

2-PART WEBINAR / Rural Health Month

# Rural Health and Well-Being



NORTH CENTRAL  
REGIONAL CENTER  
FOR RURAL DEVELOPMENT

## Improving Rural Health by Focusing on Social Well-Being

This presentation will describe the importance of social well-being to health and share original research findings describing unique strengths and challenges related to social well-being in rural areas. Information will also be presented on potential policy and programmatic interventions to improve rural social well-being.

## Participatory Research to Promote Shared Leadership Toward Rural Maternal and Child Health and Emotional Well-Being

This presentation will discuss the Health Equity for Rural Mothers and Families Project (HER), a community-based participatory research project focused on promoting health equity for pregnant women and mothers of young children in North Carolina rural communities. It will also explore the process of striving for shared leadership, lessons learned, and future directions of the HER project.



**NOVEMBER 8, 2023 • 2:00 PM - 3:30 PM (ET)**

# Guiding the Work of a Changing and Diverse Field: The Updated Community Development Principles of Good Practice

The Community Development Principles of Best Practice, developed by the Community Development Society in 1978 and most recently revised in 2023, provide a framework for community developers to evaluate their work, share best practices, and advocate for community development.

This webinar will explore the principles, where they came from, why they were revised, and how they can help shape community development going forward.

**WEBINAR • DECEMBER 18, 2023 • 3:00 PM - 4:00 PM (ET)**



**NORTH CENTRAL  
REGIONAL CENTER**  
FOR RURAL DEVELOPMENT





# Improving Rural Health by Focusing on Social Well-being

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Associate Professor, University of Minnesota School of Public Health

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NCRCRD Webinar  
November 8, 2023

**SCHOOL OF  
PUBLIC HEALTH**

UNIVERSITY OF MINNESOTA

# Team and Funding Acknowledgement

- Colleagues and collaborators: Katy Backes Kozhimannil, PhD, MPA; Megan Lahr, MPH; Hannah MacDougall, PhD, MSW; John Mulcahy, MSPH; Mary Anne Powell, BS, BA; Jonathan Schroeder, PhD; Alexis Swendener, PhD; Jill Tanem, MPH; Mariana Tuttle, MPH; Hawking Yam, MS
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# Social Isolation, Loneliness, and Health

The New York Times

## *How Social Isolation Is Killing Us*



Social isolation is a growing epidemic, one that's increasingly recognized as having dire physical, mental and emotional consequences. Damon Winter/The New York Times

By Dhruv Khullar

Dec. 22, 2016



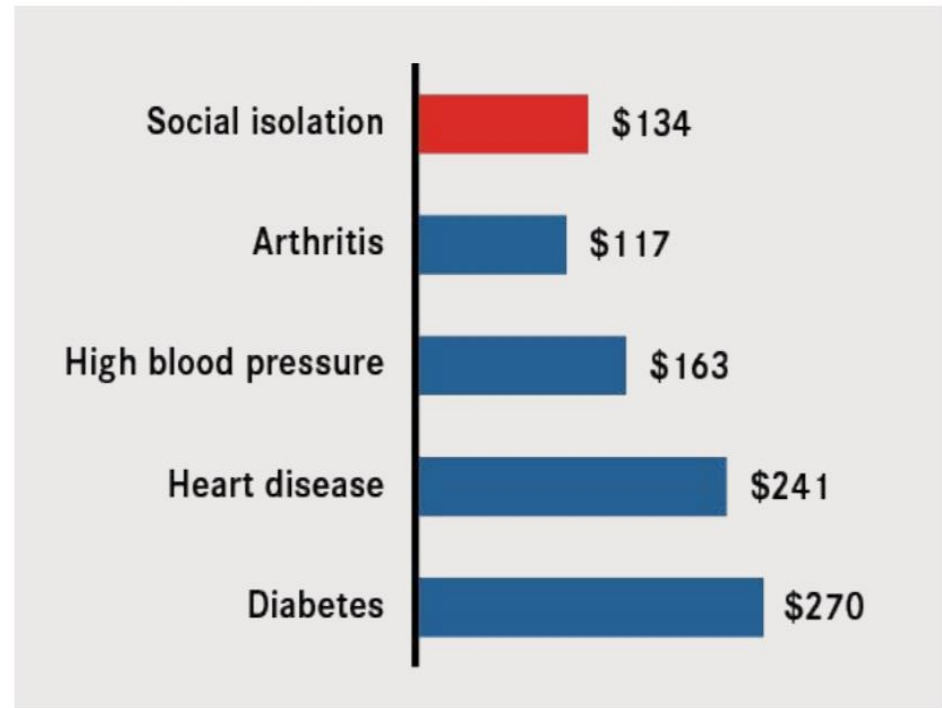
- Increased risk of:
  - Alzheimer's disease and poorer cognitive functioning
  - Poorer immune system functioning
  - Hypertension and heart disease
  - Stress
  - Substance use
  - Depression
  - Mortality, including from suicide

# Extent and Cost of Isolation and Loneliness

- Social isolation costs the Medicare program nearly \$7 billion annually
- In a 2021 survey of Americans conducted by Cigna:
  - 58% of Americans are considered lonely
  - 42% of people aged 18-34 report “always feeling left out”

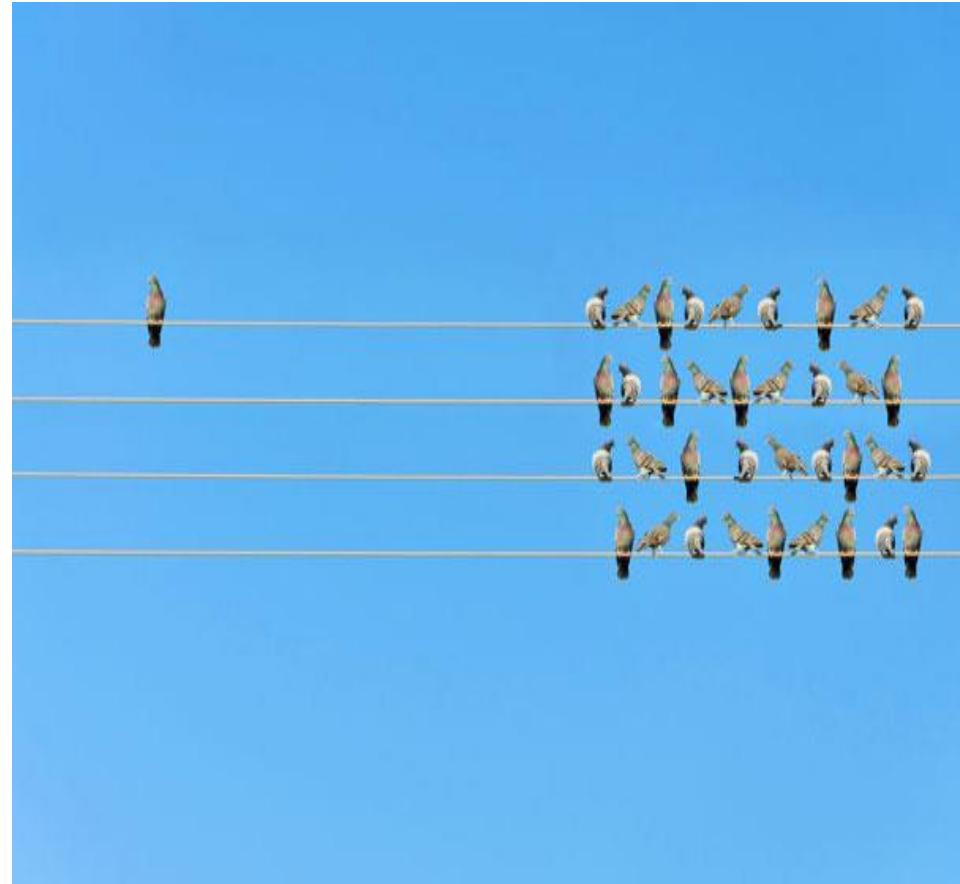
FIGURE 1

**Additional Monthly Cost to Medicare for a Socially Isolated Enrollee and for an Enrollee with Selected Chronic Conditions**



# Defining Isolation and Loneliness

- No one, perfect definition:
  - Social isolation, social connectedness, loneliness, and living alone are related, but distinct
  - Social isolation = lack of social connections
  - Loneliness = social needs not being met



*Photo credit: OgnjenO*

# Unequal Risk



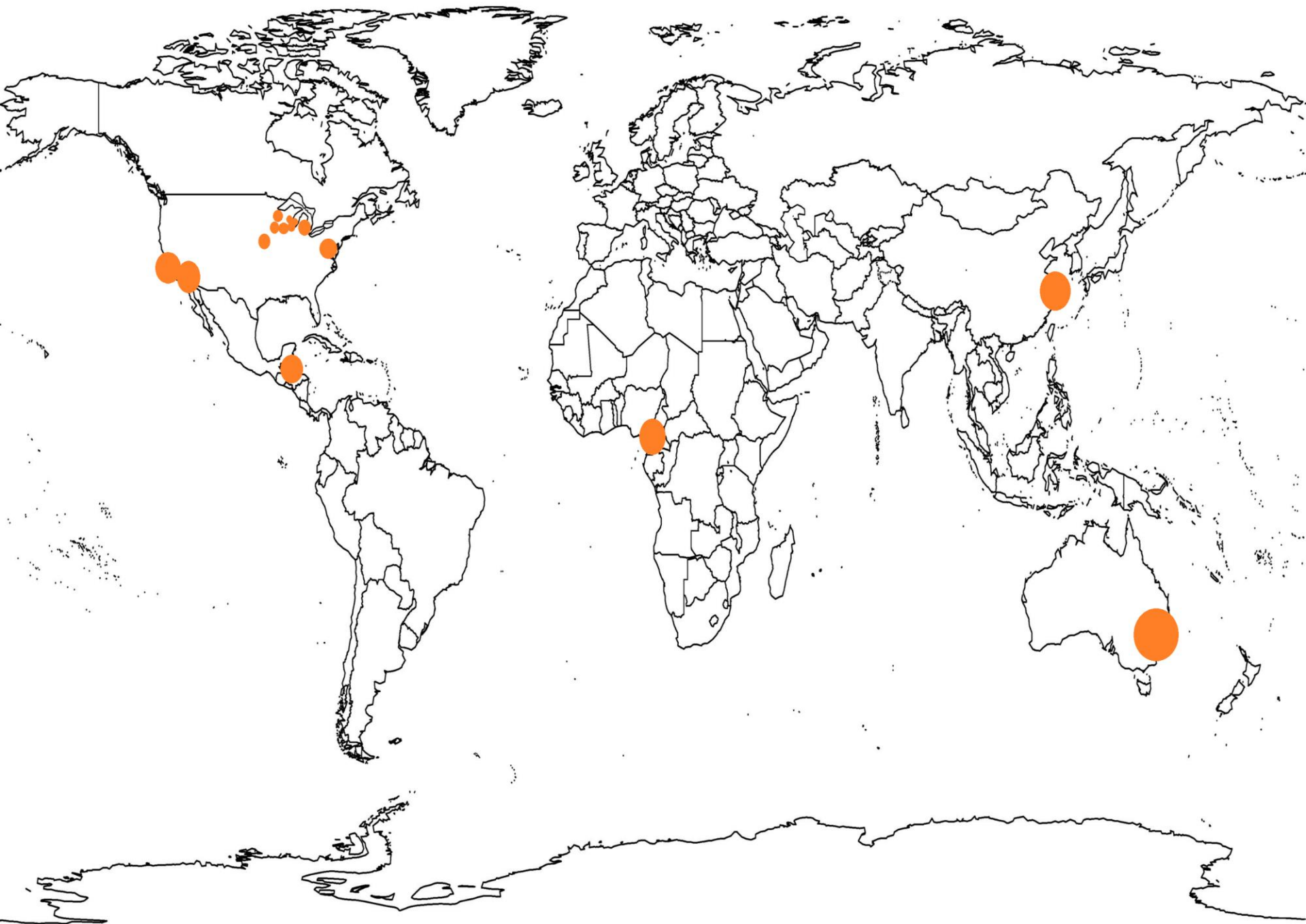
## COVID-19 poses an unequal risk of isolation and loneliness

BY CARRIE HENNING-SMITH, OPINION CONTRIBUTOR — 03/18/20 05:00 PM EDT  
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

97 COMMENTS

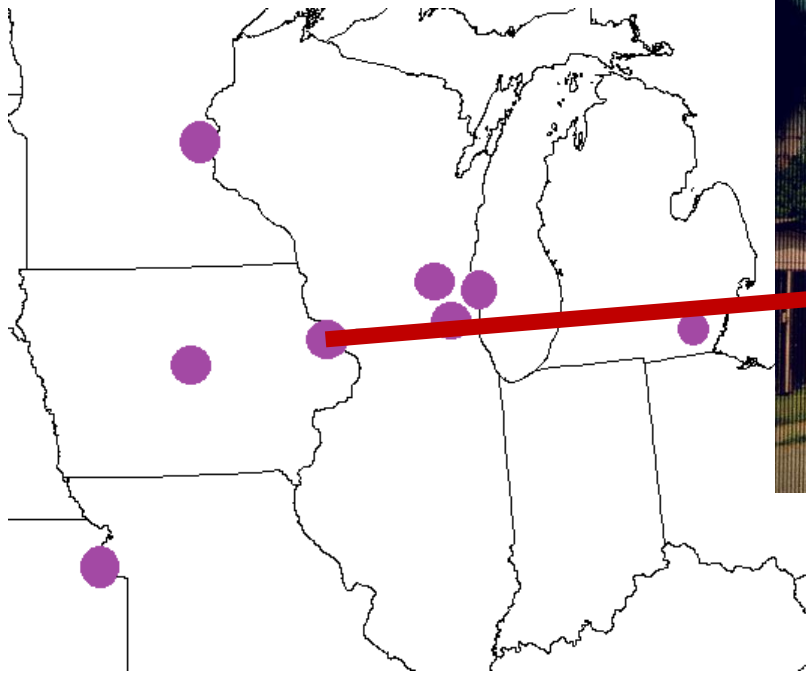
- Higher risk for:
  - People with chronic conditions and disabilities
  - People living alone (not by choice)
- Structural barriers to connection:
  - Transportation, technological connectivity
  - Racism, homophobia, transphobia, xenophobia
- Different access to care and support resources



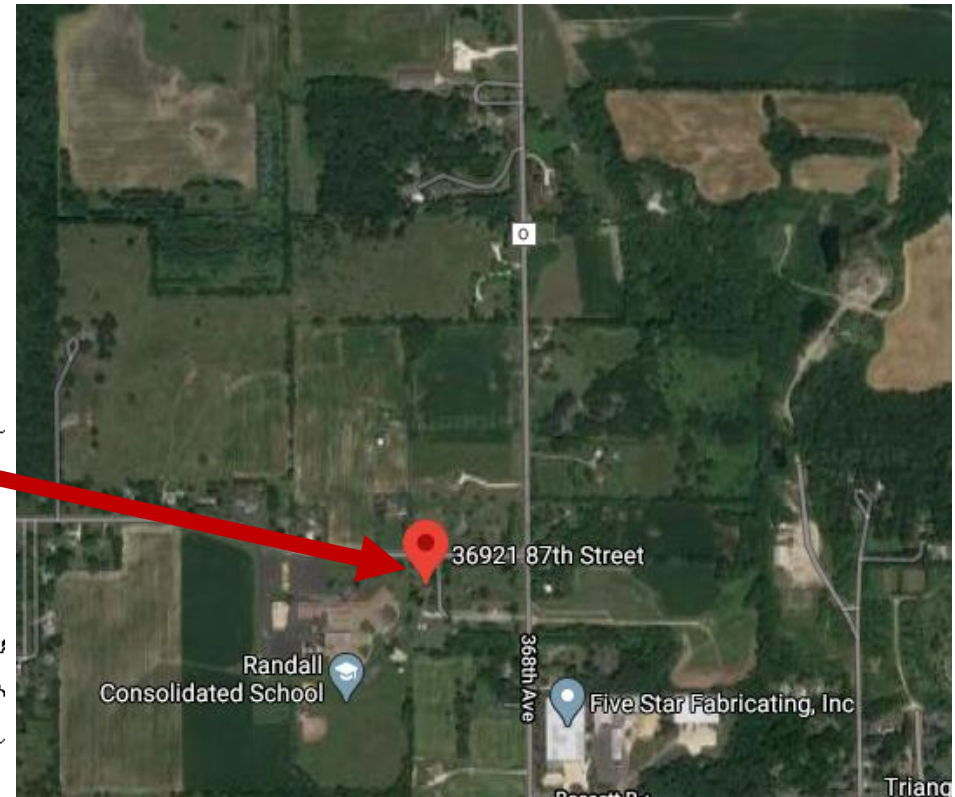
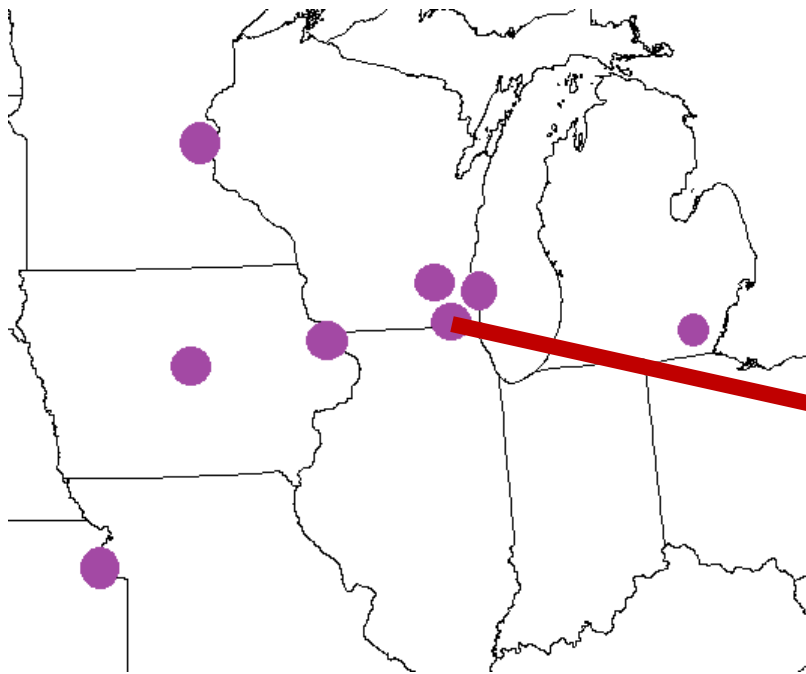


- 
- Housing
  - Employment opportunities
  - Cost of living
  - Food access
  - Environmental exposures
  - Policing
  - Natural/built amenities
  - WiFi and cell connectivity
  - Demographics
  - Health care
  - Education
  - Transportation
  - Infrastructure
  - Community resources
  - Local culture
  - Child care
  - Postal service
  - Resource allocation
  - Weather and climate
  - Election systems
  - Representation
  - Local policy
  - State policy
  - National policy

# Isolation and Loneliness in Context

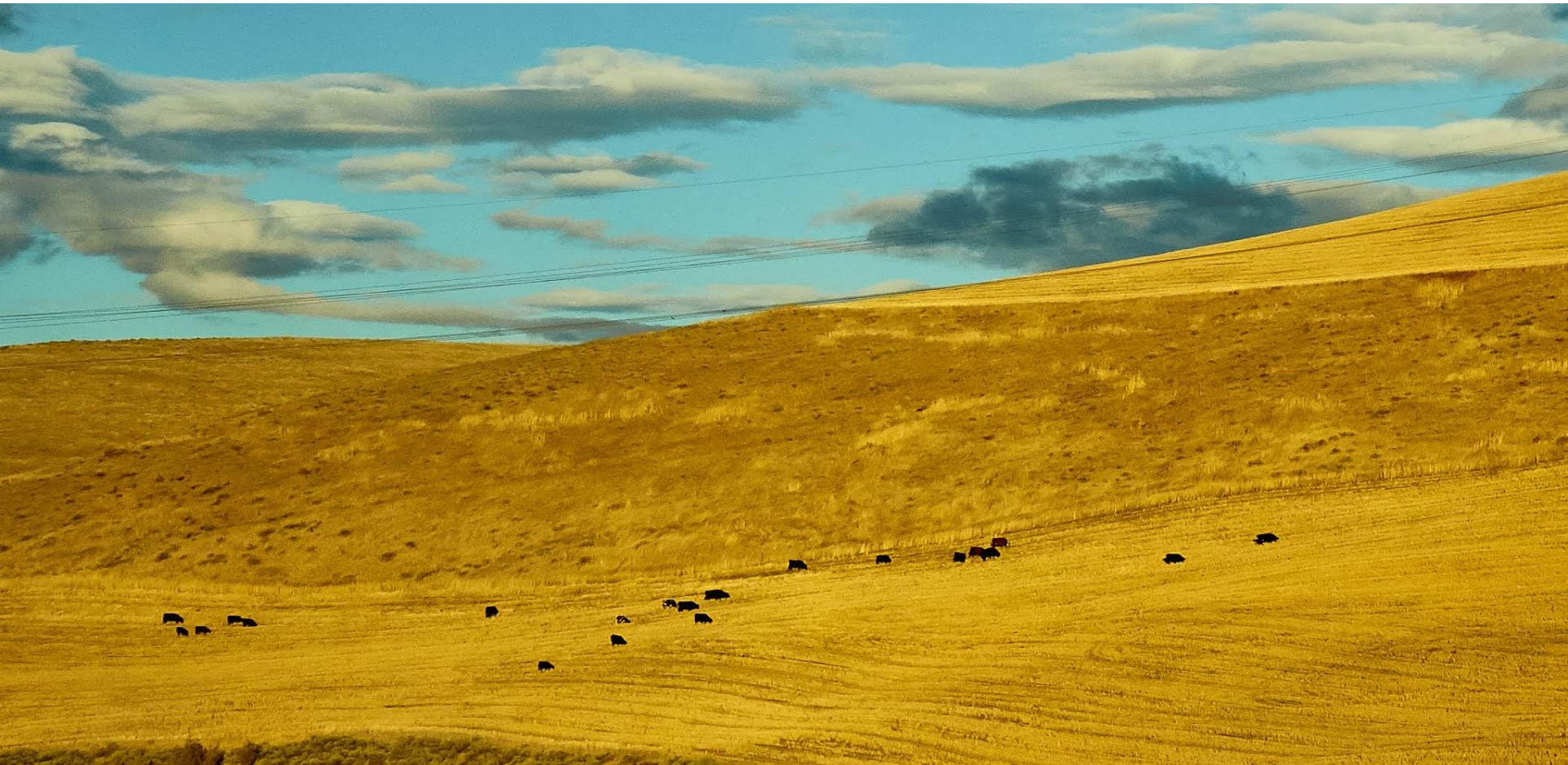


# Isolation and Loneliness in Context



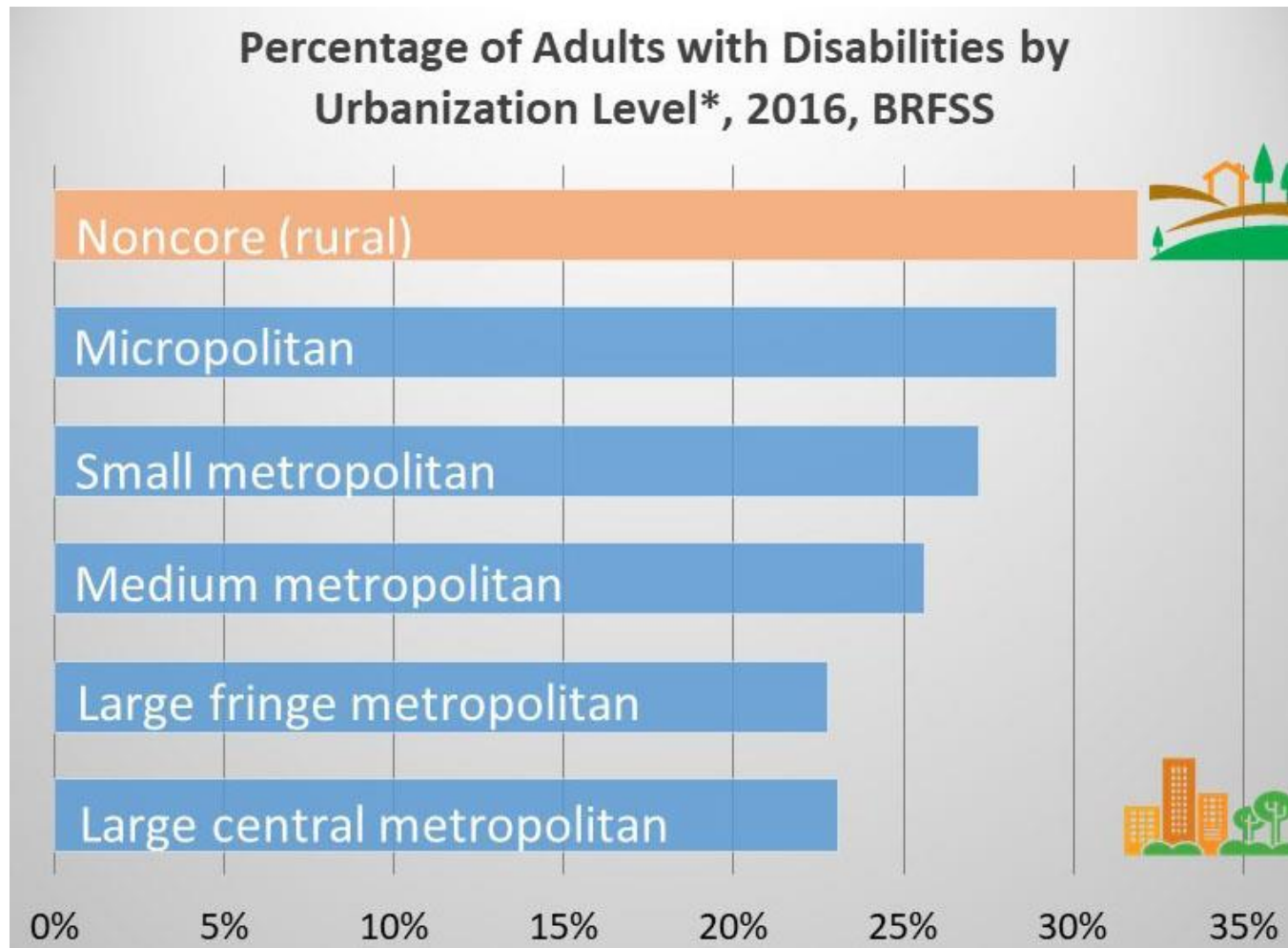


# What Does this Mean for Rural?





# Disability Rates Higher in Rural



Source: Zhao et al. (2016) *American Journal of Preventive Medicine*

# Living Alone More Common in Rural Counties

INFOGRAPHIC  
April 2020



## Rate of Living Alone by Rurality and Age

Carrie Henning-Smith, PhD, MPH, MSW

Jonathan Schroeder, PhD, MA

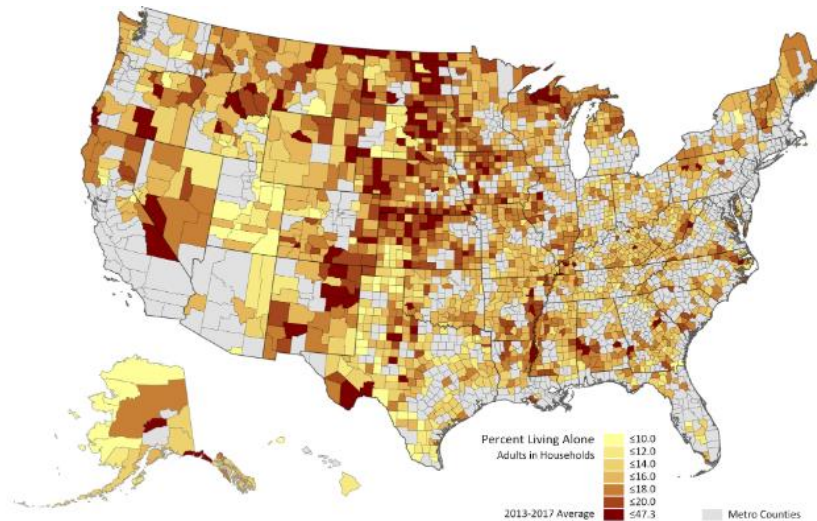
Mariana S Tuttle, MPH

### Key Findings

- Rates of living alone are higher in Census-defined urban areas than in rural areas across all age categories, but rates are also

### Purpose

Living alone is increasingly common and is associated with higher risk of social isolation and poor health for populations without access to appropriate support and resources. Little is known about how rates of living alone vary by rurality, however. In this infographic, we identify rates of living alone for all adults and within specific age groups using two different classifications of rurality.



- 14.9% in rural counties vs. 13.5% in urban counties
- Geographically patterned
- Disability rates highest among rural adults living alone

# Rural Transportation Challenges

POLICY BRIEF  
November 2017



UNIVERSITY OF MINNESOTA  
RURAL HEALTH  
RESEARCH CENTER

## Rural Transportation: Challenges and Opportunities

Carrie Henning-Smith, PhD

Alex Evenson, MA

Amanda Corbett, MPH

Katy Kozhimannil, PhD

Ira Moscovice, PhD

### Key Findings

- 113 key informants from all fifty states reported rural transportation challenges across six distinct, interrelated themes: infrastructure (mentioned by 63%), geography (46%), funding (27%), accessibility (27%), political support and public awareness (19%), and socio-demographics (11%).
- Most key informants highlighted problems across multiple themes, illustrating the complexity of meeting the transportation needs of rural residents.
- Improving rural access to transportation services is, in the opinion of nearly all key informants, an area of critical importance to rural populations.
- Policy interventions should aim to improve awareness of existing transportation services; address accessibility for all riders; share best practices between states, communities, and health care facilities to improve efficiency; and build partnerships that cross traditional organizational and sector boundary lines.

rhrc.umn.edu

### Purpose

Transportation, as it relates to health and health care, is widely acknowledged to have unique features in rural communities, but there is limited research on specific challenges and potential policy interventions to alleviate them. This policy brief uses survey data from 113 key informants across all fifty states to describe challenges and opportunities related to rural transportation.

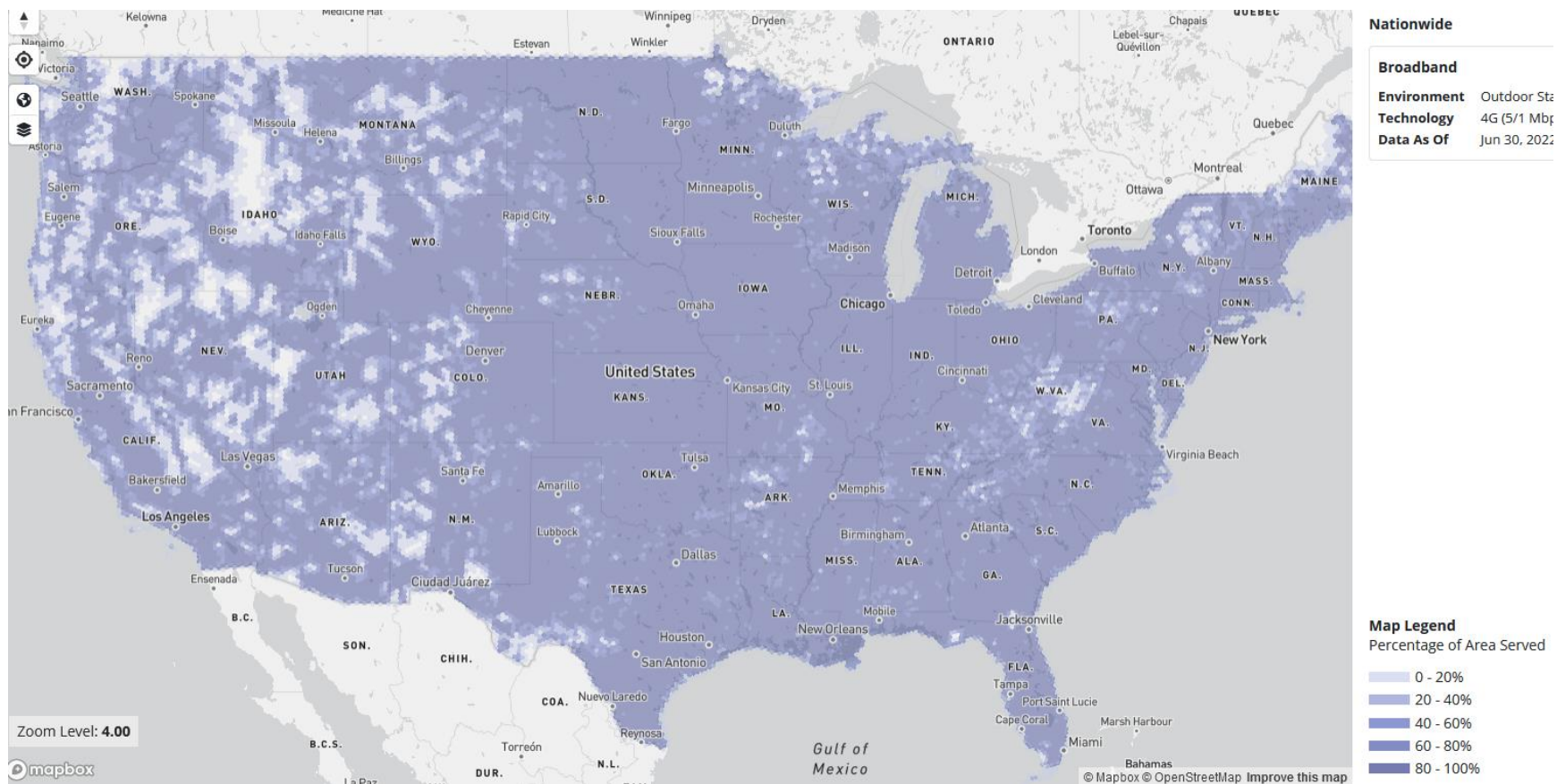
### Background and Policy Context

Transportation has long been cited as a concern for rural residents, but is rarely the focus of health services research.<sup>1</sup> As a social determinant of health, access to high-quality, affordable transportation is fundamental to mental, physical, and emotional well-being. For individuals with disabilities, those with low incomes, older adults, and others who may not have reliable access to a vehicle or be able to safely drive themselves, public and private transportation is critical to access health services, obtain food and other necessities, and engage with their communities.<sup>2</sup> Medicaid is currently an important source of transportation for individuals who qualify, providing emergency and non-emergency medical transportation. However, exact benefits vary by state, and the Centers for Medicare & Medicaid Services only permit reimbursement for "loaded" miles in which the beneficiary is in the vehicle.<sup>3</sup> This puts rural transportation providers at a distinct disadvantage, since they need to bear the burden of driving more unreimbursed miles to pick up a passenger. The Federal Transit Administration's Section 5310 and 5311 programs are also important sources of transportation assistance in rural areas, providing federal matching dollars for public transportation for individuals with disabilities and rural areas, respectively.<sup>4</sup> However, these also rely on some funding and coordination at the state level, leading to disparities in access to and quality of transportation programs by state, and they alone may not be sufficient to address all rural transportation challenges.

In both rural and urban settings, transportation clearly impacts the usage of health care services, because individuals without reliable transportation are more likely to delay and forgo necessary appointments, preventive care, and health maintenance activities.<sup>5</sup> A study of more than 1,000 households in North Carolina found that those with a driver's license had 2.3 times more health visits for chronic care and 1.9 times more visits for regular checkup care than those who did not have a driver's license, and those who had family or friends who could

- Key rural-specific challenges:
  - Infrastructure (roads, bridges, availability of vehicles);
  - Geography;
  - Accessibility;
  - Political support and public awareness;
  - Financial resources

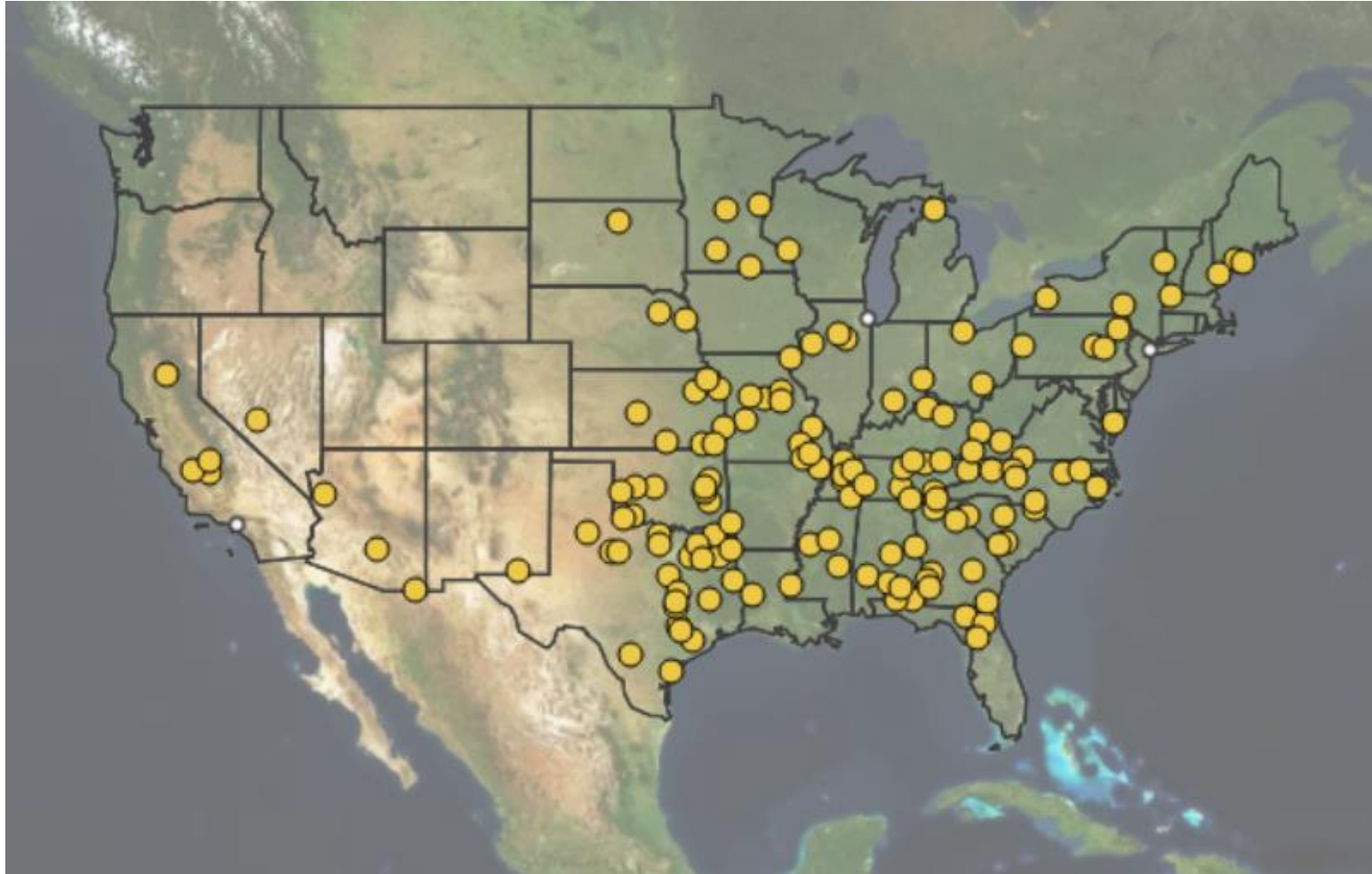
# Broadband Access



Source: Federal Communications Commission (2022)



# Rural Hospital Closures Since 2010



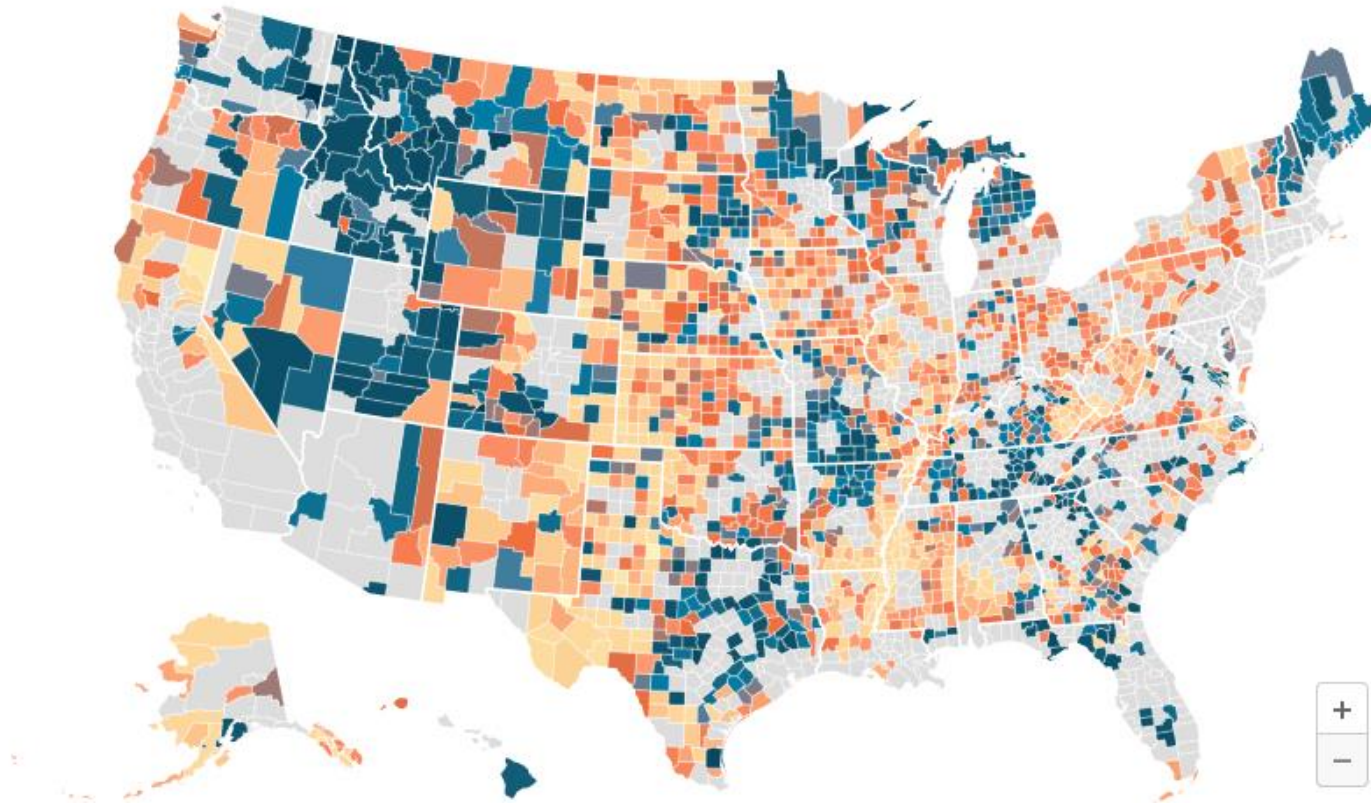
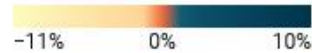


# Rural Populations are Changing

## Population Change, 2021-2022

Rural and national population change estimates.

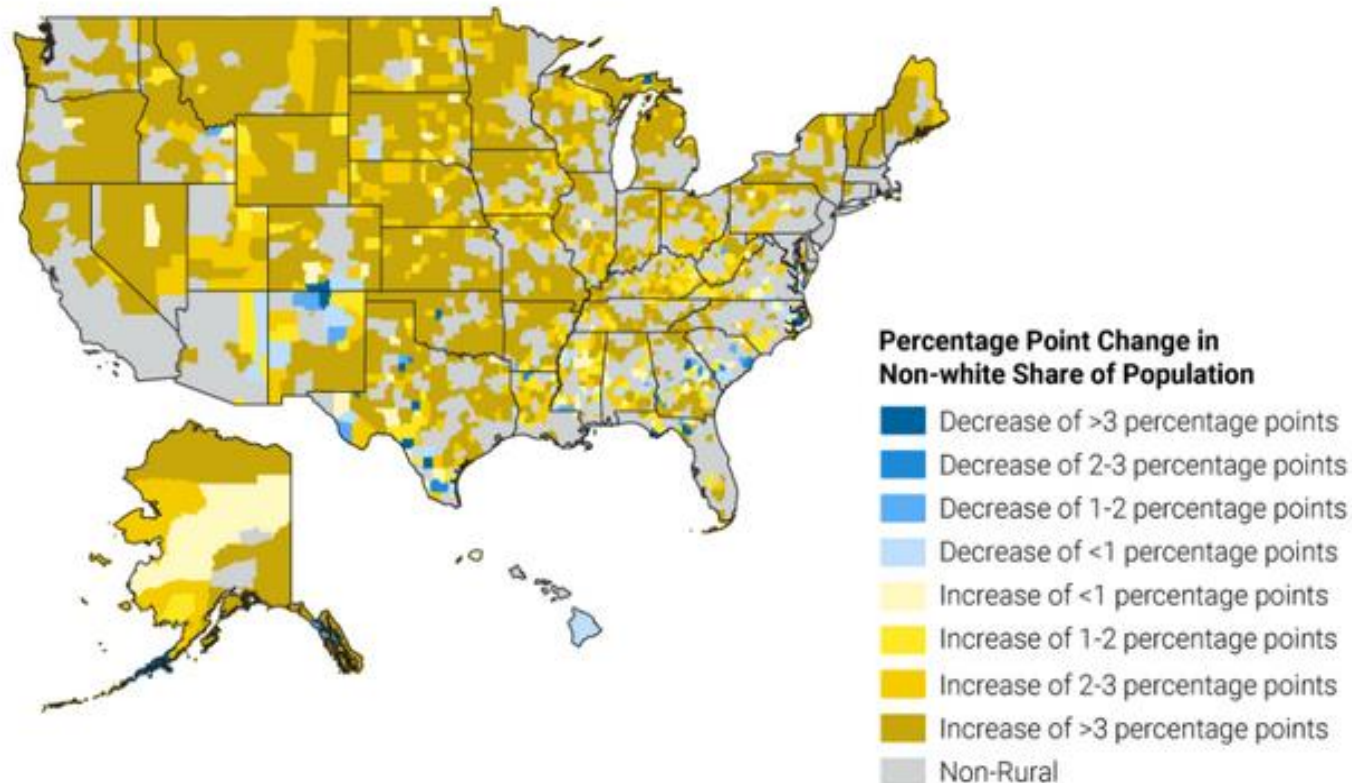
U.S. Rural



Source: Marema & Melotte (2023), *The Daily Yonder*

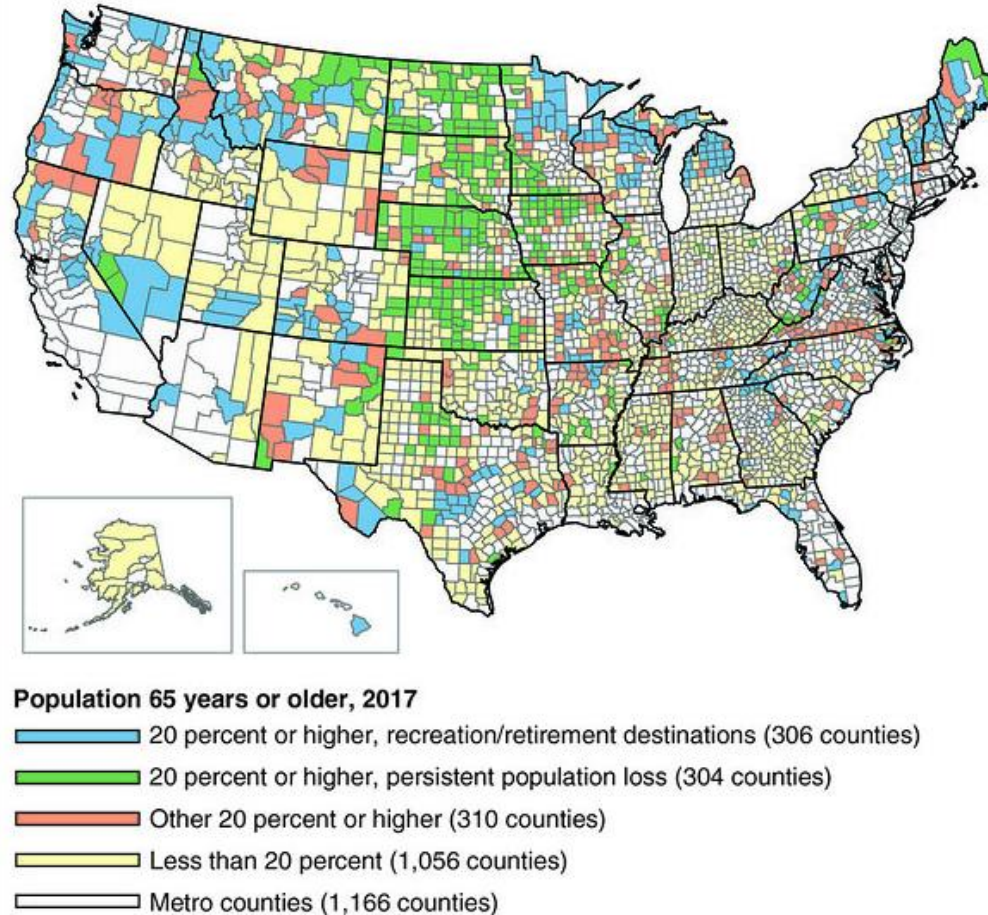
# Rural Areas Are Becoming More Diverse

Figure 1. Change in Rural Population of Color, 2010-2020



Source: Rowlands & Love (2021) <https://www.brookings.edu/articles/mapping-rural-americas-diversity-and-demographic-change/>

# (Many) Rural Areas are Getting Older



Source: Cromartie, USDA ERS (2018)

<https://www.usda.gov/media/blog/2018/12/20/rural-aging-occurs-different-places-very-different-reasons>

# What Do the Data Say about Social Well-Being?

THE JOURNAL OF RURAL HEALTH



ORIGINAL ARTICLE

## Differences in Social Isolation and Its Relationship to Health by Rurality

Carrie Henning-Smith, PhD, MPH, MSW; Ira Moscovice, PhD; & Katy Kozhimannil, PhD, MPA

Rural Health Research Center/University of Minnesota School of Public Health, Division of Health Policy and Management, Minneapolis, Minnesota

### Abstract

**Purpose:** Social isolation is an urgent threat to public health. Meanwhile, health outcomes across multiple measures are worse in rural areas, where distance to neighbors is often greater and opportunities for social interaction may be scarcer. Still, very little research examines rural-urban differences in social isolation. This study addresses that gap by examining differences in social isolation by rurality among US older adults.

**Methods:** Using Wave 2 of the National Social Life, Health, and Aging Project data ( $n = 2,439$ ), we measured differences between urban and rural (micropolitan or noncore) residents across multiple dimensions of social isolation. We also conducted multivariable analysis to assess the associations between rurality, sociodemographic characteristics, and loneliness, overall and by rurality. Finally, we conducted multivariable analysis to assess the association between social isolation and self-rated health, adjusting for rurality.

**Findings:** Compared to urban residents, rural residents had more social relationships and micropolitan rural residents were more likely to be able to rely on family members (95.8% vs 91.3%,  $P < .05$ ). Micropolitan rural residents reported lower rates of loneliness than urban residents after adjusting for sociodemographic and health characteristics ( $b = -0.32$ ,  $P < .05$ ), whereas non-core rural, non-Hispanic black residents had a greater likelihood of reporting loneliness ( $b = 4.33$ ,  $P < .001$ ).

**Conclusions:** Overall, noncore and micropolitan rural residents reported less social isolation and more social relationships than urban residents. However, there were differences by race and ethnicity among rural residents in perceived loneliness. Policies and programs to address social isolation should be tailored by geography and should account for within-rural differences in risk factors.

**Disclosures:** The authors are aware of no conflicts of interest or financial conflicts.

**Funding:** This study was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), US Department of Health and Human Services (HHS) under PHS Grant No. 5U1CRH03717. The information, conclusions and opinions expressed in this paper are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

For further information, contact: Carrie Henning-Smith, PhD, MPH, MSW, Division of Health Policy and Management, University of Minnesota School of Public Health, 2221 University Ave. SE, Suite 350, Minneapolis, MN 55414; e-mail: henn0329@umn.edu.

doi: 10.1111/jrh.12344

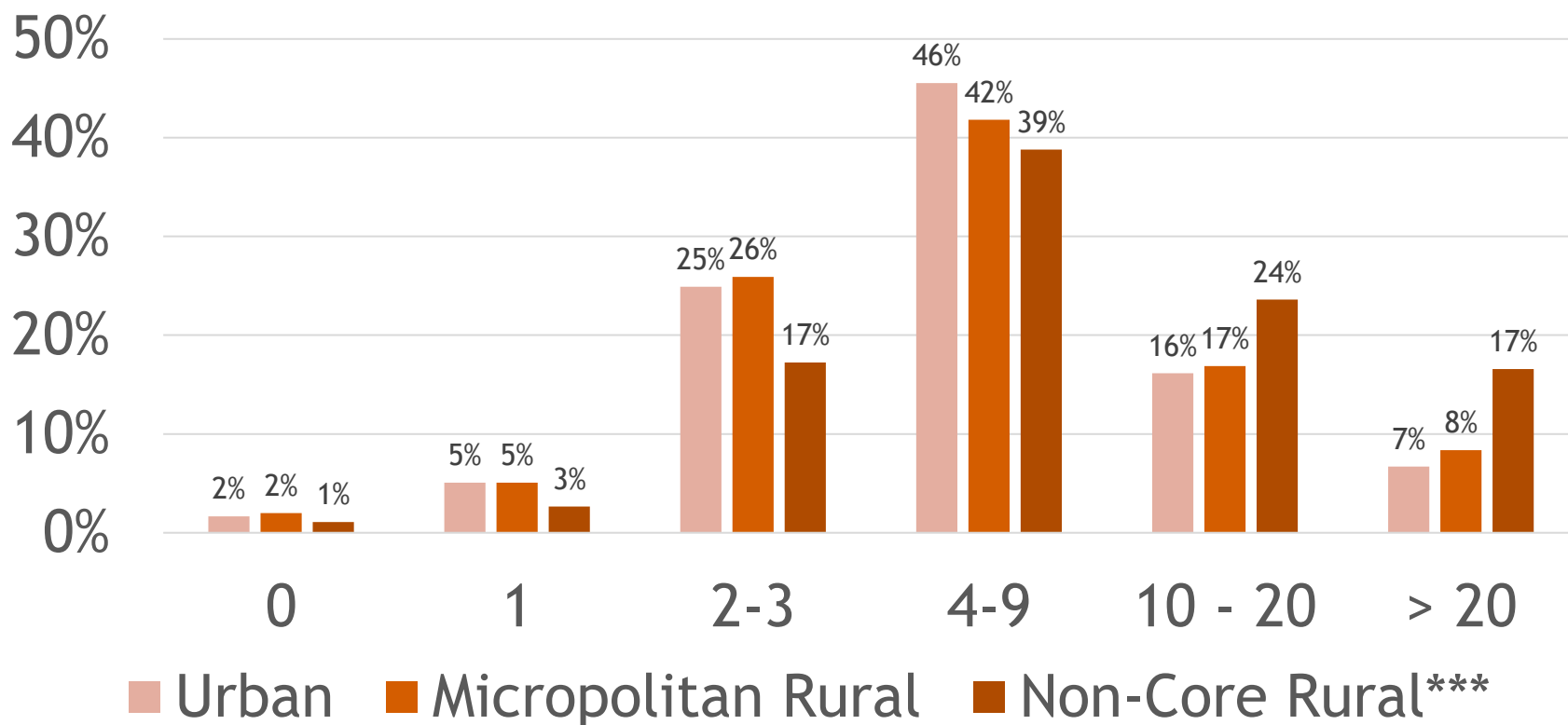
Rural/urban differences in social isolation and loneliness for older adults (ages 65+)

Source: Henning-Smith et al. (2019) *Journal of Rural Health*



# Rural-Urban Differences: Family

## Number of Close Relatives

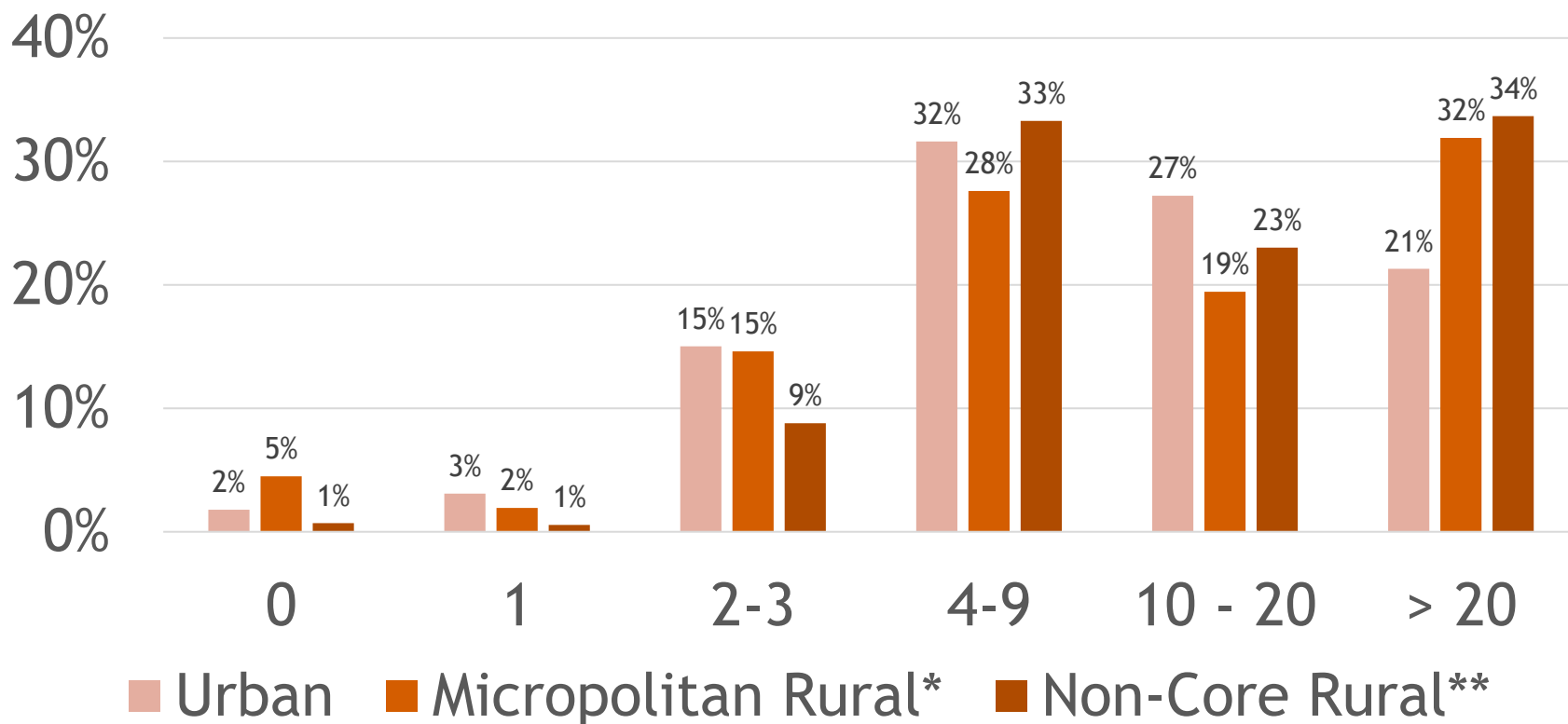


\*\*\*Non-core different than urban at  $p < 0.001$



# Rural-Urban Differences: Friends

## Number of Friends

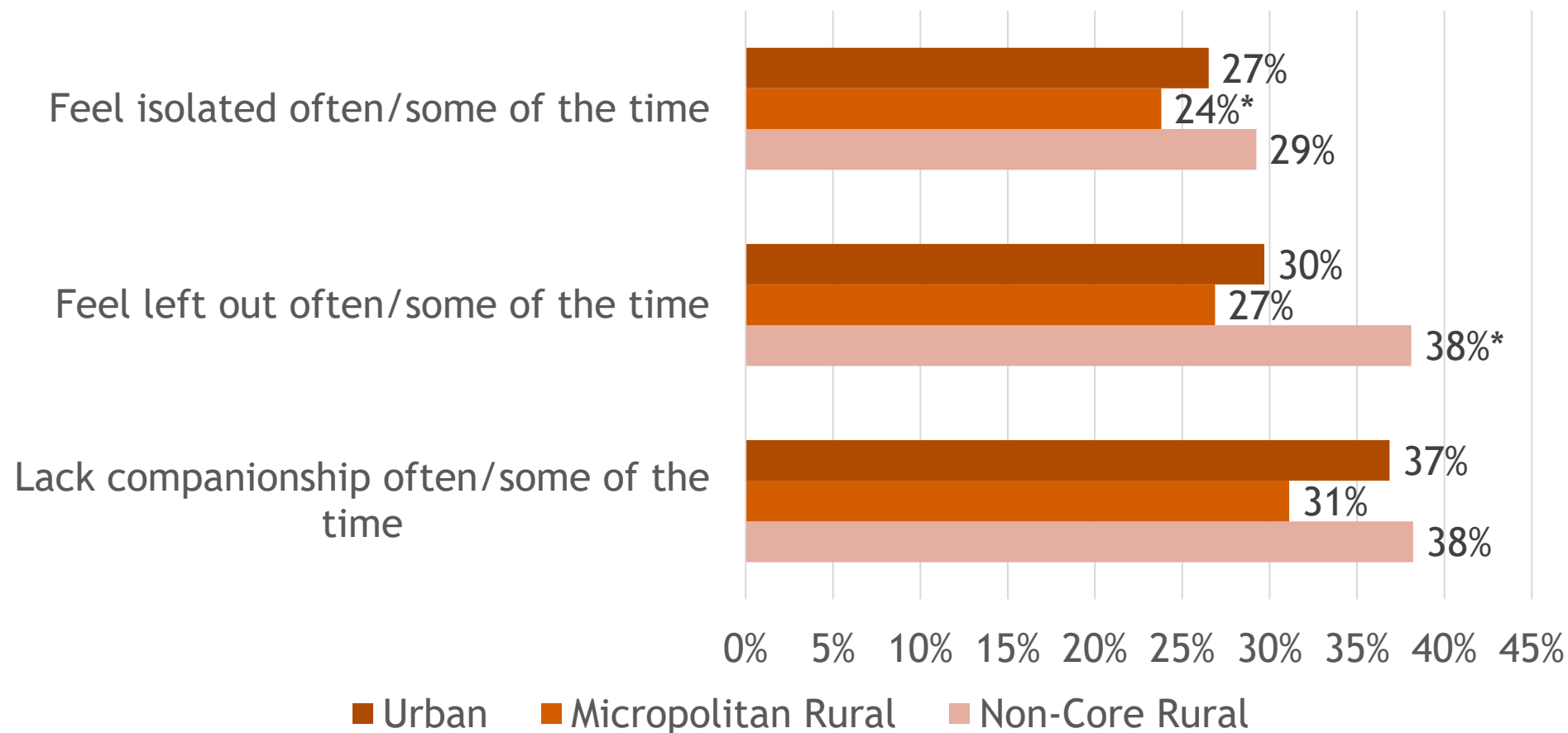


\*Micropolitan different than urban at  $p < 0.05$ ;

\*\*Non-core different than urban at  $p < 0.01$

Source: Henning-Smith et al. (2019) *Journal of Rural Health*

# Rural-Urban Differences: Loneliness



\*Different than urban at  $p < 0.05$

Source: Henning-Smith et al. (2019) *Journal of Rural Health*

# What Do the Experts Think?

POLICY BRIEF  
October 2018



## Key Informant Perspectives on Rural Social Isolation and Loneliness

Carrie Henning-Smith, PhD

Alexandra Ecklund, MPH

Megan Lahr, MPH

Alex Evenson, MA

Ira Moscovice, PhD

Katy Kozhimannil, PhD

### Key Findings

- Twenty-two key informants across multiple sectors identified four main areas in which social isolation may affect health: mental health, general health and well-being, diminished access to basic resources, and quality of life. Mental health was the most frequently mentioned theme.
- Rural-specific issues related to addressing social isolation emerged in five areas: transportation, technology, demographics, access to resources, and rural culture.
- Over time, there have been changes related to technology, resource constraints, demographic shifts, and cultural shifts that have affected those who are socially isolated and those attempting to mitigate the impact of social isolation in rural areas.
- Possible strategies to support socially isolated individuals in rural areas include improvements in transportation, technology, health care, collaboration across sectors, increased support and infrastructure, education and awareness, and increased resources and funding.

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### Purpose

Social isolation has received widespread recognition as an urgent public health problem, yet limited information specific to rural areas is available on this issue, making it difficult to design effective interventions to address isolation among rural residents. This policy brief uses data from interviews with 22 key informants in 12 states, all of whom were experts in the issue of social isolation and/or rural health, to describe key challenges and opportunities related to rural social isolation.

### Background and Policy Context

Social isolation encompasses objective lack of social contact, or social disconnectedness, as well as more subjective feelings of loneliness, both of which affect health.<sup>1</sup> It is directly related to increased morbidity and mortality, both of which are elevated in rural areas, compared with urban areas.<sup>2,3</sup> In fact, recent research shows that social isolation poses as great of a risk to mortality as obesity and smoking.<sup>4,5</sup> Social isolation has been linked to increased health care costs,<sup>6</sup> and with a variety of poor health outcomes, including increased risk of high blood pressure, stress, substance use, depression, suicide, and Alzheimer's disease, as well as diminished immune system functioning.<sup>7</sup>

Given the geographic and spatial aspects of social isolation as well as the uniqueness of rural communities and life experiences, specific attention should be paid to social isolation in rural areas. Rural-tailored information could inform effective intervention strategies to increase social connection in these communities. However, research on rural-urban differences in social isolation is limited and more information is needed regarding effective strategies to inform policy-making. This policy brief addresses gaps in the literature and provides policy-relevant information by identifying key issues in rural social isolation and potential opportunities to intervene, based on interviews with rural stakeholders who are actively working on issues related to social isolation in their communities.

### Approach

We interviewed 22 key informants across 11 states (CA, GA, IL, IN, MI, MN, MO, MT, NC, NM, and UT), plus the District of Columbia with expertise in the area of rural health and/or social isolation. We identified key informants through literature and online searches and relied on a snowball sampling technique, in which key informants were asked to nominate others with expertise in the topic. We purposefully included key informants working in different sectors, including academia, health care, advocacy, and direct service. We also included key informants with national, state, and local foci of their work and focusing on different pop-

- Key informant interviews (n=22)
- Semi-structured interviews
- Inductive content analysis

# Key Rural-Specific Challenges

- Five themes:
  - Transportation
  - Technology
  - Demographics
  - Access to resources
  - Rural “culture”





# Transportation Challenges

- Most frequently endorsed theme
- Limited transportation resources and infrastructure constrain social contact
- Long distances make access to providers, events, and resources challenging





*“Our bus doesn’t run on Sundays. So, you’re losing that whole weekend day that you could say, ‘Hey! We’re going to have a big picnic at the park!’ because then you have to figure out who’s coming and who needs rides...the logistics are really, really hard.”*

Sector: Direct service; Focus: Recent immigrants

# Technology Challenges



- Limited Internet, broadband access, and cell connectivity
- More restricted access to devices and resources, compared with urban

*“We have this great idea going out, but can’t do it for people in the smaller communities because there’s no internet access. No cell signals in the area. There are certain places where there are dead spots and that’s where people live.”*

Sector: Direct service; Focus: Older adults

# Demographics

- Aging population, younger people moving to urban areas
- Families becoming more geographically distant
- Poverty
- Increasing racial and ethnic diversity, but limited availability of culturally- and linguistically-appropriate services for recent immigrant populations





# Access to Resources



- Fewer formal programs and gathering spaces
- Low population density
- Health care constraints and workforce shortages
- Fewer available volunteers

*“As an EMT, I’ve gone on a lot of 911 calls because they didn’t have anyone else in their life. I don’t know how many runs I’ve gone on that are caused by loneliness, but it’s more than you would think.”*

Sector: Health care; Focus: All ages/groups

# Rural “Culture”

- Strength and size of rural families
- May be isolating to be “different”
- Shift toward being less likely to know one’s neighbor; increased political divides



# Rural-Specific Challenges for Unpaid Caregivers

POLICY BRIEF  
August 2018



## Perspectives on Rural Caregiving Challenges and Interventions

Carrie Henning-Smith, PhD  
Megan Lahr, MPH

### Key Findings

- Forty-one key informants across multiple sectors identified challenges, recent changes to rural caregiving, and strategies related to supporting informal (unpaid) caregivers in rural areas.
- Main challenges relate to access to resources, transportation, culture, demography, and isolation.
- Recent changes to rural caregiving relate to technology, demographic shifts, financial pressure, and changes in awareness and information.
- Possible strategies to support rural caregivers include increasing funding, developing a national strategy, and expanding access to resources.

rhrc.umn.edu

### Purpose

Unpaid, informal caregivers provide the vast majority of all long-term care in the United States. However, little is known about specific challenges they face in rural areas or what can be done to support them. This brief presents findings from key informant interviews describing challenges and opportunities related to supporting informal caregivers in rural areas. A [related policy brief](#), "Resources for Caregivers in Rural Communities," provides details about specific programs serving caregivers in rural areas.

### Background and Policy Context

Currently, the vast majority of all long-term care needs, broadly defined as an individual needing help with personal care and performing daily activities, is provided by informal (unpaid) caregivers.<sup>1</sup> In fact, recent estimates suggest that 80-90% of all long-term care needs are met by informal caregivers, usually family members, and more than 44 million Americans are currently providing unpaid care to a loved one, with the majority of care recipients being older adults.<sup>2,3</sup> The value of unpaid caregiving has been estimated at nearly \$500 billion annually, yet it receives far less research attention than institutional care or home health services. Caregiving, especially without appropriate support, is associated with various poor health outcomes for the caregiver.<sup>3</sup>

The entire U.S. is aging quickly, leading to increased need for caregiving.<sup>4</sup> Rural areas have an older population structure than urban areas and face shortages in the formal long-term care workforce,<sup>5</sup> pushing even more of the burden of care to unpaid caregivers. Additionally, rural residents anticipate that they will need more assistance from caregivers with activities of daily living as they age than urban residents.<sup>6</sup> Despite this, caregiver support programs are no more prevalent in rural areas, and are scarcer for some populations, including employed caregivers, who have fewer workplace supports available to them.<sup>7,8</sup> This leaves rural caregivers who may need help most at the greatest risk of not receiving it.

There are multiple ways in which policy can impact the health and wellbeing of caregivers and their care recipients; however, there is limited research on either the specific challenges faced by rural caregivers or policy levers to support their needs, specifically in a rural context. This brief identifies potential strategies for supporting rural caregivers using information from key informant interviews from experts in informal caregiving across the country.

### Approach

Data for this study come from 41 key informants across 34 interviews (some interviews had multiple informants participate). We identified key

- Key informant interviews (n=41)
- Five themes identified:
  - Access to resources
  - Transportation
  - Rural “culture”
  - Demography
  - Isolation



# Rural Caregiving Isolation Quotes

*Isolation is also a really big issue. It's a problem for both caregivers and care recipients—for caregivers, if they want to go to town for a quick break, they often can't, because there isn't someone living next door who can come over and help them. The isolation can lead to depression and anxiety. Many older adults used to be social and go into town a lot, but then health problems make it harder for them to do so.*

*There aren't as many providers (respite, companion care, adult day services)—and people who live on farms or ranches can't leave their care recipient at home, so a lot of them take their care recipient with them as they plow the fields, and leave them in a truck to wait—which is dangerous. It's a huge struggle if there isn't a respite or care center to go to, and those [care centers] need special licenses so aren't that many.*

# Isolation and Loneliness Among Farmers and Farm Families

JOURNAL OF AGROMEDICINE  
2022, VOL. 27, NO. 1, 15–24  
<https://doi.org/10.1080/1059924X.2021.1893881>



Check for updates

## Farmer Mental Health in the US Midwest: Key Informant Perspectives

Carrie Henning-Smith<sup>a\*</sup>, Andrew Alberth<sup>a</sup>, Andrea Bjornestad<sup>b</sup>, Florence Becot<sup>c</sup>, and Shoshanah Inwood<sup>d</sup>

<sup>a</sup>Division of Health Policy and Management, University of Minnesota School of Public Health, Minneapolis, Minnesota, USA; <sup>b</sup>Extension Mental Health Specialist, College of Education and Human Sciences, South Dakota State University, Brookings, South Dakota, USA; <sup>c</sup>National Farm Medicine Center, Marshfield Clinic Research Institute - Marshfield Health System, Marshfield, Wisconsin, USA; <sup>d</sup>School of Environment and Natural Resources, The Ohio State University, Wooster, Ohio, USA

### ABSTRACT

In this study, we seek to illuminate: (1) the ways farm service providers and mental health professionals understand the drivers of farm stress, (2) the strategies, challenges, and opportunities farm service providers and mental health professionals identify for supporting the mental health needs of farm families, and; (3) opportunities for future research and outreach to improve the mental health of farmers in the U.S. Midwest region. We obtained qualitative data from a series of semi-structured key informant interviews with 19 subject matter experts, using content analysis to identify themes across four domains: main challenges, unique impacts by subpopulation, coping strategies, and interventions and recommendations. The key informants we interviewed identified a variety of acute and chronic stressors, including several that are structural, rather than individual and interpersonal, and which lie outside of the control of farmers themselves. They also highlighted diversity within farm populations by socio-demographic and farm characteristics as well as positive and negative coping strategies, with negative being more common. For interventions and recommendations, they stressed the importance of education on mental health, improving access to care, and addressing root causes of stress. While farmer stress is well-documented, less is known about the perspectives of farm service professionals and mental health providers who care for them. The insights from this study add important information on how to best support the immediate and long-term mental health needs of farmers and farm families in the U.S. Midwest and beyond.

### ARTICLE HISTORY

Received 29 July 2020  
Revised 23 November 2020  
Accepted 10 December 2021

### KEYWORDS

Mental health; farmers; farm families; stress and coping; service delivery

## Introduction

Globally the farm sector has long experienced higher stress, depression, and suicide rates than the general population.<sup>1–12</sup> In the United States (U.S.), both agricultural and mental health professionals raised alarms over increasing rates of stress and suicide that

agriculture supply chain and is compounding the existing stress farmers and farm families are experiencing.<sup>16–18</sup>

A long-standing interdisciplinary body of national and international research has documented the origins and types of mental health stressors, how they manifest, and the outcomes of these

- Qualitative analysis:
  - Isolation emerged as theme
    - Self isolation as negative coping mechanism
    - Geographic isolation
- Environmental scan of 12-state North Central Region:
  - Most resources to support mental health, wellbeing, and connectedness among farmers are informational/self-directed

*Funding from NCRCD; collaboration with Alberth, Becot, Bjornestad, & Inwood*

# Where Do We Go From Here?



- Need for rural-specific, flexible, and inclusive policies and programs
- Address structural factors that impact health and social well-being
- Build on strength in rural areas



# Policy Implications



- Continued investment in infrastructure, including broadband and transportation
- Economic policy to provide time/resources for social engagement
- Attention needed for specific populations, including older adults, people with disabilities, caregivers, new residents, minoritized individuals





# Thank you!

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For more than 30 years, the Rural Health Research Centers have been conducting research on healthcare in rural areas.



The Rural Health Research Gateway ensures this research lands in the hands of our rural leaders.

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