



The Center for Public Partnerships and Research

KU

Children and Families in Rural Kansas

Gap Analysis Report

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Introduction

There is a critical need to spotlight the circumstances affecting the development of a robust early childhood education (ECE) system in rural and frontier regions of Kansas. Counties classified as densely-settled rural, rural, and frontier make up 85% of the state (Kansas Department of Health and Environment [KDHE], 2012) and are home to an estimated 36% of the Kansas population (U.S. Census Bureau, 2025). These communities offer distinct benefits and challenges to families of young children and the professionals and organizations who serve them. Any comprehensive understanding of the Kansas ECE system must incorporate an in-depth understanding of the needs of rural families.

The purpose of this gap analysis report is to present detailed information about what we know about needs of rural children and families generally and in Kansas, with the purpose of supporting collaboration to better meet those needs. The information is structured by seven guiding research questions, identified through the All In For Kansas Kids needs assessment process.

Key Takeaways

The challenges rural communities face in supporting families with young children are interrelated and compounding:

- **Geographic distance** is a persistent theme in any discussion of the barriers facing rural families. Families may have to travel great distances to access needed resources and services, and public transportation is limited. This discourages people from accessing services, sometimes until they experience a crisis. It also puts additional strain on organizations and providers to provide transportation or bring services to families.
- Rural communities also bear the brunt of ongoing **workforce issues**, which contribute to provider turnover, facility and program closures, and lack of access for families. There are workforce shortages in many professions, including teaching, early childhood care and education, health care, and substance use disorder (SUD) service provision. Compensation is a key barrier to recruitment and retention.
- Rural child care is much more dependent on home-based providers, making it more fragile in the context of shifting demographics, particularly an aging population and a migration trend to more densely populated regions.

- Rural communities have distinctive **norms** and traditions that shape the experience of family life. Many who live in these areas value the sense of community pride and the ethos of care for one another. People also often report feeling they have less privacy and are subjected to more social scrutiny than they would in more populous areas. This creates a barrier seeking help, especially for any stigmatized issue such as needing help meeting basic needs, parenting challenges, SUD, and mental health.

The multiple recent statewide **investments in child care** have had a demonstrated positive impact in child care capacity, directly through an increase in licensed capacity and indirectly through workforce support and sustained engagement of nontraditional collaborators, including area employers. Investing in early childhood benefits children, families, and local communities and Kansas is generating forward momentum to strengthening support for families with young children in rural Kansas. However, the potential for budget cuts and reduced funding in the near future threatens recent progress of early childhood initiatives in rural communities and may lead to instability.

This gap analysis suggests several additional **opportunities** to improve outcomes for families with young children in rural communities. For example, expansion of public transportation would help address barriers caused by geographic distance. Evidence supports continuing and expanding investments into early childhood, targeting rural areas and focusing some of these investments on increasing wages for early childhood and other service providers. Finally, embedding stigmatized services, such as mental health and SUD services, within existing trusted organizations may serve to get families needed interventions earlier and avoid harmful long-term outcomes.

Background

Since 2018, the Center for Public Partnerships and Research at the University of Kansas (KU-CPPR) has conducted a series of early childhood education (ECE) needs assessments for the state of Kansas, including two comprehensive statewide needs assessments and two abridged annual updates. The most recent of these was the 2024 *All In For Kansas Kids* Needs Assessment, which was approved by the Kansas Children's Cabinet and Trust Fund (KCCTF) in April 2024. This most recent needs assessment highlighted data gaps where more targeted information is needed, including information on the needs of rural families. This gap analysis is guided by the following research questions, derived from the finding of these previous needs assessments:

- What pressures do rural communities face? What are the potential solutions to addressing these pressures?
- What challenges to transportation access do rural families face? What are potential solutions for addressing these challenges?
- What challenges to child care access do rural families face? What child care is available to rural families? Who provides it? How sustainable is this care?
- What challenges to specialized care access do rural families face? What is the availability of specialized care, including for mental health and special health care needs?
- What are the direct and indirect impacts of early childhood investments in rural areas?
- What is the impact of substance use disorder (SUD) on families with young children? How do caregivers of young children access treatment for SUD? What are the opportunities to better support these families?
- To what extent do rural caregivers with young children experience social connection and isolation?
- How does compensation for ECE professionals working in rural and frontier areas compare with peers across the state? What would be a competitive wage for ECE professionals living in these communities?

To answer these questions, we conducted a comprehensive literature review, drawing on peer-reviewed literature, Kansas-specific reports and needs assessments, and unpublished reports. We also analyzed existing data on wages, child care availability, and survey data on the attitudes and experiences of Kansas caregivers.

Findings

Pressures Facing Rural Communities

What pressures do rural communities face? What are the potential solutions to addressing these pressures?

Rural regions of Kansas have lower population density and more space compared to urban and suburban communities in Kansas, making routine activities, resources, and supports fewer and farther in between. Consequently, rural communities face unique pressures regarding transportation, access to early childhood education, and access to specialized care services, as identified in recent statewide needs assessments of the Kansas early childhood ecosystem (All In For Kansas Kids, 2020, 2024c). Peer-reviewed research, national data, and recent Kansas-specific reports provide insight to these pressures facing rural communities. Though we discuss these topics separately in responses to subsequent research questions, these challenges are interrelated and generate cumulative pressure on rural Kansas families (Samaddar, 2025).

Research comparing rural family resilience to overall Kansan resilience during the COVID-19 pandemic suggested that rural Kansas families quantitatively and qualitatively experience higher rates of resilience, which may be facilitated by their community pride and family strength (KU-CPPR, 2020b). Though these outcomes show considerable determination and strength of rural Kansas families, families should not have to endure conditions in which they need to demonstrate higher rates of resilience just because of their rural location. Rural life can be challenging for families raising young children due to the specific needs they are trying to meet

With clear, documented pressures facing families in rural communities, perspectives on solutions can lead to actionable ways to improve experiences and outcomes. Solutions for supporting rural children and families should not be a one-size-fits all model and should instead be derived from family voice and expertise, as each family has specific strengths and needs nested within their community context (Health WorkS & KDHE, 2022; Kansas Sampler Foundation, 2021). Moreover, because pressures facing rural Kansans are compounding and multi-faceted, there is not a singular solution (Kansas Sampler Foundation, 2021).

The uniqueness of each rural community calls for localized solutions. Place-based approaches to rural policy development, design, and implementation are imperative because they allow for flexible solutions that harness assets of specific rural contexts (Vilsack, 2016). Regional Care and Wellness Conferences held in two regional hub cities in Western Kansas, which comprises most of the rural and frontier counties in Kansas, brought together families, providers, and community stakeholders through panels, story-sharing booths, and facilitated engagement sessions (Samaddar, 2025). The overarching purpose of these convenings was to help early childhood system leaders better understand the unique needs of rural communities throughout the state related to early childhood and family well-being. Participants in these convenings echoed the need for locally sourced solutions. One participant shared,

“I wish [state-level decision-makers] understood that while rural and frontier areas have similarities, each community is also vastly different... We are not children (though they live in our communities), and don't need agencies or people who don't live here telling us what to do with no context... LISTEN TO US. We are the experts on our own lives.”
– Regional Care and Wellness Conference participant, Western Kansas, 2025

Kansans expressed frustration with fragmented systems and siloed solutions, suggesting that there may be state-level policy solutions for challenges experienced by communities and families (Samaddar, 2025). As one Kansan put it,

“There are supports available for kiddos who may have needs, but [service providers] don’t know who to contact and they’re slower to pull the trigger.”

– Regional Care and Wellness Conference participant, Western Kansas, 2025

Another warned that while community-level solutions are valuable, they often lead to duplication and burnout,

“We’re each inventing our own wheel....We need change at the societal level to sustain these practices.”

– Regional Care and Wellness Conference participant, Western Kansas, 2025

Perspectives on Solutions

To capitalize on existing or potential state-level solutions while amplifying community voice in problem-solving, a combination of state-level policies and community-level solutions could offer relief now and promote sustainability into the future. State-level policies and funding initiatives can create conditions that facilitate tangible access to essentials like transportation, child care, and specialized care, while also allowing for flexibility at the local level to generate community-specific solutions for implementation (e.g., Afifi et al., 2022; Shi et al., 2015). Feedback loops between community- and state-level learning can facilitate the success of this approach.

Voices of underserved populations, such as rural families, articulate considerations and nuances relevant to policy design and implementation that, when documented, discussed, and acted upon, can strengthen policy effectiveness (Kopec, 2023). All In For Kansas Kids and the Kansas Children’s Cabinet facilitate much of the feedback loop in Kansas between localities, including rural families, child care programs, and regional hubs, and state-level decision-makers through evaluation efforts and the co-generation of solutions (e.g., KU-CPPR, 2020b, 2021c, 2024, 2025c). More robust infrastructure for feedback from rural

communities could add more rigor and expedite the identification of effective policy and implementation solutions that work in specific rural contexts.

While there is no single policy solution for improving pressures faced by rural communities, rural Kansans support several state-level policies that can serve as the impetus to access basic needs. Participants in Regional Care and Wellness Conferences in Western Kansas advocated for state-level policies including universal health care, paid parental leave to improve caregiving conditions, and accessible child care (Samaddar, 2025). In a survey of Kansas caregivers, a lower proportion of rural parents (22%) reported that they had access to paid parental leave through their employers than sub/urban parents (38%; KU-CPPR, 2025c). Almost 40% of surveyed rural parents with young children would be willing to contribute 1% to 2% of their paycheck to fund paid family leave and 36% of participants were unsure (KU-CPPR, 2025c). There is also strong support among rural Kansans for policies leading to increased access in affordable child care (Docking Institute of Public Affairs, 2024). Support among these state-level policy positions may suggest that rural Kansans are interested in the development and implementation of localized solutions that can be to establish access to these basic needs in their community.

Transportation in Rural Communities

What challenges to transportation access do rural families face? What are potential solutions to addressing these challenges?

Essential supports and services provided by health care and social service professionals are often located in more densely populated areas. Consequently, families often must travel long distances to neighboring counties or urban centers to meet with providers or vice versa (e.g., Office of Human Services Policy, 2020; Wichita State University Community Engagement Institute, 2020). Transportation options commonly include public transportation and personal vehicles.

Limited public transportation options exist in less densely populated communities. Surveyed families from rural and frontier counties expressed that availability, flexibility, and safety of public transportation were challenging issues (Health WorkKS & KDHE, 2022). In 15 predominantly frontier counties, Kansans do not have access to public transportation services (KDHE, 2022). Therefore, reliable access to a vehicle is imperative for families who have regular appointments and requires sufficient money to cover fuel costs (Office of Human Services Policy, 2020). On average, rural families spend a greater percentage of all household spending on transportation (19.3%) than families in urban communities (16.5%; Bureau of

Transportation Statistics, 2025). Additionally, families in rural or dispersed areas are 9% more likely than families in urban areas to experience financially burdensome travel (Espeland & Rowangould, 2024).

Service providers are aware of the transportation burdens faced by rural families and fill the gap by traveling to meet families, when possible. Travel time for service providers consumes already limited funding and staff time while adding logistical challenges (e.g., Alitz et al., 2018). Although traveling to meet families in the child's natural environment is a characteristic of all Part C early intervention programs regardless of rurality, early interventionists who serve less populated counties in Kansas spend statistically significant more time traveling to families than their peers in sub/urban communities (Tilden et al., 2024). As a result, travel time and associated concerns with safe and reliable transportation may contribute to provider burnout and shortages in rural areas (Maganty et al., 2023). Ultimately, meeting the needs of families who live in rural parts of the state poses unique challenges that families and service providers must navigate.

Perspectives on Solutions

Public transportation options like busses or trains are elusive in less densely populated parts of Kansas and personal vehicles can be financially burdensome to families. Population change is another important consideration for the long-term sustainability of a transportation solution (Health WorKS & DCF, 2022). Research on sustainable transportation design for rural areas suggests that a flexible set of solutions must be responsive to local needs and resources (Poltimäe et al., 2022). An option to consider as part of a broader set of solutions for flexible transportation within, to, and from rural areas may include a pool of county vehicles designated for public use for qualifying reasons like transportation to health care and social service appointments, as suggested by families from another state (Finello et al., 2016a).

In lieu of physical transportation, telehealth is becoming more prevalent in health care and social service provision when appropriate (e.g., KU-CPPR, 2025b). Unfortunately, a rural-urban divide exists for high-speed internet access, as rural Kansans pay higher monthly rates for slower internet speeds compared to sub/urban Kansans (Ginther et al., 2023). There is an ongoing, multi-million-dollar effort to expand broadband access in rural Kansas communities (Kansas Department of Commerce, 2023). In a study conducted in 2022, researchers found that Kansas had a slower (17%) than the national average (23%) uptake in utilizing telehealth (Centers for Disease Control and Prevention, 2022). Kansas used this information to inform the effort to channel federal funding programs to addressing this need.

Child Care in Rural Communities

What challenges to child care access do rural families face? What child care is available to rural families? Who provides it? How sustainable is this care?

Many rural communities across the country face chronic child-care shortages (National Advisory Committee on Rural Health and Human Services [NAC], 2023), and Kansas is no exception (KU-CPPR, 2024; Samaddar 2025). In Kansas, child care capacity relative to demand is comparable between rural and urban counties; existing child care capacity is about 48% of potential demand in rural areas and 46% in urban areas (Child Care Aware of Kansas, 2025). Furthermore, just over a third (106 of 298) of identified child care deserts are in rural counties. This broad similarity between urban and rural parts of the state points to the depth of the problem providing families an adequate supply of child care. However, it also obscures the particular child care challenges of rural communities, because these measures of child care capacity are proportional to the population of young children. Most young children in Kansas live in urban or suburban communities: 27% of children under 6 in Kansas live in densely-settled rural, rural, or frontier counties (U.S. Census Bureau, 2022). Communities with very few children are not able to support child care businesses and provide a steady supply of child care, leaving those families who do have needs for child care with few or no options.

In rural communities, the constellation of who provides care is distinct. Rural caregivers are more likely to be doing all the caregiving themselves: a higher proportion of rural parents indicated that they never relied on caregiving help from immediate family, extended family, friends, neighbors, and paid care providers (KU-CPPR, 2025c). In terms of paid care, licensed capacity is mostly available through home-based care in rural counties. In urban counties, 68% of licensed capacity is center-based and 27% is home-based, whereas in rural counties centers provide only 9% of licensed capacity, and home-based providers provide 55% (Child Care Aware of Kansas, 2025). This is in keeping with the national pattern of care; a higher proportion of rural families use home-based providers than urban families (NAC, 2023).

This likely has important consequences for the kind of care that is available to families in rural communities. Only 16% of providers offering care in the evening hours are in rural counties, as are 10% of providers providing overnight care (Child Care Aware of Kansas, 2025). It also has important consequences for sustainability, because when a home-based provider retires or closes their business for another reason, it can dramatically affect capacity for the entire community. In a survey of Kansas child care providers, just 38% of owners/directors indicated that it was likely that they would still be running

their business after 10 years (Kaminski & Green, 2022). Nationally, small family child care homes have significantly decreased, and in rural areas, growth in centers has not always offset the loss of family providers (NAC, 2023).

Primary caregivers are able to participate in the workforce when they have access to child care. In general, having this support in place benefits children, families, and the economy (Prenatal-to-3 Policy Impact Center, 2025). Conversely, the absence of child care in rural communities can compromise local economic growth and stability (Kansas Sampler Foundation, 2021). Without child care options, mothers are typically the parents who stay home to provide unpaid labor as the primary caregiver, reflected by the nonparticipation of healthy adult women in the workforce who have children (Johnson et al., 2017).

This social trend has ripple effects in rural communities as they commonly experience shortages in professions traditionally occupied by women, such as teaching (Ingersoll & Tran, 2023) and nursing (Sablick, 2022). Lack of access to quality child care in rural Kansas is reportedly keeping parents with young children from entering into the workforce and curbing adults from having children altogether, potentially pushing them to more densely populated areas and undermining economic sustainability in rural communities (All In For Kansas Kids, 2024c; Kansas Sampler Foundation, 2021). The absence of child care options in rural communities has significant implications for families, workforces, and economies in rural communities.

Supporting child care options in rural communities aligns with a whole-person approach to workforce recruitment and retention, which aims to strengthen job and personal satisfaction while also ensuring adequate workforces to meet community and industry need (Cosgrave, 2020). As a recommendation from the Kansas Early Childhood Recommendations Panel, All In For Kansas Kids (n.d.; 2024b) promotes family-friendly workplaces by providing employers with guidance for policies and practices to support current and prospective employees who have children, especially younger children whose needs typically require increased caregiving. Though family-friendly workplaces can provide the best conditions for employees to achieve healthy work-life balance, most family-friendly policies are optional to employers. Moreover, some family-friendly policies, including child care stipends, may be cost-prohibitive or disruptive for small businesses, which are commonplace in rural counties. Nationally, small businesses comprise 85% of all business establishments and account for 54% of employment in rural counties (Office of Advocacy, 2023). Although family-friendly workplace policies are ideal for supporting young families and could facilitate access to ECE, some may not be feasible, or may have varying feasibility by

community, and could risk business and employment stability in rural Kansas communities without state and federal support.

Beyond child care, access to other early childhood education (ECE) services are also limited in rural areas of the state. For example, difficulty obtaining a Commercial Driver's License (CDL) has led to the elimination of transportation services at some Head Start sites (Kansas Head Start Collaboration Office, 2023). In a recent conference in Western Kansas, rural families and service providers described similar gaps in a range of maternal health and early intervention programs, and frustrations navigating the services that exist (Samaddar, 2025). These findings suggest a need to further investigate specific consequences that more acutely impact, and are impacted by, access to child care and other ECE services in rural communities.

Perspectives on Solutions

Rural Kansans yearn for affordable and accessible child care options. Most Kansans surveyed from non-metro areas (81%) expressed access to high-quality, affordable child care for infants and toddlers to be extremely or highly important (Docking Institute of Public Affairs, 2024). Smaller portions of Kansans from non-metro areas somewhat or strongly agreed that mothers (37%) or grandparents (17%) should provide child care. However, among this subgroup, there was greater concern that the absence of child care options hampers women's economic and societal participation, with around 60% of non-metro participants expressing somewhat or strong agreement on these items. In slight contrast, respondents from metro areas in Kansas expressed stronger agreement on the importance of access to childcare (89%) and the impact of access to child care on women's economic (74%) and societal (69%) participation, and lower agreement on maternal- (21%) or grandparent-provided (12%) childcare. These findings suggest that child care options for rural families need to be multifaceted, rather than a one-size-fits-all model, as some rural Kansans may prioritize mothers serving as primary caregivers for their young children, while others prioritize women in the Kansas workforce.

Specific opportunities to improve access to ECE, particularly child care and preschool, in rural communities might include establishing regional child care supports and mobile early learning opportunities. The Kansas Department of Health and Environment (2025) launched the Child Care Zones program, which provides funding and state-level support to self-defined geographic areas consisting of two or more counties to tackle issues that influence access to high-quality child care. In response to community-specific child care needs, Child Care Zones awardees are piloting innovative solutions like

establishing child care substitute pools, developing a mobile lending library for sensory equipment, and increasing higher education opportunities at a local community college.

An innovative solution to improve access to preschool and other structured early learning opportunities involves converting school buses into mobile classrooms or classrooms-on-wheels, which can help meet community needs for ECE while transforming ways in which young children play and learn (Berkhuizen, 2020; Bollig & Millei, 2018). Other states (e.g., Louisiana, Kentucky) and municipalities outside of Kansas (e.g., Denver) have implemented mobile classrooms to enhance early learning offerings in child care deserts (Doleatto, 2020; Marcantel, 2024; Mile High United Way, 2020). Increased support and funding can spur innovative solutions tailored to rural Kansas communities, which can in turn create more choices for families when it comes to childcare.

Rural Kansans recognize the importance of access to affordable child care. In a recent survey conducted by the Docking Institute of Public Affairs (2024), most Kansans living in non-metro areas somewhat or strongly agreed that high-quality, affordable infant and toddler child care is important for families in Kansas (81%) and that access to affordable child care strengthens the economy (71%). Additionally, more than half of this same population somewhat or strongly agreed that local (61%), state (69%), and federal (65%) governments should pass laws that expand access to affordable child care. Increasing excise tax on products considered unhealthy could be a potential solution to funding high-quality child care in Kansas, as sizable proportions of Kansans living in non-metro areas somewhat or strongly support tax increases on cigarettes and cigars (53%) and alcohol (46%), and legalization of recreational marijuana for people ages 21 and older (57%).

Specialized Care in Rural Communities

What challenges to specialized care access do rural families face? What is the availability of specialized care, including for mental health and special health care needs?

Rural families face several key barriers to accessing specialized health care. Mental health care is frequently cited as a need for families with young children. Access to mental health resources is identified as a top area of need for families served by Head Start and Early Head Start programs (Kansas Head Start Collaboration Office, 2022, 2023). Behavioral health provider ratios per 100 individuals needing care are significantly lower in rural (0.64) and frontier (0.38) counties compared to semi-urban (1.27) and urban (1.65) counties (KU-CPPR, 2025a). Moreover, there are likely few mental health professionals in

rural communities who are adequately trained to support children and families during the early childhood years, as this is a specialty within the behavioral health profession.

Community Mental Health Centers exist in Kansas but lack sufficient resources to meet all community needs (KU-CPPR, 2021b, 2025a). Rural areas have greater mental health needs and a lack of services, with reports of long waits or added travel and logistical burdens on families to access services where and when they are available. Lack of health insurance exacerbates the issue, as people without health insurance face particular difficulty accessing affordable mental health care. Challenges accessing and affording mental health providers may exacerbate mental and behavioral health issues experienced by Kansans.

As is the case with other kinds of service delivery in rural areas, geographic distance acts as a barrier to accessing specialized health care services. Despite expansion of Federally Qualified Health Centers (FQHC) made possible through the Affordable Care Act in the 2010s, rural communities were less likely than their urban counterparts to gain access to a FQHC (Behr et al., 2022). Regional Care and Wellness Conference participants noted that larger regional hubs like Garden City and Hays have services, but the smaller communities do not:

“The biggest issue with mental health is that there are two large centers... But smaller providers are struggling because they don’t have those kinds of resources.”
– Regional Care and Wellness Conference participant, Western Kansas, 2025

Health care providers in rural areas indicate that they draw patients from one to two hours away, and that patients sometimes travel these distances while experiencing a mental health crisis (Wichita State University Community Engagement Institute, 2020; Samaddar, 2025). As one Regional Care and Wellness Conference participant explained,

“Families have to go to these big providers during working hours, which is also a struggle.”
– Regional Care and Wellness Conference participant, Western Kansas, 2025

In addition to the significant logistical challenge presented by geographic distance, families often do not know what support might be available, or even what they might need. Physical/mental health improvement and support was the most frequently mentioned service area where respondents in Barton and Pawnee counties needed help finding assistance (Docking Institute for Public Affairs, 2022). A professional attending a Regional Care and Wellness Conference noted (Samaddar, 2025):

“There are resources, but finding them and getting them implemented is difficult.”
– Regional Care and Wellness Conference participant, Western Kansas, 2025

There are similar barriers to meeting other special health care needs. Statewide, specialty care for children with special health care needs is largely unavailable aside from a few cities with providers, requiring families to travel long distances to receive care (KU-CPPR, 2025a). Fewer children (ages birth through 21) with special health care needs receive effective care coordination (61%) compared to 81% of children without special health care needs. Families with young children in less populated areas requiring more frequent and specialized care often experience more gaps in care due to shortages of professionals and resources (All In For Kansas Kids, 2024). Together, these findings suggest that children with more intensive health care needs generally experience less frequent and lower-quality health care than their needs dictate and those who live in rural areas likely have less access to high-quality care, which may impede on their quality of life and well-being. Ultimately, these barriers contribute to children and families not getting the care they need, often until they are in crisis (Samaddar, 2025). Solutions to better meeting rural families’ specialized care needs include greater partnership and collaboration, and improved access to screening, intervention, and referrals (Kansas Head Start Collaboration Office, 2023; KU-CPPR, 2021b, 2025a).

Accessing specialized health care is a significant concern among rural communities, accelerated by loss of primary care and other specialized providers, such as obstetrical services (KU-CPPR, 2021a). Moreover, Kansas ranks 39th in the country for the number of pediatricians (59.9) per 100,000 children and most Kansas counties (79 of 105 counties), largely frontier and rural counties, do not have any pediatricians (American Board of Pediatrics, 2024). Lack of access to specialized care for soon-to-be families and families with young children is a prominent concern in rural parts of Kansas.

Reported workforce shortages of health care professionals, particularly specialists like speech-language, mental health, dental health, physical, and occupational therapists, make access difficult, especially for

children ages birth through five (All In For Kansas Kids, 2020). While telehealth is a promising tool to deliver specialized health care, when appropriate, challenges with the state's broadband infrastructure is still developing and accessing broadband may still be cost prohibitive to families (Ginther et al., 2023). Therefore, lack of access to specialized care in their local vicinity may increase transportation burdens on families and/or interfere with the cadence at which children and families are able to access essential care, stifling developmental outcomes and well-being.

Improving indicators of behavioral health in rural and frontier counties remains one of the greatest challenges in Kansas. For example, the suicide mortality rate in multiple predominantly rural regions of Kansas is more than twice the national rate and more than one and a half times the statewide rate, an alarming trend that continues to increase annually (Kansas Health Matters, 2025). Families in rural Kansas communities are less likely to have access to preventative services and providers, such as mental health care, and social determinants of health like housing and food, compared to families in non-rural Kansas communities (Brown, 2024). Challenges stemming from inadequate access to mental health supports, other basic needs, and social supports may compound and contribute to or exacerbate substance use challenges among rural Kansans.

Parents with substance use issues often need comprehensive treatment services and long-term recovery supports, but these are limited in rural communities (KU-CPPR, 2025c; Office of Human Services Policy, 2020). Families struggle to access necessary cross-sector services and resources, including health care and substance use treatment services (KU-CPPR, 2020a, 2025a). However, research suggests that professionals providing cross-sector supports, such as housing and food assistance, employment assistance, and education, can facilitate child and family connections to other services and supports that help meet basic needs, which can strengthen mental health and prevent substance use (KU-CPPR, 2025b). Less available supports for families in rural communities may impinge upon their well-being or lead them to migrate to more densely populated areas.

Impact of Early Childhood Investments

What are the direct and indirect impacts of early childhood investments in rural areas?

The benefits of early childhood services are well-documented, as are the consequences to children when they do not have access to these services. Early childhood is a critical period for brain development, and the experiences children have during these early years shape their cognitive abilities throughout their lives (ACF, 2022; CDC, 2016). Children who do not have access to high-quality early childhood services

are less likely to enter school ready to learn (Casey Family Programs, 2020; OPRE, 2023). In addition, children without access are more likely to experience less support for health and nutrition, fewer developmental screenings, and thus delays or problems may go unidentified or unaddressed, which can compound over time (National Academies of Sciences, Engineering, and Medicine, 2017). Because of the compounding effects of early childhood experiences, there is a substantial body of research finding that investments in early childhood have a significant impact on children's development and lifelong outcomes (OPRE, 2023). Following the work of James Heckman, economists consistently find that early childhood programs yield a high return on investment (ROI). For example, Garcia and colleagues (2020) found that high quality birth-to-five programs for disadvantaged children can deliver a 13% per year ROI through long-term positive education, health, and economic outcomes.

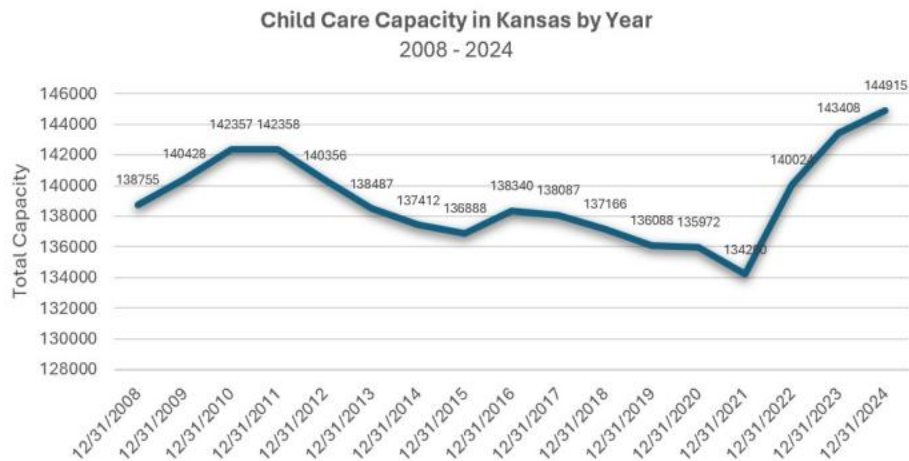
There are similarly positive effects associated with early childhood workforce investments. A Kansas-specific analysis (Green, 2022) estimated the effect new spending on workers in the child care sector would have on earnings of all workers in the state. This analysis revealed that for every additional dollar paid to child care workers, an additional 50 to 51 cents are earned by other workers throughout the state. This yields a direct effect of \$131 million with spillover effects of an additional \$66 million.

Unprecedented investments in early childhood, particularly child care, in Kansas in the last five years give us an understanding of what these impacts look like on the ground. In addition to ongoing funding for child care through the federal Child Care and Development Fund and state funding from the Children's Initiatives Fund and the State General Fund, Kansas devoted one-time pandemic relief funding to retaining current child care providers in the system and expanding child care throughout the state (Kansas Children's Cabinet, 2025). This included:

- One-time bonus payments for existing child care providers
- Child Care Capacity Accelerator (CCCA) grants providing communities with the funding to rapidly expand their local child care capacity through construction, renovation, and workforce supports
- Child Care Innovation Communities grants providing communities with support to try innovative strategies to address local barriers to child care capacity
- Capital Project Funds grants providing communities support for creating multi-purpose community facilities that enable work, education and healthcare monitoring, expand broadband access, and include child care

While none of these programs operated exclusively in rural contexts, effort was made to ensure that each initiative included elements or funded grantees to meet the needs of rural providers and families.

All evidence indicates that these investments in child care are working as intended to increase capacity in the state, both directly and indirectly. The total capacity to serve children from infancy through school age in licensed child care facilities has steadily increased since pandemic relief and recovery efforts began, creating a positive trend in supply for the first time in a decade (Kansas Children's Cabinet, 2025). Kansas has added 11,018 new slots (net) since December 2021, with CCCA grants accounting for 31% of this growth (Kansas Children's Cabinet, 2025).



Source: Kansas Department of Health & Environment (KDHE), February 2025

This has had important impact for rural communities. Out of 63 communities funded by the CCCA grants, 36 are located in rural parts of the state (All In For Kansas Kids, 2025; KU-CPPR, 2024). Investments through the CCCA grants are directly contributing to the creation of new licensed child care slots and the opening of new facilities in rural communities (KU-CPPR, 2024):

- The Tri-County Child Care Coalition, encompassing Barber, Harper, and Kiowa counties (all rural), is developing five new child care facilities to add 198 child care spots (All In For Kansas Kids, 2023b).
- Rawlins County's Building Blocks Child Care initiative is projected to increase child care slots by almost 50%, adding 24 slots through the renovation of a former dental clinic (All In For Kansas Kids, 2023b).

- Child Care Capacity Accelerator grants have enabled some rural communities to establish their first-ever center-based child care facility. A rural community that previously had only eight home-based providers with no openings is using its CCCA grant money to build a child care center in collaboration with a medical center (KU-CPPR, 2024).

CCCA funding is projected to meet a significant portion of the child care demand in various rural counties, including 62% in Allen County, 41% in Rawlins County, 18% in Dickinson County, and 75% in Sheridan County (All In For Kansas Kids, 2025). The Baby Steps Program, supported by the Preschool Development Grant Birth-5 federal grant program and the Patterson Family Foundation, and in conjunction with CCCA, has created 147 infant-toddler slots in 17 rural counties as of July 2024 (All In For Kansas Kids, 2024a). While Baby Steps is a promising model, the program has recently experienced a reduction in funding, resulting in loss of infant and toddler slots.

Investments are also focused on impacting workforce recruitment and retention, a key challenge in early childhood throughout the state, and particularly in rural areas. Many Innovation Communities focused on strategies for workforce and recruitment and retention, increasing quality and identifying administrative and financial efficiencies. These strategies show promise in rural areas and establishing a base for understanding what makes them work effectively will pave the way for more resilient early childhood workforces in rural areas in the future, addressing key challenges to rural communities (KU-CPPR, 2024). Historic funding levels were provided to child care providers through COVID-19 supplemental appropriations (NAC, 2023). As a result, child care providers reported feeling appreciated for their hard work and professionalism and being able to provide a better environment for the kids in their care (KU-CPPR, 2021c). New home-based providers reported that this support helped them afford upfront expenses and be able to start providing care sooner and understand licensing and safety issues.

Finally, investments have had an impact engaging nontraditional stakeholders such as employers, businesses, health care systems. In rural communities, these partnerships are particularly important for maximizing limited resources and identifying and meeting hyper-local needs. Many rural communities are forming child-care-focused coalitions and participating in programs like CCAKS's "Communities in Action" to address their specific capacity needs (All In For Kansas Kids, 2024a; KU-CPPR, 2024). These include:

- Advancing Barton County Children partners with various businesses and health care systems
- The Child Care Coalition of Dodge City collaborates with major employers like Cargill and National Beef

- The Cloud County Kids Coalition is planning to approach larger businesses to encourage child care and employee incentives
- The Pottawatomie County Child Care Task Force is working with Dymax Inc to subsidize child care slots for employees

Recent momentum in establishing new child care slots to meet demand in rural Kansas counties underscores the importance of funding, flexibility, and local voice. Notably, rural communities have had to dedicate significant time and effort to piece together funding streams that are not guaranteed to be available into the future. Rural communities in Kansas continue to demonstrate strong desire in developing and implementing local solutions to meet early childhood needs for families but, without reliable funding, sustainability continues to be a challenge. Future efforts may focus on developing a sustainable funding structure for the early childhood ecosystem, particularly child care, as well as cultivating local public-private partnerships to identify, design, and implement child care solutions that are responsive to local needs.

Substance Use Disorder

What is the impact of substance use disorder (SUD) on families with young children? How do caregivers of young children access treatment for SUD? What are the opportunities to better support these families?

A recent comprehensive report finds that substance use disorder (SUD) is much more prevalent in Kansas than was previously understood: nearly one in five adults meet clinical criteria for SUD (KU-CPPR, 2025b). SUD can be devastating for the individuals it affects, including families with young children. Among the impacts are an increased likelihood of involvement with the child welfare system and removal of children into foster care (Belanger et al., 2007). Children may show signs like coming to school hungry or pulling food from the trash due to caregivers struggling with SUD (Kansas Head Start Collaboration Office, 2023). When these families get involved with the child welfare system, their outcomes tend to be worse. Cases involving substance use are often complex, with more severe maltreatment and a higher likelihood of foster care placements. Parents might not be able to access needed services quickly enough for recovery, safe child care, or reunification (Clary et al., 2020).

Access to SUD treatment is a challenge everywhere in the state, and particularly in rural areas. Parents with substance use issues often need a comprehensive set of services, but these are limited in rural

communities (Clary et al., 2020). Workforce shortages limit the capacity of rural providers, making it hard to recruit and retain trained counselors (KU-CPPR, 2025b; Pullen & Oser, 2014). Families can end up on waiting lists, which can be discouraging and deter people from pursuing treatment (Jackson & Shannon, 2012; MacMaster 2013). In addition, few family-centered options exist in rural communities, making it particularly difficult for parents to find services that meet their needs (Edmond et al., 2015; KU-CPPR, 2025b; Radel et al., 2018b).

Other than a basic lack of capacity, there are other factors that act as barriers for rural parents to access SUD services. Distance and lack of reliable transportation are significant barriers to accessing treatment in rural areas, particularly for parents without access to reliable child care (Clary et al., 2020). Stigma, lack of anonymity, and misinformation compound problems in rural communities (Samaddar, 2025). A Regional Care and Wellness Conference participant said:

“In small communities, people see you going to a mental health or substance use provider, and they make assumptions.”

– Regional Care and Wellness Conference participant, Western Kansas, 2025

Stigma associated with SUD is particularly intense for pregnant mothers and parents of young children and can act as a deterrent for accessing treatment, as can legitimate fear that seeking help will put them at risk of losing their children. *United to Transform* (KU-CPPR, 2025b) quotes a child protective services worker describing stigma within the judicial system:

“We’ve had multiple situations where we put this child [of a parent experiencing SUD] with a grandparent or an aunt or organizations that do respite, and we’ve demonstrated that we’ve got this child in a safe place, but the judge will still remove the child from the parent.”

– Regional Care and Wellness Conference participant, Western Kansas, 2025

There are many opportunities to better support rural families who are affected by SUD. Rural communities would benefit from SUD services that are embedded within trusted local organizations and meet the needs of caregivers experiencing SUD, including:

- Family-centered options that provide concurrent SUD treatment and child welfare services can help families meet timelines for custody or reunification (Clary et al., 2020).
- Embedding SUD service providers into early childhood program to provide services to families experiencing SUD (Kansas Head Start Collaboration Office, 2023).
- Creating and maintaining entry points to accessing SUD services through safe, non-threatening family and early childhood services such as Family Resource Centers, home visiting, 1-800-CHILDREN, community health workers, doulas, and other community-based organizations (KU-CPPR, 2025b).

Social Connection

To what extent do rural caregivers with young children experience social connection and isolation?

Rural caregivers are at higher risk of loneliness and social isolation compared to non-caregiving counterparts and urban caregivers (L'Heureux et al., 2022). Rural parents of young children in Kansas are doing more caregiving than their sub/urban counterparts: higher proportions of rural parents indicated that they never relied on caregiving help from extended family (60% v. 51%), friends (51% v. 45%), neighbors (81% v. 74%), and paid care providers (64% v. 58%; KU-CPPR, 2025c). More time engaged in caregiving leaves parents with less time to engage in other aspects of life that are important to maintain their well-being. When parents are unable to meet their own mental health needs, it often impacts the quality of parent-child interactions and overall household well-being (Geeraerts et al., 2021). Conversely, research suggests that parents who engage in meaningful self-care experience less parental distress and greater satisfaction as a parent (Kautz et al., 2020).

Rural caregivers appear to rely more on informal supports, such as family, friends, and neighbors, compared to their urban counterparts (L'Heureux et al., 2022). This may be due to lack of formal supports in rural communities, such as lack of child care and specialized care discussed in earlier sections of this report. With challenging or limited access to formal supports and services, rural families often create their own informal connections for support. For example, conference participants in Western Kansas affirmed the presence of community solidarity as they shared, “people show up for each other,” “...community and

connection are critical. If you can't advocate for your child, your community can step in," and "individually they are hardworking and willing to lend a helping hand" (Samaddar, 2025). Compared to urban parents, rural parents are more likely to trust neighbors (66% vs 54%), less likely to feel there is no one they can turn to (64% vs. 53%) and have people they can ask for advice (KU-CPPR, 2025c). Kansans expressed that having peer connections is essential for parents of young children and, when established, can provide a consistent source of support (Samaddar, 2025).

While in-person social connection is vital for caregivers in rural communities, these social supports can quickly diminish in rural communities, especially as members in their support networks are more likely to move away. Migration of people from rural to more densely populated areas is a population trend captured in the most recent Kansas early childhood system needs assessment (All In For Kansas Kids, 2024). Additionally, rural populations are disproportionately older and in poorer health compared to more populated regions, which limits the availability and type of support that rural community members can informally provide to each other (Jensen et al., 2020). Across Regional Care and Wellness Conferences, many Kansans expressed an absence of a "village" or supportive community and indicated this as an urgent, unmet need (Samaddar, 2025). Although many families may not have a strong village of support, regardless of rural or urban location, families in rural communities may have fewer opportunities to develop informal connections for support because of decreasing rural populations in the state.

Perspectives on Solutions

While formal services can fulfill some forms of support and counteract isolation, these supports are less accessible in rural communities, underscoring the importance of cultivating informal peer support. Programs and systems that seek to support child and family wellbeing in rural communities may benefit from investing not only in services, but also in the social fabric of rural communities, such as through peer-led groups, relationship-centered design, and spaces that allow trust to grow naturally from shared experience (Samaddar, 2025). Similarly, to sustain the appeal of rural life for children, intentional opportunities connecting children to their community can promote strong social connections from a young age (Kansas Sampler Foundation, 2021).

Workforce Compensation

How does compensation for ECE professionals working in rural and frontier areas compare with peers across the state? What would be a competitive wage for ECE professionals living in these communities?

Child care workforce compensation is a statewide problem that intensifies for rural child care providers. For reference in 2025, the Federal Poverty Level is \$15,650 for an individual and \$32,150 for a family of four, whereas a living hourly wage in Kansas would be \$21.06 (\$43,805 annually) for an individual and \$24.12 (\$50,170 annually) for a family of four with two parents working (Living Wage Institute, 2025). With wage data from child care workers in home- and center-based settings, nannies, and self-employed child care workers in the 2022 U.S. Census Bureau American Community Survey (ACS), the Center for the Study of Child Care Employment (CSCCE; 2024) reported a median hourly wage of \$9.93 for child care workers in Kansas, almost 53% less than the median hourly wage of all workers in the state. Based on U.S. Bureau of Labor Statistics (BLS) data, which does not include self-employed child care workers, First Five Years Fund (2024) reported that child care workers earned a median hourly wage of \$13.08 (\$27,200 annually). The most recent Kansas wage data reported by BLS (2024b) indicated a slight increase with a median hourly wage of \$13.84 (\$28,800 annually) for child care workers, almost 40% less than the median hourly wage for all workers in the state.

Focusing on rural Kansas, inadequate compensation among the child care workforce is even more of a problem. Analysis of BLS (2024a) wage data across North American Industry Classification System (NAICS) industry sectors allowed for wage comparisons between the child care industry and all other industries in Kansas, as well as comparisons within the child care industry by rurality. In this dataset, several Kansas counties did not report child care services ($n = 29$) or wage ($n = 46$) data, which narrowed the sample to 26 counties, which spanned rural, densely-settled rural, semi-urban, and urban counties and excluded frontier counties. The average weekly wage in the child care industry across the state was \$503 (\$26,160 annually), whereas the average weekly wage across all industries in the state was \$1,196 (\$62,205 annually). Child care workers in Kansas earned less than half of the average wage across all industries in the state. Within the Kansas child care industry, providers in rural and densely-settled rural counties in Kansas are paid much less compared to their semi/urban counterparts. To illustrate, rural child care providers earned \$274 per week (\$14,211 annually), whereas urban child care providers earned almost double, making \$501 per week (\$26,023 annually). Rural child care providers in Kansas earned less than one-quarter (23%) of the average wage across all industries in Kansas.

Low wages for the child care workforce result in financial instability, which Kansans acutely experience. In a survey of Kansas child care program owners/directors and staff, about 20% of owners/directors and 25% of staff reported not being able to pay monthly bills, compared to 14% nationally (Kaminski & Green, 2022). In addition to not being able to afford recurring bills, 35% of owners/directors and 48% of staff reported not being able to pay a \$400 emergency expense.

Adequately compensating qualified employees is essential to recruiting and retaining a workforce in any industry. In general, educator workforce recruitment and retention in Kansas is difficult due to low pay (e.g., First Five Years Fund, 2024). For example, child care staff earning low pay might consider work in other sectors to earn more money with less stressful conditions or turn toward other education-related jobs in K-12 schools for somewhat higher pay and more benefits (KU-CPPR, 2021a). Underscoring this sentiment, child care staff in Kansas indicated that a job opportunity in a higher-wage industry would be their top reason for leaving child care (Kaminski & Green, 2022).

Child care is not a sustainable business for many home- and center-based child care programs, documented by budget deficits across all licensed child care program types in Kansas (All In For Kansas Kids, 2024). Covering child care provider wages is only part of the cost of child care service provision, as a proper business model needs to account for costs of materials, licensing fees, and other business expenses as well. Research on child care in Minnesota revealed that lower population density and lower prices in rural communities compared to urban communities put rural child care programs at greater risk of financial instability, which can ultimately harm child care affordability and accessibility for rural families (Center for Rural Policy and Development, 2022).

Perspectives on Solutions

To support recruitment and retention, there are clear steps to take for improving child care compensation in rural Kansas. First, Kansans have expressed a need to examine wages to ensure they are adequate and sustainable (Kansas Head Start Collaboration Office, 2023). Although there are no explicit data to recommend a competitive wage for child care providers in rural Kansas, there are several approaches to consider in determining competitive wages. Suggestions for determining competitive wages include examining local/state minimum wage policies, sector-specific requirements, public job postings in the locality, and comparing wages with other human service employers like social services and K-12 educators (National Center on Early Childhood Quality Assurance, 2024). Additionally, consulting the living wage calculator (Living Wage Institute, n.d.) can inform the extent to which wages are sustainable for the changing economy and cost of living.

In addition to increasing compensation, other incentives and benefits could also bolster ECE workforce recruitment and retention efforts in Kansas. For example, loan forgiveness programs and a sustainable model for health insurance are appealing for workers in the child care sector (KU-CPPR, 2021a). At the program level, funding to support staff training and professional development would offset losses due to staff turnover while supporting a high-quality workforce. The Career Pathway for Kansas Early Childhood Care and Education Professionals, developed with PDG B-5 funding, could provide structure around which to organize wage compensation and related incentives, benefits, and initiatives (All In For Kansas Kids, 2023a).

Conclusion

Families who live in rural areas often do so by choice: they appreciate the lifestyle, the culture, and the sense of community in these parts of the state. However, there is an unintended tradeoff for those benefits. Most early childhood challenges Kansas faces are intensified in rural communities, which are often underserved not just in terms of early childhood care and education, but also health care and support for basic needs. This lack of capacity too often results in families not getting what they need when they need it, creating negative education, economic, and health outcomes that are often avoidable with timely intervention. At a more macro-level, the lack of service infrastructure represents an existential threat to rural life, because it makes it hard for young people to choose to live in these communities and start families.

The good news is that community leaders in every part of the state are engaged in finding creative new solutions to meet their local needs, which others can learn from and adapt. Rural families and service providers consistently emphasize that their communities are distinctive in both their challenges and the resources that they bring to bear. There is no one approach to meeting rural early childhood needs. For this reason, the most effective state-level interventions are those that work with local families and communities to understand early childhood needs and help equip them to respond, as evidenced by the success of recent approaches expanding the availability of child care and other services such as the Child Care Capacity Accelerator, Child Care Innovation Communities, and the Capital Project Funds grants. Focusing on addressing the needs of rural communities is a key entry point to addressing Kansas's system-level challenges in supporting families with young children. There is enormous potential to address these challenges effectively, and doing so will benefit all Kansans.

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