Rural Culture Competency in Health Care White Paper

Executive Summary

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August 2015

This paper was supported by a grant from the REACH Healthcare Foundation

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EXECUTIVE SUMMARY

BACKGROUND

Cultural competency has been identified as an essential consideration in addressing health disparities, but little information exists for rural populations based on geography and rural as a way of life. Through its work over the years, the REACH Healthcare Foundation (REACH) encountered a gap in information to better understand how rural culture might uniquely affect health care delivery and access, and what funders and providers might consider to competently serve rural communities. To begin foundational exploration in this area, REACH began working with the University of Kansas School of Social Welfare, Center for Children and Families.

Existing literature tends to focus on subpopulations or areas of practice (e.g., rural nursing) rather than rural culture as a way of life. Although limited, the available information provides beginning support that rural culture does exist. Yet, as with other aspects of diversity, identified rural cultural traits are generalities that may or may not apply in all rural communities or among all individuals living in them. Thus, it is important to avoid stereotyping rural culture and using general assumptions that may not apply in particular rural contexts.

Other environmental factors exist in many rural communities that can ultimately influence rural culture, such as limited providers, transportation and employment opportunities; hospital and pharmacy closures; school consolidation; and population loss. Contextually, the lack of anonymity, confidentiality concerns and stigma can impact health-seeking behaviors. These and other unique community issues can influence culture and how people access health care, underscoring the complexity and heterogeneity of rurality.

METHODS

Given the lack of literature addressing rural cultural competency, this work focused on the review of existing literature to inform question development and the collection of data from "front line" practitioners, policymakers and residents. Ultimately, KU staff interviewed 15 people in three Midwestern states using open-ended questions and conducted a focus group with seven rural residents. Semi-structured, open-ended questions involved how and when individuals seek health care services and how health care providers can interact more effectively with rural residents. In order to prompt attention to rural culture specifically, at the end of the sessions participants were given a list of attributes identified in the literature that have been linked to health and health-seeking for people from rural areas, and were asked to reflect on them.

FINDINGS

Four themes emerged from the interviews and focus group:

THEME 1: THERE ARE THREE ATTRIBUTES THAT SEEM TO BE PRESENT AS PART OF RURAL CULTURE. EACH CAN BE A CHALLENGE OR A FACILITATOR TO HEALTH.

Use of Informal Resources

The use of informal resources was the factor most commonly agreed to be a part of rural culture. As one participant noted, having friends and neighbors helping each other is the "*key to everything*" in a

rural community. Importance of family relations was another factor with general agreement. In fitting with both of these factors, several noted that in their rural communities, residents are more likely to reach out to a pastor or family member for health advice or assistance, particularly in the case of mental health needs.

Importance of Relationships and Building Trust

A second area within this theme is the role that relationships play in accessing healthcare and the need to build trust as shown through this quote, "*In smaller communities, patients like to know their provider. We need to be able to spend more time with the patient for this reason."* Another participant noted that, *"If I am treated rudely then I am done unless I have to go back because there is no choice. Otherwise I don't say anything; I just don't go back."*

Degree and Impact of Social Connectedness

Although not on our initial attributes list, the degree and impact of social connectedness is a defining feature of most, if not all, rural communities. It contributes to a culture of helping where it is accepted and expected that community members "*take care of each other.*" At the same time, social connectedness can add to stigma and a reluctance to share information. The need to maintain social connectedness and cohesion in a small community also may result in non-direct or non-confrontational behavior that impedes health services delivery. "*We need to understand that rural is a subculture… [patients] do not want to be confrontational and [don't want to] ask challenging questions. The doctor will say you need to do A, B, and C. The patient will nod their head and not confront or question anything. Then they will go home and not do it. They are then labeled as a difficult patient…we need to approach it more collaboratively…"*

THEME 2: THERE ARE OTHER RURAL CULTURAL INFLUENCES THAT ARE OFTEN PRESENT, ALTHOUGH THEY MAY PLAY OUT DIFFERENTLY OR BE PRESENT TO A GREATER OR LESSER DEGREE. HOWEVER, DUE TO THE POSSIBILITY OF THEIR PRESENCE, THEY SHOULD BE CONSIDERED AS POTENTIAL CONSIDERATIONS.

In addition to the attributes already identified above (use of informal resources, importance of relationships and social connectedness), participants generally agreed that other attributes could be present and that rural culture can influence health. But there was not overarching agreement about additional attributes outside of those identified in Theme 1. Rather, participants thought that some attributes applied in certain circumstances or some participants agreed that these attributes were reflective of rural culture while others did not. One rural provider explained, *"Understand that culture is not just a racial issue but the way that people in a rural area talk, think, and their habits."*

THEME 3: STRUCTURAL CHALLENGES IN RURAL HEALTH CARE DELIVERY SEEM TO COMPLICATE HOW PEOPLE THINK ABOUT OR FRAME CULTURAL FACTORS WHEN IT COMES TO SEEKING CARE.

Asked about where and when people in their community go to see a doctor or health care provider, every individual mentioned structural challenges. Most commonly, affordability of care, distance and transportation, and availability of services were noted. The majority also agreed that rural health care tends to be more crisis-oriented rather than preventive/wellness-oriented. There were a few responses which described cultural factors that might account for this difference, such as a *"frontier spirit"* that contributes to a reluctance to seek care. Overall, however, respondents noted multiple

obstacles, beyond those of a cultural nature, such as taking off time from work, having gas money, etc., making it difficult to truly differentiate the impact of cultural factors amid the many other barriers. For example, *"Many people haven't grown up with the idea of prevention so it's their background plus whether they have health insurance. Many won't go unless they have a problem."*

THEME 4: UNDERSTANDING CULTURAL FACTORS CAN HELP PROVIDERS MORE EFFECTIVELY CONNECT WITH RURAL PATIENTS.

Stakeholders (consumers and providers) were asked what, if anything, providers could do to more effectively connect with rural patients. Taken together, their responses suggest four approaches providers could take in this regard. The first was recognizing and respecting the importance of relationships, which overlaps with Theme 1. Overall, *"The default way of doing things may not work."* Three other subthemes follow:

Get to Know the Community

Participants explained a need for providers to get to know the community and its people. For example, *"Understand the community that you're working in. [Providers] should go to restaurants or markets where the people are and show an interest in who they are. It takes some time."* It is also a way to better understand some of the structure and environmental issues that may be present.

Be Involved in the Community

Related to knowing the community is to be involved in it. *"Get out in the community. People want to know you before they will put their health in your hands."* Different ways were offered such as volunteering during local football games or being on a community committee. One participant commented, *"I don't think you have the luxury to disconnect yourself like you can in an urban area…if you want to improve patient outcomes and you care about the health of your patients. I think providers could go a long way by integrating themselves in the community."*

Be a "Rural Competent" Health Facilitator

Think about process and suggestions for health care through a rural lens. Let patients know what they need to bring to an appointment since they may not be able to easily stop by the office to bring a forgotten item. Factor in the travel time when appointments are set. And consider that some rural areas may not have the same environmental supports such as bike paths or gyms for getting routine exercise.

CONCLUSION

The results suggest that health care barriers and facilitators are multiple and complex, but that a rural culture does exist when connected to its influence on health and accessing health care. Given the rural disparities that exist, this exploratory study offers ideas for more effectively connecting with rural residents including those who may not routinely seek care. Focusing on engagement and outreach to individuals in trusted positions within the rural community and those who offer support through more informal ways may lead to more effective connections. Exploring these suggestions and providing a framework in which to do it could yield important inroads to how better understanding of rural culture might facilitate health care delivery and access.