Rural Practice Brief

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The Walsh Center
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NORC AT THE UNIVERSITY OF CHICAGO

Leveraging Culture and History to Improve Health and Equity in Rural Communities

Background

Rural communities have remarkable strengths, assets, and rich cultures and histories that are often overlooked when developing strategies to improve rural health and equity in the U.S. Rural health inequities are well-documented,[1,2,3,4] and it is important to address the root causes of these inequities. Alleviating poverty and ensuring gainful employment are primary priorities and challenges in rural areas because they are critical for strong, thriving, and healthy communities. Further, rural communities experience challenges ensuring access to high-quality health care, infrastructure and built environment that supports healthy living, clean environments, and social conditions that promote overall well-being. Despite these challenges, it is also essential to leverage the strengths and assets of rural people and places that serve as protective factors and provide opportunities to improve rural health and equity. Health equity has been defined as, "having a fair and just opportunity to be healthier, this requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."[5] Motivated by the Robert Wood Johnson Foundation's vision for building a Culture of Health, where everyone in America has the opportunity for health and well-being,[6] the NORC Walsh Center for Rural Health Analysis conducted formative research to explore opportunities that will accelerate changes to improve health and equity in rural communities. This work enhances understanding of assets in rural communities and regions, identifies key partners and change agents with the potential to improve health and equity, and suggests opportunities for action for philanthropies, government agencies, and other community partners.

The findings from this project are highlighted in three practice briefs. This brief describes opportunities to leverage local culture and history as assets to improve health and equity in rural communities. Two other briefs describe findings related to change agents across sectors and recommendations for philanthropies and government agencies. The briefs and final report are available on the NORC Walsh Center for Rural Health Analysis website (http://www.norc.org/About/Departments/Pages/public-health-research/walsh-center-rural-health-analysis.aspx).

Findings: Cultural and Historical Assets

A central cross-cutting theme was the importance of culture and history in improving rural health and equity. Culture can be defined as learned systems of human behavior and thought, including knowledge, beliefs, morals, and customs.[7] Literature identifies culture as important in fostering better health outcomes.[8] Culture itself is seen as a strength, described by a project participant as the "connective tissue in rural communities that is more important than anything else and that will ultimately drive the change to improve health status."

Key Findings

- Programs, policies, and practices should align with local culture and history. Culture and history shape core community values, serve as important local assets, and influence how other community assets can be leveraged.
- Leveraging culture and history requires a participatory approach to addressing local needs. For populations that have experienced historical trauma it is particularly important to engage the community and highlight strengths and resilience.
- Cooperation, social cohesion, and "community spirit" are commonly described assets across rural communities.
- Key recommendations for state and national partners to leverage culture and history as assets include:
  - Build relationships and trust with communities and historically marginalized populations.
  - Engage youth in community engagement and leadership development opportunities.
  - Tie health communication and media efforts to cultural assets.
  - Engage with regional and local organizations who understand local culture and past experiences.
  - Further study of opportunities to improve health and equity through culture and history.

Participants described that the culture and history of rural areas influences the implementation of programs, policies, and practices. They frequently described a "culture of cooperation" within rural communities and highlighted strengths such as social cohesion, which has been described as a willingness to cooperate in order to survive and flourish, and has been shown to contribute to improved health and economic prosperity.[9] Participants further described that rural residents typically have a "willingness to help one another" and frequently discussed "community spirit," often expressed through engagement with local voluntary organizations and support for high school sports teams. Core rural community values frequently cited by participants included: a close-knit sense of community; strong family support systems and neighborly social ties; religious affiliation; pride in self and family; self-reliance and independence; the importance of justice, loyalty, and faith; and a strong work ethic. Participants described feeling a deep connection and a strong sense of pride in their rural community. They further noted that the oral tradition in many rural communities contributes to the preservation of a shared history. This shared history reinforces a sense of place and demonstrates how communities have overcome challenges in the past.

"It's a fundamentally different culture than larger areas. If your neighbor needs help with their plowing or putting up the barn or has a health crisis, people rise to the occasion more so than in other areas, and I go back to it's a part of the small town and rural culture."

Participants also highlighted the diversity that exists across rural regions and discussed how regional culture influences community life. Participants from the U.S./Mexico Border Region described their proximity to the border as a factor influencing regional identity. Participants described living along the border as "one community, one culture," noting that the community embraces the cultural richness of living in a bi-national region. Participants described that this heritage is expressed through local art and music that connects families to their shared history. Similarly, participants from the Delta and Northeast Regions expressed that the land has played a significant role in the economic and cultural development of their regions. In the Delta, participants described their communities as close-knit, loving, well connected, and places where people are willing to help one another, particularly in times of need and hardship. Participants from the Upper Midwest also described their communities as close-knit and interconnected places that foster opportunities for partnership and collaboration, sharing that there is a Midwestern mentality to "pull yourself up by your bootstraps" in order to overcome challenges. In Appalachia, participants described that the region can be viewed as "communities of diverse networks," with a moral code that could facilitate improvements in health and equity. They also noted, however, that while their culture prioritizes resourcefulness, autonomy, faith, sense of place, avoidance of conflict, kinship, and reciprocity, it can also be insular, resulting in skepticism towards outsiders and hindering the uptake of new programs, policies and practices.

"People are connected to each other in a way that's not common and in a way that allows them to work together and do more than just networking and avoid traps like competition."

Each rural community has a unique history and story that is embedded within the context of a broader region. The importance of history was further highlighted by many participants who described the lasting impact of historical trauma in their communities.[10] For example, African Americans continue to experience the impact of slavery, Jim Crow laws, and discrimination.[11] Additionally, participants described the lasting impact of the forced movement of Native Americans to reservations. Population groups in many rural communities continue to experience the impacts of historical traumas that contribute to health inequities, often resulting in a strong mistrust of outsiders and a collective sense of hopelessness. While these historical traumas continue to influence health and well-being, participants described that they also highlight their strength and resilience. Finally, participants described the growing diversity among rural residents, including resettled refugees, agricultural workers, and others. They noted that racial and ethnic identity can be an asset for community progress, as people are brought together by a sense of common identity, sometimes linked to a common faith or shared cultural beliefs.

Recommendations to Leverage Rural and Cultural Assets to Improve Health and Equity

The culture and history of rural communities was described as a critical factor in determining whether and how changes are implemented to improve health and well-being. Identified strategies for leveraging cultural and historical assets include:

Recommendation #1 - Build Relationships and Trust

Cultural assets such as self-reliance and independence demonstrate the importance of helping individuals to feel ownership over solutions to rural challenges. Many people in rural areas feel a deep connection to where they grew up and have a strong sense of history and place, highlighting the importance of building long-term, meaningful relationships. To build relationships and trust within rural communities, state and national partners can:

- Work with credible, trusted agents to serve as liaisons to understand, show respect for, and ensure that work is relevant to local culture and context.
- Utilize community-based participatory research and asset-based community development approaches to identify locally-driven solutions and build community capacity.
- Include and represent historically marginalized populations and newly arrived populations in community engagement activities, decision-making processes, and advocacy efforts.

Recommendation #2 - Identify and Grow Rural Leaders, including Youth

Youth were identified as an important asset in rural communities who often embody positive characteristics of rural culture, including volunteerism, a strong work ethic, and social connectedness. Specific opportunities to grow leaders include:

- Engage youth in community engagement activities—such as volunteering, participating in community events, and campaigning for a particular issue — to develop important leadership skills.
- Mentor youth to retain knowledge and organizational capacity.
- Incorporate "rural" into existing leadership development programs by tailoring to specific workforce and economic development needs of rural communities.
- Develop a rural-specific leadership development program for youth and underserved populations.

> *"Youth understand that volunteerism is part of their culture. [It] supports the culture that as youth are coming up in the ranks, they are part of different organizations and situations. It is an expectation that you serve your community, not a requirement, but it is just something you do that feeds into the next generation."*

Recommendation #3- Develop Rural-Specific Communications and Messaging

In any communications effort, it is critical to consider the audience, choose an appropriate messenger, and tie messages to important cultural assets such as independence and resilience. State and national partners can:

- Tailor and test messages to ensure resonance with rural residents - these messages may vary by rural region or community.
- Leverage local media – particularly newspapers and radio – to disseminate health promotion messages, share information about community events and resources, and highlight health topics in rural communities.
- Support initiatives to focus on more balanced, solutions-oriented journalism by working with schools of journalism and national media outlets.

Recommendation #4 - Engage with Regional/Local Intermediaries

Regional and local organizations have a better understanding of local culture, past experience, assets, and challenges. National partners can engage and collaborate with regional and local intermediaries such as local funders, universities, nonprofit organizations, and state, county, and regional governments to support rural communities in a variety of ways:

- Support regional organizations in roles that facilitate implementation of promising rural strategies, capacity building, and technical assistance.
- Collaborate with regional and local organizations as partners on initiatives to expand reach and bring an understanding of local history and culture.

Recommendation #5 - Continued Rural Learning

There is a need for further research to identify and build opportunities to improve health and equity in rural communities, with a focus on the influence of history and culture. Potential research topics include:

- Understanding the impact of growing diversity throughout rural America and potential strategies to overcome issues of structural and institutional racism.
- Testing of rural communications strategies and messages that will be compelling among rural residents to build commitment for health equity.
- Exploring the relationships between rural assets and health outcomes.
- Using community-based participatory research approaches to develop toolkits and other resources to enable rural communities to identify and map strengths and capacities, and to implement strategies to improve health and equity.

Conclusion

This project demonstrated that culture and history are important assets in rural communities that are inextricably linked to health and well-being. Cultural beliefs and practices of rural residents, as well as the historical context of communities, can influence how people use health information and the opportunities they can access. Participants recognized the potential for leveraging elements of culture to improve health in rural communities, including the importance of assets such as familial connections, religiosity, independence and pride, health beliefs, and geographical and historical influences. Programs, policies, and practices should acknowledge and build upon the strengths and assets that exist within rural communities and regions, with the understanding that many of these strengths and assets may be tied to local culture and history.

Methodology

The NORC Walsh Center for Rural Health Analysis utilized a qualitative design to explore assets that can be leveraged to improve health and equity in rural communities. Grounded by an asset-based community development framework[12] and the social ecological model,[13] we used a capacity-oriented approach to identify opportunities to improve health and equity in rural communities. This framework focuses on strengths and assets that can be leveraged for positive change rather than focusing on needs and deficiencies. Research questions for this study were designed in collaboration with the Robert Wood Johnson Foundation. Informed by an extensive literature synthesis of rural assets, we developed a rural asset map to guide our study. The asset map included rural culture and history as important assets. Findings and recommendations were reviewed and refined by over 400 national, regional and local cross-sector stakeholders who participated in a national discussion forum, key informant interviews, regional community forums, regional vetting sessions, and national conferences.

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