

# Understanding Rural Health in Minnesota

Increasing the cultural competence of health care providers serving diverse populations



## Rural Health in Minnesota

In order to provide equitable and effective health care, clinicians need to function effectively within the context of the cultural beliefs, behaviors, and needs of consumers and their communities.

Rural communities have different health care needs and challenges than their urban counterparts. A greater proportion of rural patients are elderly, and tend to have high blood pressure and other chronic conditions. According to the National Rural Health Association, rural residents have less access to medical specialists and mental health workers. They also tend to be poorer, and to rely more heavily on food assistance.



Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works with the health care community as a quality improvement expert, educational consultant, convenor, facilitator, and data resource.

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### Compared to Urban Regions in Minnesota, Rural Regions Have<sup>1</sup>:

Fewer people with at least some college	Higher mortality rates due to pneumonia and influenza, especially in the older population
More people reported “fair” or “poor” health	Higher diabetes, stroke and heart disease mortality rates
More people reported being current smokers	Lower homicide rates
More people were identified as obese	Higher suicide rates
Fewer people reported exercising in the previous month	Lower unintentional injury mortality rates
More people were uninsured	Higher mortality due to motor vehicle injury

## Rural Health Disparities

People in rural communities experience significant health disparities. Health disparities are differences in health status when compared to the general population, often characterized by indicators such as higher incidence of disease and disability, increased mortality rates, lower life expectancies, and higher rates of pain and suffering.

Rural risk factors for health disparities include geographic isolation, lower socio-economic status, higher rates of risky health behaviors, and limited job opportunities. Higher rates of chronic illness and poor overall health are found in rural communities when compared to urban populations<sup>2</sup>.

Several studies have shown that rural residents are older, poorer, and have fewer physicians to care for them. This inequality is intensified as rural residents are less likely to have employer-provided healthcare coverage, and, if they are poor, often are not covered by Medicaid<sup>2</sup>. Federal and state agencies and healthcare improvement organizations like Stratis Health are working to diminish these disparities. Some provide funding, information, and technical assistance to be used at the state, regional, and local level, while others inform state and federal legislators to help them understand the issues affecting health care in rural America.

## Causes of Rural Health Disparities

### Access to Health Care

Rural people experience many barriers to health care access which can contribute to health disparities. The following factors create access difficulties for rural populations<sup>2</sup>:

- The uninsured rate is higher in rural counties than in urban counties
- Healthcare workforce shortages are prevalent with less than 10 percent of all physicians choosing to practice in rural settings
- Services available in rural areas are less likely to include specialized and highly sophisticated or high-intensity care. This worsens the problems with distance to care for people requiring higher levels of care. For some services, such as emergency medical services, the lower level of care available, when added to the increased time to services caused by distance, can be the difference in life or death.

### Socioeconomic Status

Rural residents are more likely to be unemployed, have

lower rates of post-secondary education, and have lower median household incomes than urban residents. Those who have health insurance pay a greater percentage of their income in out-of-pocket healthcare costs. Research has shown that these and other social determinants of health have a significant effect on health status.

### Health Behaviors

Rural adults are more likely than their urban counterparts to:

- Smoke
- Abuse alcohol and other substances
- Be physically inactive
- Be obese
- Have poor access to healthy foods

These poor health behaviors contribute to health disparities, such as disease incidence and lower life expectancies.

### Social Determinants of Health

Social inequities and discriminatory beliefs that create poverty are shaped by overarching policy choices, such as distribution of money, power, and resources at global, national, and local levels. According to the World Health Organization (WHO), social determinants of health are mostly responsible for health inequities. Social determinants of health are the social and economic conditions in which people are born, grow, live, work, and age, including factors such as low income, food insecurity, and living in crowded housing—all factors associated with poor health and adverse health outcomes.<sup>3</sup>

According to the USDA Economic Research Service, the average per-capita income for Minnesotans in 2013 was \$47,500, although rural per-capita income lagged at \$40,888. Estimates from 2013 indicate a poverty rate of 12.3 percent exists in rural Minnesota, compared to a 10.9 percent level in urban areas of the state. The ERS reports that 10.1 percent of the rural population has not completed high school, compared to 7.3 percent of urban populations. The unemployment rate in rural Minnesota is 5.6 percent while in urban Minnesota it is 4.9 percent.<sup>4</sup>

More equitable policies and systems that improve quality of life and working conditions, as well as provide opportunities for fair employment and reasonable compensation can have far-reaching impact on the health and well-being of the people in rural communities.

## Health Disparities in Diverse Rural Populations

Rural ethnically diverse populations often experience health disparities related to their health status, rates of chronic disease, life expectancy, and rates of unintentional injury. Health disparities for rural minority populations as compared to other racial or ethnic groups, include<sup>2</sup>:

- Rural blacks, Hispanics, and American Indians were more likely to report fair or poor health
- Rates of diabetes were higher among rural American Indian and black adults
- Rural black adults were at higher risk for obesity than their urban counterparts
- American Indians in small rural counties adjacent to urban areas were more likely to report limitations in their activities due to physical, mental and emotional problems

## Rural Health Resources

**Rural Health Value.** A website to help rural providers transform their care delivery system.  
[www.ruralhealthvalue.org](http://www.ruralhealthvalue.org)

**Rural Assistance Center (RAC).** RAC helps rural communities and stakeholders access the full range of available programs, funding, and research that can enable them to provide quality health and human services to rural residents. <http://www.raconline.org/>

**Stratis Health Rural palliative care resources.** Stratis Health assists communities to improve advance care planning, symptom management, communication, coordination, and delivery of care for those with chronic diseases or life-limiting illness. [www.stratishealth.org/palcare](http://www.stratishealth.org/palcare)

### Sources

1. Health Status of Rural Minnesotans, <http://www.health.state.mn.us/divs/orhpc/pubs/workforce/status.pdf>, viewed March 18, 2014
2. Rural Assistance Center Health Disparities, <http://www.raconline.org/topics/rural-health-disparities#organizations>
3. World Health Organization, [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/), viewed March 18, 2014
4. Rural Assistance Center State Guide, <http://www.raconline.org/states/minnesota>, viewed March 18, 2014

Stratis Health has a long record of success in reducing health disparities among underserved populations. Our efforts to reduce health disparities include increasing the cultural competence and effectiveness of providers serving culturally diverse populations, improving health literacy in the community, and working with specific populations on targeted clinical conditions.

Culture is essential in assessing a person's health and well-being. Understanding a patient's practice of cultural norms can allow providers to build rapport quickly and ensure effective patient-provider communication. Efforts to reduce health disparities must be holistic, addressing the physical, emotional, and spiritual health of individuals and families. Also important is making connections with community members and recognizing conditions in the community.

Get to know your patients on an individual level. Not all patients from diverse populations conform to commonly known population or culture-specific behaviors, beliefs, and actions. Generalizations in this material may not apply to your patients.

## WWW.CULTURECARECONNECTION.ORG

Culture Care Connection is an online learning and resource center dedicated to supporting Minnesota's health care organizations in their ongoing efforts to provide culturally competent care. Funding to support Culture Care Connection has been provided by UCare.

Contact Stratis Health for assistance with your quality improvement and patient safety needs related to reducing health care disparities.



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(3/15)