

New Research from Dr. Jonathan Kenigson Reveals Widespread Rural Healthcare Crisis in Michigan

American mathematician, economist, and statistician confronts troubling healthcare situation in the state of Michigan.

NASHVILLE, TN, UNITED STATES, April 23, 2025 /EINPresswire.com/ -- A new report by public scholar and Fellow of the Royal Society of Arts, Dr. [Jonathan Kenigson](#), reveals critical and systemic healthcare access deficiencies throughout rural Michigan. Published by the Michigan Sun, the [study](#)—titled “Michigan Health Equity Research Exposes a Fundamental Rural Care Deficiency”—offers a detailed, data-driven portrait of the healthcare landscape confronting millions of Michiganders.



Image of Dr. Kenigson.

Through rigorous mathematical analysis, Dr. Kenigson identifies dramatic shortfalls in the availability of primary care, mental health, and dental services. According to the research, over 2.8 million residents live in areas with insufficient access to primary healthcare.

An additional 4.2 million Michiganders—nearly half the state’s population—experience inadequate access to mental health services, necessitating 207 new mental health providers just to meet baseline demand. The study further calls for 546 additional primary care physicians and 350 dental professionals to stabilize essential care access across the state.

"The distribution of healthcare resources in Michigan is not random," said Dr. Kenigson. "It reflects historical inequities and systemic neglect that have left rural populations particularly vulnerable. These provider-to-patient ratios are not merely statistics—they are mathematical proof of a healthcare system in urgent need of reform."

The report highlights stark disparities across rural regions such as the Upper Peninsula and northeastern Lower Peninsula. In some counties, there are no psychiatrists or general physicians, and residents are required to travel over 100 miles for maternity care. Among 57

designated rural communities, only 29 hospitals currently operate labor and delivery units.

Emergency response times offer further evidence of the divide. While urban EMS response averages 7 minutes, the rural median is 14 minutes, and 1 in 10 rural emergency calls wait nearly 30 minutes for service. Such delays can prove fatal in trauma or cardiac emergencies.

Transportation is another significant barrier. Many rural residents, particularly the elderly or disabled, rely on limited or inconsistent demand-response transit systems. This results in delayed or missed appointments, and often forces residents to postpone care until conditions become emergent.

Despite technological advances like telemedicine—now adopted by 92% of Michigan hospitals—these innovations have not closed the access gap. Telehealth implementation is most robust in behavioral care, yet its success is dependent on broadband access, which remains inconsistent in many rural counties.

Dr. Kenigson's report emphasizes the importance of recent policy developments. Programs like MiREACH aim to address rural healthcare workforce shortages, while \$1.5 billion in broadband investments through the Broadband Equity, Access, and Deployment (BEAD) program aim to expand telehealth capabilities.

Nevertheless, the report cautions that these efforts must be part of a long-term, systemic strategy targeting root causes of healthcare inequity.

"This is not merely a rural problem—it is a Michigan problem," Kenigson noted. "Without action, these inequities will continue to impact the lives and longevity of millions."

About the Author

Dr. Jonathan Kenigson, FRSA, is a public intellectual and [mathematician](#) whose work bridges academic rigor with public service. He is a statistician, mathematician, and philosopher who publishes widely on topics intersecting logic, equity, and public health. His guiding philosophy, Reasoned Philanthropy, reflects a lifelong commitment to offering research freely and accessibly for public benefit.

Read the full study:

Secretary of Dr. Jonathan Kenigson

Kenigson.com

+1 615-389-7049

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