



## Understanding Rural Communities: What Makes them Unique and Why It Matters in Medical and Health Sciences Education

Faculty Development Series  
UND School of Medicine and Health Sciences

April 15, 2021

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and Assistant Professor



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- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country's most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Home to seven national programs
- Recipient of the UND Award for Departmental Excellence in Research

### Focus on

- Educating and Informing
- Policy
- Research and Evaluation
- Working with Communities
- American Indians
- Health Workforce
- Hospitals and Facilities

[ruralhealth.und.edu](http://ruralhealth.und.edu)

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**Today's Objectives/Questions**

- **To better understand the conditions that impact rural ND communities. What is rural?**
- **To better understand the rural environment to guide UNDSMHS approach to rural communities. Rural is where some of our students come from, where we send them to learn, and where we send many to practice.**

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***Ultimately Our Values Guide Our Perceptions Toward  
Health, Health Care, and Public Policy***

**“It is not what we have that will make us a great nation. It is  
how we decide to use it.”**

**Theodore Roosevelt**

**“Vision is the art of seeing things invisible”**

**Jonathan Swift**

**“Americans can always be relied upon to do the right  
thing...after they have exhausted  
all the other possibilities”**

**Sir Winston Churchill**

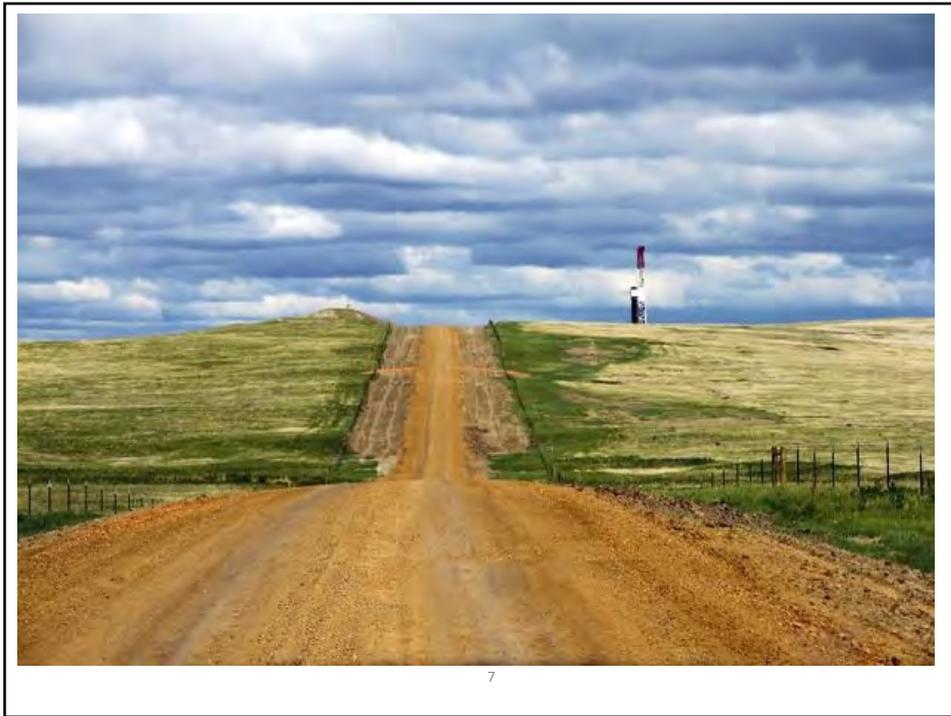
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**How Do We Define Rural?**

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### Office of Management and Budget (OMB)

- **Metropolitan Statistical Area (MSA)**
  - Core central area of 50,000 or more.
  - Economically connected outlying counties.
  - Proposed OMB change to 100,000 (Bismarck and Grand Forks)
- **Micropolitan**
  - Population of 10,000-49,000 (Minot, Williston, Dickinson, Jamestown, West Fargo, Mandan)
  - Proposed OMB change up to 99,999.
- **Non Core**
  - 9,999 and below
- **Micropolitan and Non Core are what we think of as rural, large and small rural**
- **Under OMB definition 46 million (15%) are rural.**

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### USDA Economic Research Service (ERS)

- **Rural-Urban Commuting Area (RUCA)**
  - Census track based using Census Bureau Urbanized Areas and Urban Clusters in combination with commuting time.
  - 1-10 primary and 21 secondary codes. (4-10 are Micro and non core)
  - Federal Office of Rural Health Policy (FORHP) uses RUCA for grants.
- **Under RUCA 51 million (17%) are rural.**

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### U.S. Census Bureau

**Defines rural as what is not urban (or rural is the absence of urban).**

- **Urbanized area** is an urban nucleus of 50,000 or more (central city of at least 50,000) with a total land area of less than two square miles and population density of 1,000 PSM. Adjoining area with a population of at least 50,000.
- **Urbanized cluster** – basically the same but can have adjoining territory with a minimum of 500 per square mile and 2,500-49,999.
- **Rural** – all territory, population, and housing units located outside of UA and UC. So rural is all that is not deemed urban.
- **Census is the only one that uses the word “rural” yet the definition implies it is superfluous to urban.**
- **Under the Census definition 59.5 million (19%) are rural.**

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### Quickly A Few Others

- **Goldsmith Modification**
  - Predates RUCA.
  - Used to help rural areas in a MSA county.
  - Based on zip codes. Was used by FORHP.
- **Frontier**
  - More informal. Developed by USDA and FORHP.
  - Still another way to think of “remote” rural. Degree of remoteness.
  - FAR Frontier and Rural area uses 4 levels based on travel time/distance.
  - Population density used in ACA for “Frontier States” (MT, NV, ND, SD, and WY).
  - Frontier is sometimes referenced but not defined. Other ACA.
  - Old definition was population density of 7 or 6 or less per square mile. (35 of ND 53 Counties are 6 or less PSM).

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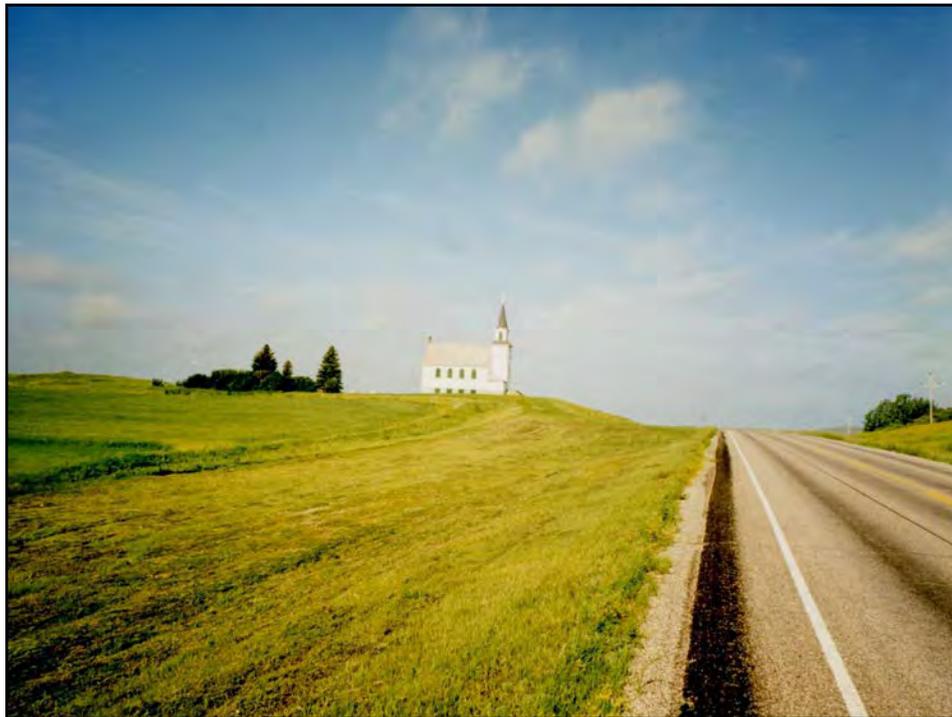


### Some Observations

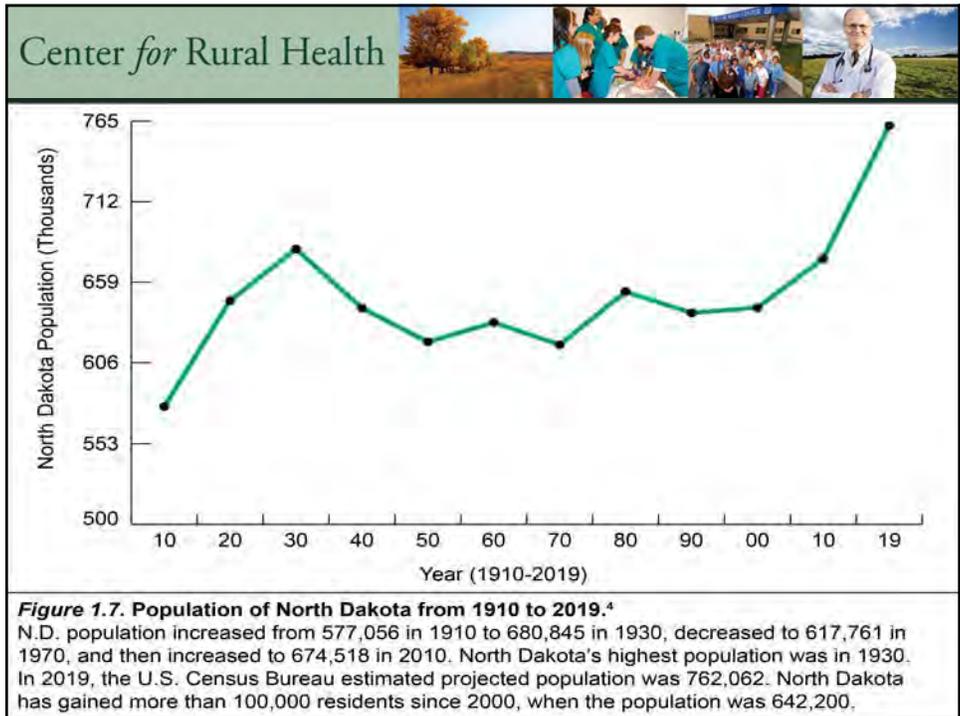
- **No clear, agreed upon definition.** Depends on what part of the federal government has jurisdiction over your program. What they use.
- **In many ways “rural” is an afterthought – it is not urban or metro.**
- **3 definitions and 3 separate estimates of the rural population** – 46 to 59 million (2010 Census) or 15-19% of the US population.
- **Definitions serve as rough proxy measures. However, they are very important.**
- **Definitions relate to federal resources – federal programs use definitions for eligibility which in turn influences the allocation of resources (IMPORTANT).**
- **Frontier, depending on definition is maybe 5-14 million.**
  
- **A question for ND. Are we rural or urban?**
  - 762,062 people with USDA-ERS classifying 377,509 as rural (49.5%)- 2019 estimate.

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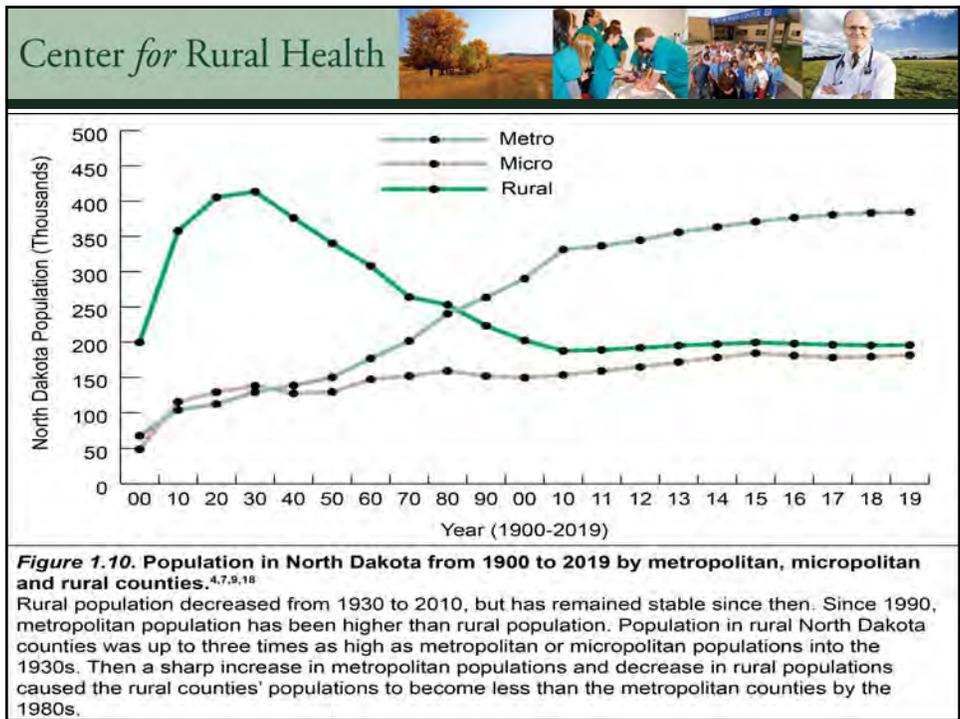
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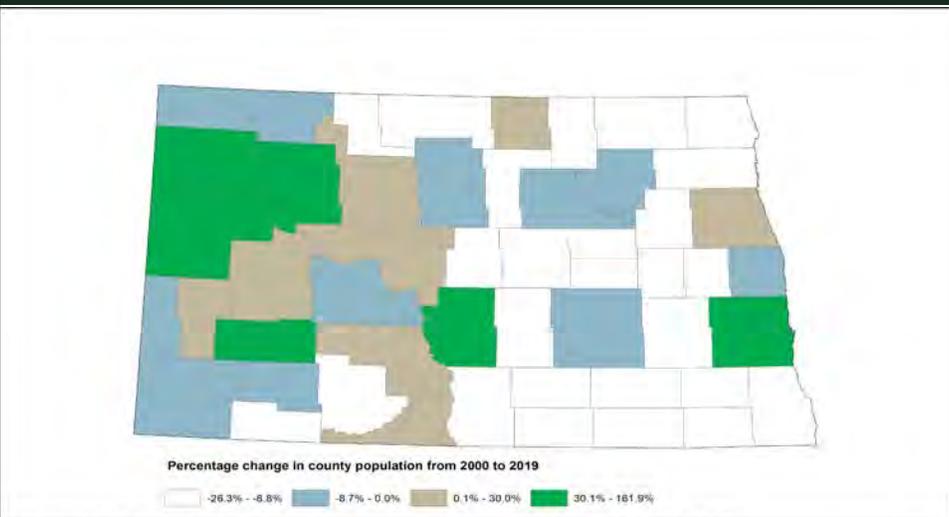
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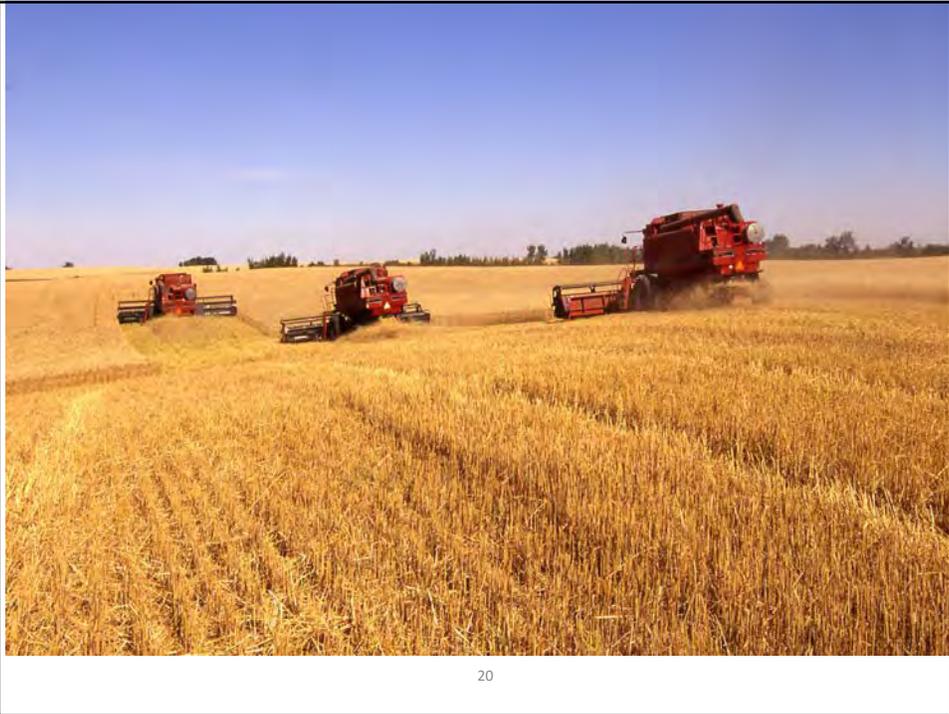


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**Figure 1.8. Percentage change in county population from 2000 to 2019.<sup>4</sup>** Six counties have increased their population by greater than 30% from 2000 to 2019. These six counties are Burleigh, Cass, McKenzie, Mountrail, Stark, and Williams. From 2000 to 2019, 39 counties have lost population.

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Critical Access Hospitals, Rural Health Clinics, and Federally Qualified Health Centers  
North Dakota, 2020

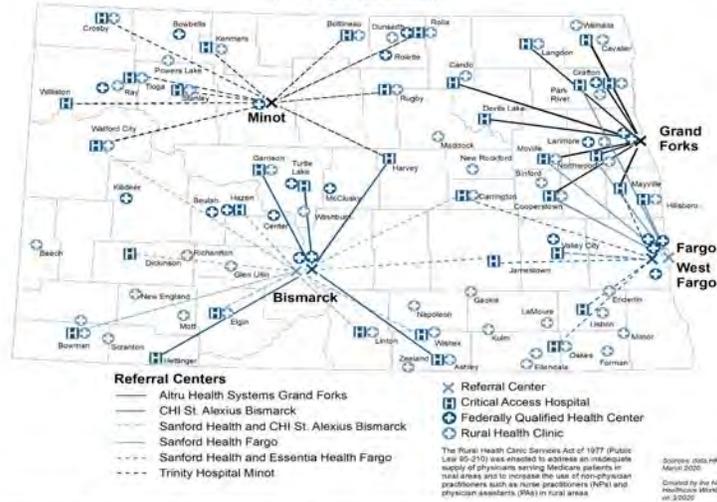


Figure 9.2. Critical access hospital and tertiary care network service areas.<sup>1</sup>

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So How Do We Approach Rural, Understand It?

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### Rural and Community in the Literature

- High emphasis on family, blood lines, kinship relationships, family perseverance, and culture (Bosewell, 1980; Murray and Brody, 2005)
- Rural is older, poorer, less health insurance, higher rates of CD (NRHA and NOSORH).
- Culture
  - Person to person arrangements -Individual more than the institution (informal).
  - Do not enter the community as the expert, come to listen and learn.
  - There isn't "one" rural anymore than there is "one" urban. (Hogg Foundation on Mental Health, 2019).
    - 85% of persistent poverty counties rural.
    - Oil, agriculture, other natural resources, tourism, bed room communities add to wealth.
- ddd

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## Rural and Community in the Literature

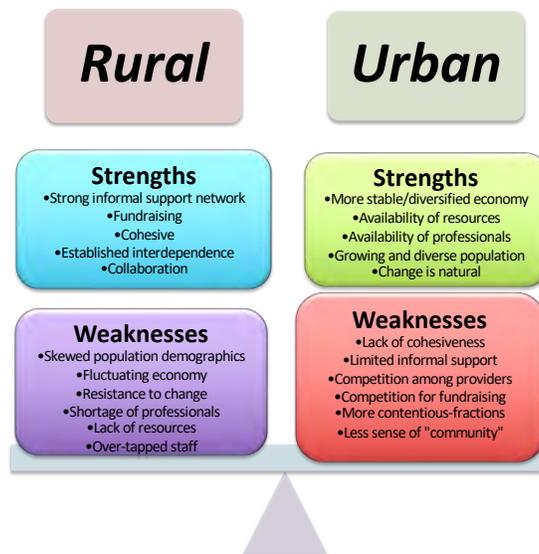
### Framing Rural

- **Frameworks Institute Research on Rural**
  - We think and communicate via metaphors – images in our heads when we hear “rural”.
    - Dystopian
    - Utopian
    - Equity
    - Interdependence
  - Change the metaphor- message, the image in their heads.
  - Causality message (story) over hard facts
- **Policy framing of rural health (but also public health, population health, climate change, and more).**

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## Rural and Urban Strengths and Weaknesses



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### Rural Community and Rural Health

- **Communities are comprised of key sectors that have economic, social, and cultural components – together they comprise the town**
  - **Health (with human services)**
  - **Business (can have one or two dominant business types – ag, oil – economic impact of health and health care)**
  - **Education (school consolidation and sport coop changing some of the community identity)**
  - **Government – city, county, special districts – role of park board with health care)**
  - **Faith (social and cultural connections – access to health)**
- **Viable health systems need viable communities – strong education, business, faith, government and business, like those sectors need a strong health system (e.g. health access for employees, general health improvement, health care is large employer adding to business and schools)**

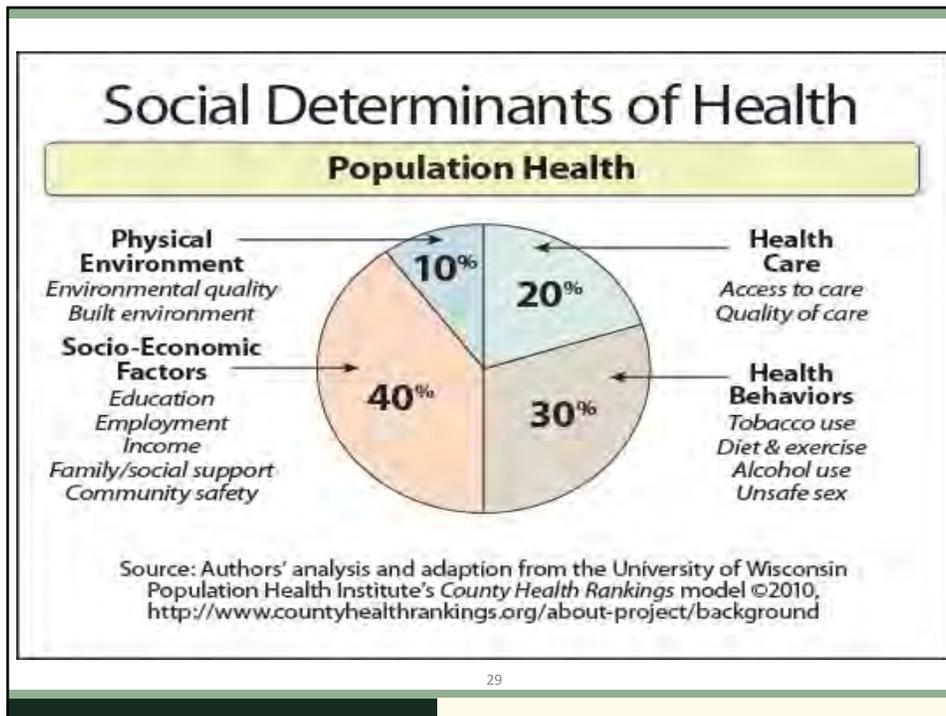
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### What are Rural ND Community Health Needs

- **Community Health Needs Assessments (2017-2020) All Rural Hospitals**

1. Substance Abuse	30
2. Mental Health	30
3. Attracting and Retaining Young Families	16
4. Having Enough Child Daycare Services	11
5. Ability to Retain Primary Care Providers	11
6. Availability of Resources to help Elderly Stay in their Homes	6
7. Not Enough Jobs with Livable Wages	5
7. Cancer	4
8. Obesity	4
9. Affordable Housing	3
10. Bullying/cyberbullying	3
11. Cost of Health Care	3
12. Domestic Violence	1
13. Transportation	1

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### **Why is Community Engagement Important in Rural Health**

- Health care providers and organizations cannot operate in isolation.
- Even more important as we implement health reform – new payment models – movement from volume payments to value based payments as more and more providers are assessed and reimbursed on outcomes and patient satisfaction.
- Community members input on needs, issues, and solutions more critical than ever – community involvement in finding solutions (CHNA) that reflect their needs – community ownership not just the health providers – hospitals must address “community benefit”
- Building local leadership and local capacity – think of the next generation of community leadership.
- Communication – listening to the community – educating the community.
- Simple answer: You need to be engaged because you need to survive.

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### Common Access Barriers and Facilitators in Rural Health

- Financial
- Availability of facilities and providers
- Demographics and Economics of the community
- Community viability – (e.g., economics, community identity, community engagement)
- Geography, distance, weather, and transportation
- Population health – health status
- Caregivers (e.g. family)
- Communication (e.g. health care literacy, translation, and more)
- Quality of care
- Privacy and/or social stigma
- Dystopian and/or utopian attitudes

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## What Does the Center for Rural Health do to Assist Rural Communities?

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## CRH Assistance to Rural Communities

- CAH Quality Network.
- Community Engagement Tool Kit.
- Community Assessments.
  - Community Health Needs Assessment
  - Special Focus (e.g., assisted living, wellness centers, other)
- Community forum and/or meeting facilitation.
- Education – Dakota Conference, Scrub Camps and Academies, presentations, research.
- Grant writing workshops.
- Grant proposal critiques and background searches.
  - Rural Assistance Center ([www.rhihub.org](http://www.rhihub.org))
- Focus groups and Key Informant Interviews (one-on-one).
- Internal Personnel Audit (staff satisfaction with work environment).
- Program Evaluation.
- Project ECHO.
- Speakers Bureau – annual meetings or special presentations (rural health, health policy, Native American, aging, community development/engagement, HIT, quality improvement, TBI, network and system development, veterans, and other subjects – *just ask!*)
- Strategic planning (organizational planning and community health planning).
- Health Workforce Assistance – Workforce Specialist.

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# Customized Assistance

[info@ruralhealthinfo.org](mailto:info@ruralhealthinfo.org)  
1-800-270-1898

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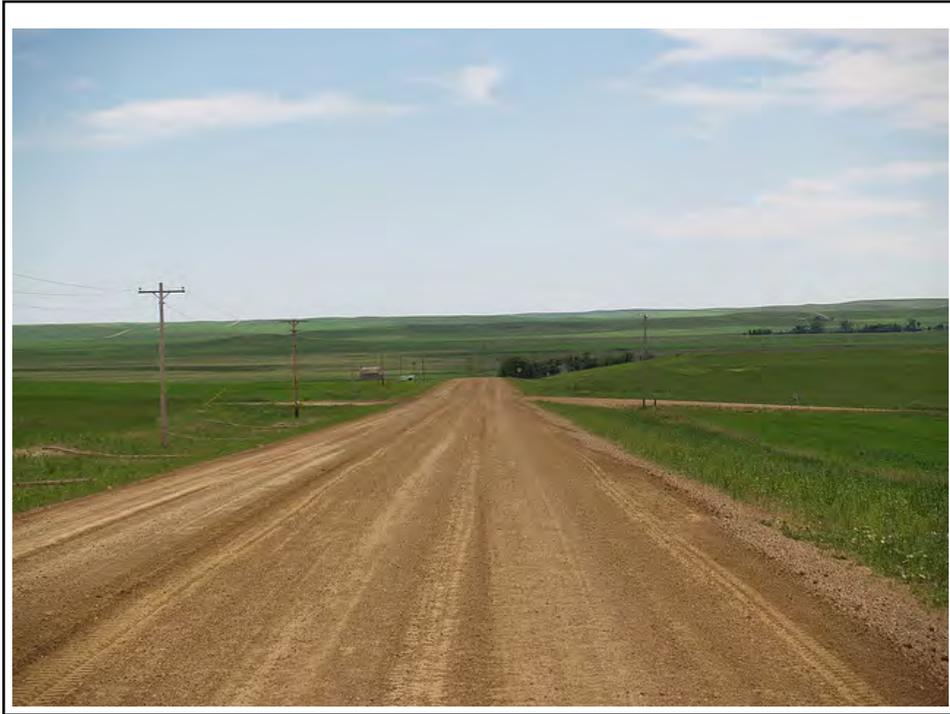
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**Questions??**

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