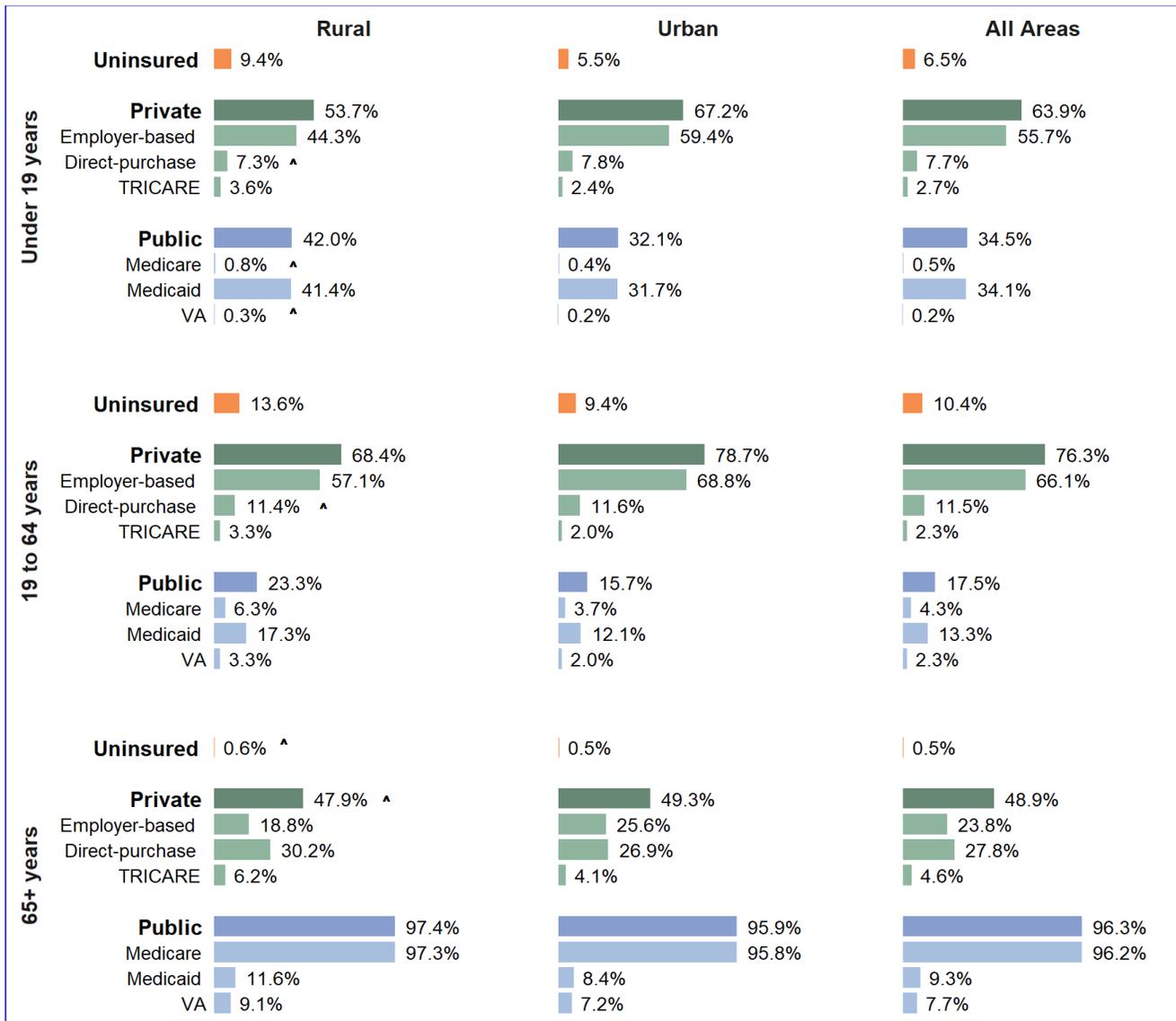## CHARACTERISTICS OF THE RURAL AND URBAN UNINSURED

Exploring the characteristics of those without health insurance increases the understanding of challenges faced by rural and urban Missouri. Uninsurance rates are lowest for those over age 65, in urban and rural areas, who are largely covered by Medicare. In contrast, the uninsured rate for children (those under age 18) is 6.5% statewide, but 9.4% for those living in rural areas, higher than the 5.5% uninsured rate for urban persons. The uninsured rate for those ages 19-64 is 10.4% statewide, but 13.6% for those living in rural areas, higher than the 9.4% uninsured rate for those living in urban areas. The population aged 19-64 is the group eligible for the Medicaid expansion (Adult Expansion Group).

As shown in **Figure 4**, the differences in coverage between rural and urban areas are largely driven by differences in coverage by private and public programs. In rural areas those age 19-64 are much less likely to be covered by private, employer-sponsored insurance (57.1%) compared to those living in urban areas (68.8%), a difference of 11.7 points. In contrast, and likely because of the gap in private insurance coverage rates, rural people aged 19-64 are more likely to be covered by Medicaid (17.3%) compared to those living in urban areas (12.1%) and are also more likely to be covered by Medicare. Similarly, those under age 19 are much less likely to be covered by private, employer-sponsored insurance (44.3%) compared to those living in urban areas (59.4%), a difference of 15 points. In contrast, and likely because of the gap in private insurance coverage rates, rural children (aged<19) are more likely to be covered by Medicaid (41.4%) compared to those living in urban areas (31.7%).

> **In rural areas those age 19-64 are much less likely to be covered by private, employer-sponsored insurance (57.1%) compared to those living in urban areas (68.8%), a difference of almost 11.7 points.**

In findings shown in the Appendix, uninsurance rates are highest for those under 200% of the FPL in rural and urban areas, those who are nonwhite (especially Latinos), and those who are either part time workers or those without a disability. The results show that those working part time and those with lower incomes relative to poverty are the primary factors driving lower private coverage rates in rural areas.

Figure 4. Missouri Insurance Coverage by Residence and Age Group, 2024

	Rural	Urban	All Areas
Under 19 years			
Uninsured	9.4%	5.5%	6.5%
Private	53.7%	67.2%	63.9%
Employer-based	44.3%	59.4%	55.7%
Direct-purchase	7.3% ^	7.8%	7.7%
TRICARE	3.6%	2.4%	2.7%
Public	42.0%	32.1%	34.5%
Medicare	0.8% ^	0.4%	0.5%
Medicaid	41.4%	31.7%	34.1%
VA	0.3% ^	0.2%	0.2%
19 to 64 years			
Uninsured	13.6%	9.4%	10.4%
Private	68.4%	78.7%	76.3%
Employer-based	57.1%	68.8%	66.1%
Direct-purchase	11.4% ^	11.6%	11.5%
TRICARE	3.3%	2.0%	2.3%
Public	23.3%	15.7%	17.5%
Medicare	6.3%	3.7%	4.3%
Medicaid	17.3%	12.1%	13.3%
VA	3.3%	2.0%	2.3%
65+ years			
Uninsured	0.6% ^	0.5%	0.5%
Private	47.9% ^	49.3%	48.9%
Employer-based	18.8%	25.6%	23.8%
Direct-purchase	30.2%	26.9%	27.8%
TRICARE	6.2%	4.1%	4.6%
Public	97.4%	95.9%	96.3%
Medicare	97.3%	95.8%	96.2%
Medicaid	11.6%	8.4%	9.3%
VA	9.1%	7.2%	7.7%

^, rural vs urban comparison not statistically significant.

IMPLICATIONS, LIMITATIONS AND FURTHER RESEARCH

Insurance coverage rates have decreased slightly in Missouri since 2023, likely reflecting effects of the unwinding of continuous eligibility to Medicaid coverage after the end of the pandemic beginning in June 2023. Gaps remain between insurance coverage rates in rural areas and urban areas, with rural areas having a higher uninsured rate and higher coverage through Medicaid than urban Missouri, regardless of most sociodemographic characteristics. People in rural areas in Missouri were significantly less likely to hold private sources of coverage than people living in urban areas, leading them to seek Medicaid coverage at higher rates. Despite this, uninsured rates were higher in rural areas (9.9%), as compared to urban areas (6.9%).

Further analysis presented here aligns with what has been found in other studies; that much of the reason why uninsurance rates are higher in rural areas relates to several factors: (1) rural workers are less likely to have access to private, employer sponsored insurance (ESI); (2) rural workers who work

part time are less likely to have access to ESI, (3) health insurance premiums are higher in rural areas, (4) incomes are lower in rural areas making it more difficult to afford health insurance, and (5) rural people are more likely to have disabilities creating challenges for people seeking to access health insurance.[1]

The analysis presented here provides important details about how insurance coverage rates vary between rural and urban areas in Missouri, and how it compares to the U.S. It will be important to monitor changes in insurance coverage in Missouri, and how it compares to the U.S., especially as changes to Medicaid coverage occur in the next few years.

APPENDIX: DATA AND METHODS

There are several methods that could be used to measure rural and urban differences across the populations, and the findings will be affected by the methods used, and the data sources used.[2]

Rural definition. The 2023 Rural-Urban Continuum Codes are used to identify urban (RUCC=1-3) and rural (RUCC=4-9) counties.[3] The data set used here, the American Community Survey (ACS)[4], was analyzed at the Public Use Microdata Area (PUMA) level, for those who were not institutionalized or on active military duty.[5] Urban and rural classifications were determined using the Census Bureau's 2020 PUMA population estimates and geographic delineations, along with the 2023 Rural-Urban Continuum Codes (RUCC).[6]

Alternative definitions could be used to identify rural areas in Missouri or the U.S., leading to slightly different results. The definition used should be guided by the planned use for the analysis.[2]

Insurance data: In this brief we primarily used data from the U.S. Census Bureau, the American Community Survey (ACS) for the analysis of insurance status. The U.S. Census Bureau released the ACS Public Use Microdata Sample (PUMS) files for the United States in December 2025, based on insurance status for 2024, and in previous years. The ACS PUMS provides individual-level data to describe population characteristics, which historically has been the most-often cited source of health insurance coverage in the United States. The survey allows for a comprehensive look at the health insurance coverage of people in Missouri and the U.S., including private, employer, and public (Medicare and Medicaid) coverage. The ACS data allows for analysis of socioeconomic, employment, and health characteristics. The insurance coverage was analyzed in relation to demographic, economic, employment, and health characteristics using cross-tabulation. The analysis describes the insured and uninsured populations in 2024 and tracks the changes from 2023 to 2024.

Although most of the analysis presented here is based on Census data, another way to look at enrollment on Medicaid is to look at the "administrative data," that is the officially reported enrollment on Medicaid from the State of Missouri's Department of Social Services (DSS).[7] In other words, these are the official counts of enrollment computed by Missouri's Medicaid agency (MOHealthNET). DSS releases this data at the county level, allowing for a characterization of the enrollment by county by rural and urban residence, since most definitions of rurality are based on county-level definitions.

Methods. Statistical testing is used to assess whether the changes were statistically significant.[8]

Table: Characteristics of those in rural and urban areas in Missouri, by insurance coverage rates in 2024: https://sites.wustl.edu/cahsper/files/2026/03/Appendix-Table-1-2.pdf

REFERENCES AND ENDNOTES

1. RUPRI Center for Rural Health Policy Analysis. 2022. "An Insurance Profile of Rural America: Chartbook," June 2022. https://rupri.org/2022/11/02/new-rural-insurance-chartbook-released-by-rupri-center-for-rural-health-policy-analysis/

2. RUPRI Health Panel. 2020. "Considerations for Defining Rural Policies and Programs," May 2020. https://rupri.org/2020/05/07/considerations-for-defining-rural-places-in-health-policies-and-programs/

3. USDA, Economic Research Service, "Rural-Urban Continuum Codes," updated January 2025. https://www.ers.usda.gov/data-products/rural-urban-continuum-codes

4. U.S. Census Bureau, American Community Survey 2024 1-Year Estimates Public Use Microdata Sample, accessed December 4, 2025, https://www2.census.gov/programs-surveys/acs/data/pums.

5. This follows procedures used by the Census Bureau in their reports on health insurance status, as they also excluded people in institutions See: https://www2.census.gov/programs-surveys/demo/tables/health-insurance/2024/acs-hi/hi05_acs.xlsx . For the geographic analysis presented here, the likelihood of an individual residing in ether a metropolitan or non-metropolitan area was determined using the Census Bureau's 2020 PUMA population estimates and geographic delineations, along with the 2023 Non-Metropolitan-Metropolitan Continuum Codes (RUCC). See: U.S. Census Bureau, "Profile of General Population and Housing Characteristics", Decennial Census, DEC Demographic Profile, Table DP1, 2020, accessed September 12, 2024, https://data.census.gov/table/DECENNIALDP2020.DP1?g=010XX00US$0500000&d=DEC%20Demographic%20Profile. The methods for doing this are the following: An allocation factor, or the proportion of a PUMA population residing in each county, was established for each PUMA-county pair (following description found in Missouri Census Data Center "Geocorr 2022: Geographic Correspondence Engine," accessed October 16, 2024, https://mcdc.missouri.edu/applications/geocorr2022.html.) Each county was categorized as either metropolitan (RUCC 1-3) or non-metropolitan (RUCC 4-9), following guidance from ERS, based on U.S. Department of Agriculture, Economic Research Service Non-metropolitan-Metropolitan Continuum Codes, January 2024. The county-level allocation factors were summed within each metropolitan and non-metropolitan category at the PUMA level, with each summation reflecting the probability of an individual residing in each PUMA to be categorized as metropolitan or non-metropolitan. These probabilities were then weighted using Public Use Microdata Sample (PUMS) person weights. In response to the Connecticut Office of Policy and Management Secretary's 2019 request, the U.S. Census Bureau implemented the state's nine planning regions as county-equivalent geographic units for statistical purposes in 2023. Therefore, Connecticut 2020 PUMA census data, along with allocation factors, were cross-walked to and replaced by county-equivalent planning region-related data and matched to planning region FIPS codes in the 2023 RUCC. (See Missouri Data Center, 2024). The 2023 RUCC metropolitan and non-metropolitan categorizations of counties is like the 2013 Metropolitan Influence Codes, another commonly used classification scheme, based on standard Office of Management and Budget (OMB) definitions. Because the 2023 RUCC are based on the most recent (2023) OMB delineations of metropolitan and non-metropolitan areas, which in turn are based on 2020 census data, this document utilizes the 2023 RUCC for categorizing counties accordingly. The county-level data in the 2023 RUCC also enables more detailed non-metropolitan/metropolitan classifications, featuring three metropolitan codes and six non-metropolitan codes. This facilitates more refined analyses of differences between metropolitan and non-metropolitan areas in insurance coverage in our future research. See: U.S. Department of Agriculture, Economic Research Service. Metropolitan Influence Codes. May 2013, and OMB Bulletin No. 23-01.

6. The methods for doing this are the following: An allocation factor, or the proportion of a PUMA population residing in each county, was established for each PUMA-county pair (following description found in Missouri Census Data Center "Geocorr 2022: Geographic Correspondence Engine," accessed October 16, 2024, https://mcdc.missouri.edu/applications/geocorr2022.html.) Each county was categorized as either urban (RUCC 1-3) or rural (RUCC 4-9), following guidance from ERS, based on U.S. Department of Agriculture, Economic Research Service Rural-Urban Continuum Codes, January 2024. The county-level allocation factors were summed within each urban and rural category at the PUMA level, with each summation reflecting the probability of an individual residing in each PUMA to be categorized as urban or rural. These probabilities were then weighted using Public Use Microdata Sample (PUMS) person weights. In response to the Connecticut Office of Policy and Management Secretary's 2019 request, the U.S. Census Bureau implemented the state's nine planning regions as county-equivalent geographic units for statistical purposes in 2023. Therefore, Connecticut 2020 PUMA census data, along with allocation factors, were cross-walked to and replaced by county-equivalent planning region-related data and matched to planning region FIPS codes in the 2023 RUCC. (See Missouri Data Center, 2024).

7. State of Missouri, Department of Social Services, Monthly Management Report, various months, found here: https://dss.mo.gov/re/fsd_mhdmr.htm

8. To assess for statistical significance, a Z-test is used, and significance is assessed at the 95-percent level.