

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

April 2, 2024

UND 617 Education in Occupational Therapy

**Presented by Brad Gibbens, MPA
Acting Director and Assistant Professor**



Center *for*
Rural Health

The University of North Dakota
School of Medicine & Health Sciences

Center *for* Rural Health

- 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



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.raconline.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**

What Is Rural Health?

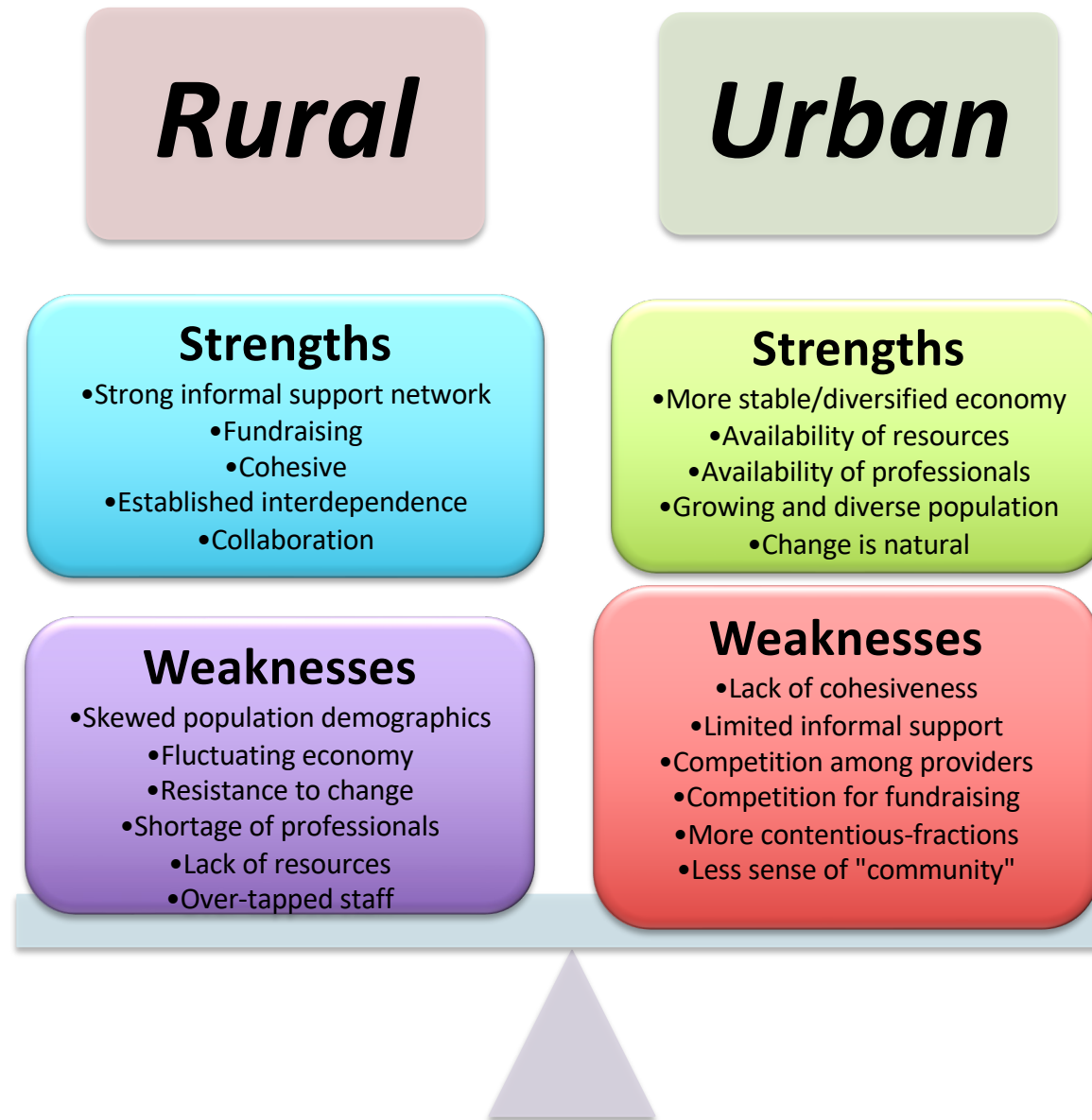
- Rural health focuses on **population health** for an area (“community”) and improving overall **health status** for rural community members
- Rural health relies on **infrastructure** – the organizations, resources, providers, health professionals, staff, and other elements of a health delivery system 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





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.



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.



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- but can be deeper, more sustaining.
- 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/avoid conflict (at all cost) –indirect communication.



Understanding Rural Culture and Practice

- Community Health Needs Assessments (CHNA) - recruiting and retaining young people/families -3rd 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.



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.
- What is best feature of their town? “The people.”
- 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.



Contact us for more information!

1301 North Columbia Road, Stop 9037
Grand Forks, North Dakota 58202-9037
Brad.gibbens@und.edu

701.777.3848
ruralhealth.und.edu

