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)
Improving Rural Health by Focusing on Social Well-being

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NCRCRD Webinar
November 8, 2023
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

• Funding:
  - The UMN RHRC is supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under PHS Grant #5U1CRH03717. The information, conclusions and opinions expressed are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.
Social Isolation, Loneliness, and Health

- 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

Sources: Hafner, 2016; Holt-Lunstad et al., 2015; Nicholson, 2012; DiNapoli et al., 2014
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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Additional Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social isolation</td>
<td>$134</td>
</tr>
<tr>
<td>Arthritis</td>
<td>$117</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>$163</td>
</tr>
<tr>
<td>Heart disease</td>
<td>$241</td>
</tr>
<tr>
<td>Diabetes</td>
<td>$270</td>
</tr>
</tbody>
</table>

Sources: Flowers et al., 2017; Cigna, 2022; AARP Public Policy Institute, 2017
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
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

• 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

Source: Henning-Smith (2020) The Hill
- 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

Percentage of Adults with Disabilities by Urbanization Level*, 2016, BRFSS

- Noncore (rural)
- Micropolitan
- Small metropolitan
- Medium metropolitan
- Large fringe metropolitan
- Large central metropolitan

Source: Zhao et al. (2016) American Journal of Preventive Medicine
Living Alone More Common in Rural Counties

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

Source: Henning-Smith et al. (2020) University of Minnesota Rural Health Research Center
Rural Transportation Challenges

- 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

Source: University of North Carolina Sheps Center (2023)
Rural Populations are Changing

Population Change, 2021-2022
Rural and national population change estimates.

Source: Marema & Melotte (2023), The Daily Yonder
Rural Areas Are Becoming More Diverse

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

(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?

Differences in Social Isolation and Its Relationship to Health by Rurality

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

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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 = 2,419), we measured differences between urban and rural (metropolitan 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 metropolitan rural residents were more likely to be able to rely on family members (95.8% vs 91.3%, P < .05). Metropolitan rural residents reported lower rates of loneliness than urban residents after adjusting for sociodemographic and health characteristics (b = -0.32, P < .05), whereas noncore rural, non-Hispanic black residents had a greater likelihood of reporting loneliness (b = 4.33, P < .001).

Conclusions: Overall, noncore and metropolitan 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.

Source: Henning-Smith et al. (2019) Journal of Rural Health
Rural-Urban Differences: Family

Number of Close Relatives

- **Urban**
- **Micropolitan Rural**
- **Non-Core Rural***

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

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

Key informant interviews (n=22)

Semi-structured interviews

Inductive content analysis

Source: Henning-Smith et al. (2018) University of Minnesota Rural Health Research Center
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

Photo Credit: Kathleen Henning
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

Photo: Sunburg, Minnesota
Rural-Specific Challenges for Unpaid Caregivers

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

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 NCRCRD; collaboration with Alberth, Becot, Bjorestad, & 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!

Carrie Henning-Smith

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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.

ruralhealthresearch.org

Funded by the Federal Office of Rural Health Policy, Health Resources & Services Administration