



**So I am Going to be a Health Professional in a Rural Community,  
What Do I Need to Understand?**

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**UND Occupational Therapy**

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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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### CRH Assistance to Rural Communities

- Community Engagement Tool Kit
- Community Assessments
  - Community Health Needs Assessment
  - Special Focus (e.g., assisted living, wellness centers, other)
- Focus groups
- Key informant interviews (one-on-one)
- Strategic planning (organizational planning and community health planning)
- Grant writing workshops
- Grant proposal critiques and background searches
  - Rural Assistance Center ([www.raonline.org](http://www.raonline.org))
- Community forum and/or meeting facilitation
- Program Evaluation
- Population health including value-based care and payment
- Speakers Bureau – annual meetings or special presentations (rural health, health policy, Native American, aging, community development, population health, other – just ask!)
- CAH Quality Network
- Internal Personnel Audit (staff satisfaction with work environment)
- Education – statewide assessments (hospital and public health), presentations, research

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### What Is Rural Health?

- Rural health focuses on **population health** for an area (“community”) and improving overall **health status** for rural community members
- Rural health relies on **infrastructure** – the organizations, resources, providers, health professionals, staff, and other elements of a health delivery system working to improve population health (the **rural health delivery system**)
- Rural health **is not** urban health in a rural or frontier area
- Rural health focuses on **health equity and fairness**
- Rural health is very **community focused and driven** – interdependent and collaborative
- Rural health is inclusive of **community sectors** – 1) health and human services, 2) business and economics, 3) education, 4) faith based, and 5) local government

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## Rural and Urban Strengths and Weaknesses

*Rural*

*Urban*



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Center *for* Rural Health



### Understanding Rural Culture and Practice

- Independent and self-reliant yet interdependent.
- Lower population density (frontier areas) can lead to greater visibility – everyone knows me – “gold fish bowl” and limited anonymity.
- Can lead to less openness as people try to guard privacy – blend in – don’t share too much.
- Can lead to greater homogeneity of thought – tow the line, no outliers, hide opinions, go along to get along.

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### Understanding Rural Culture and Practice

- Can lead to heightened conformity –more conservative.
- Unusual behavior is noted – think mental health stigma.
- Unusual behavior and habits frequently tolerated –eccentricity.
- Keep problems inside – “my business.”
- High respect for tradition, authority, traditional roles.
- “Self-abnegation” – don’t brag, don’t show-off.

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### Understanding Rural Culture and Practice

- A natural tendency to see people as the same. –Equality- in ND everyone is middle class. A sense of fairness.
- Social affiliations maybe more limited, fewer options– family, work, school, church, civic groups, sports, the bar.
- When something goes wrong – people you do not know are there for you.
- Professions are respected especially health care–expertise, benefit to community.
- My favorite – a natural tendency to be passive and indirect – no conflict – indirect communication.

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### Understanding Rural Culture and Practice

- Community Health Needs Assessments (CHNA) - recruiting and retaining young people/families -3<sup>rd</sup> out of 25 needs. Value young people community survival.
- Easier to connect with clients. Spectrum of clients.
- Develop a wide variety of skills as tend to have a wide spectrum of patients.
- Health system change “volume to value.” Will hear of value-based care and payment. System transformation.

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### So it is a unique environment, how do you cope?

- You are a health professional and they want you there –value you – you are there for them.
- You are typically younger and they want younger people.
- Understand community pride – school, sports, hospital, nursing home- institutions matter as this is how a community defines itself. A “rally” mentality. Lutefisk Feed for fundraising.
- Family history matters. Want to know your history “your story”
- ND is good enough for me, but why are you here?
- Give yourself time. Find your “fit”, find your niche.

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## Contact us for more information!

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