Rural Health

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Defining rural health

It is common to visualize a serene landscape with miles of green all around, rivers and streams flowing by, and birds singing under a bright blue sky whenever we hear about a location that has the term "rural" in front of it. However, leaving aside the romanticism of this term in popular culture, "rural" has no globally accepted definition, and may vary within countries as well. According to the Organization for Economic Cooperation and Development (OECD), rural regions are defined primarily based on population density (less than 150 people/sq. km) and the percentage of people (more than 50%) living in rural communities (Strasser, Kam, & Regalado, 2016). Additionally, the term "rural" is used to talk about land development, modern constructions, non-urban areas, distance from major cities, labor market dependency, access to resources, and so on. It is this access to resources – more specifically, lack of access to health resources – that broadly defines and characterizes rural health.

Underneath this broad stroke of resource access limitation are the experiential realities of health disparity, insufficient resources, fragmented delivery of service, shortage of clinicians, higher rates of some chronic illnesses, cancer, and limited health insurance (Bianco & Harter, 2014). Because of many of these similar health barriers, sometimes rural health is interchanged with Indigenous health. But that is not the case. The life, living, and health of Indigenous people are profoundly stained by colonization, which had a powerful impact on Indigenous people, their lands, and their ways of life. There are between 370 and 500 million Indigenous people in the world whose lives were upended at some point by colonization that negatively affected their mental, physical, emotional, social, and economic well-being. This specific context fundamentally differentiates Indigenous health needs and communication from rural ones.

Importance of rural health

Increasingly, scholars and practitioners from across the globe are expressing concern about the health scenario in rural spaces, especially in the Global South. International institutions and their initiatives such as the Sustainable Development Goals (SDGs) of the United Nations have paid close attention to health disparities in the underserved

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spaces. For instance, at least five SDGs are intimately tied to health and health-related aspects, for example, SDG 1 (no poverty), SDG 2 (zero hunger), SDG 3 (good health and well-being), SDG 6 (clean water and sanitation), and SDG 11 (reduced inequalities) are deeply intertwined with health issues. In other words, global initiatives, in order to achieve health for all, are emphasizing improving the health scenario in marginalized contexts, particularly in rural sectors.

Characteristics of rural health

Rural health is used interchangeably with rural healthcare, rural medicine, and rural public health. The concept is vastly interdisciplinary, including fields such as public health, nursing, telehealth, telemedicine, midwifery, geography, sociology, and economics. As mentioned above, rural health is characterized by health disparities on multiple levels. Individuals living in rural areas tend to have different healthcare needs than those living in urban ones (Canadian Institute of Health Information, 2017). For instance, many studies have shown that rural communities tend to have a lower percentage of people of working age, and a higher percentage of children and elderly people, who are very much dependent on others for their everyday living. Additionally, people living in rural areas tend to have less education when compared with urban populations, have weaker socioeconomic conditions, high rates of alcohol and tobacco usage, and a higher mortality rate. Globally, a common thread in rural communities is a high level of poverty that acts as a key barrier to accessing healthcare. Combined with this and other factors mentioned above, rural health, then, can only be examined in the context and backdrop of poverty, (lack of) access to resources, and other structural barriers.

Possible factors shaping rural health

Although different demographic, socioeconomic, personal, and workplace-related issues influence rural health needs, researchers and scholars have identified three interdependent variables that have influenced the current rural healthcare scenario: geographic setting, economics, and culture (Bianco & Harter, 2014). These three variables – functioning independently and in convergence – create communication challenges and opportunities for clinicians, patients, and health communication scholars. As such, it is useful to know more about them.

Geographic setting

A key factor impacting rural health powerfully is geographic setting. This goes beyond geography of a land and impacts cultural identity, rural communication, and health. In the United States, for example, the frontier and rural regions occupy 80% of the land mass although they are topographically diverse. However, they share many common

features such as relative isolation of several rural communities that lead to poor physical connectivity (e.g., roads, bridges, public transportation), a gap between clinicians and patients, and a knowledge gap. All of this works together to compound the physical and communicative distances even further.

Economics

The economic and financial constraints of rural communities understandably complicate rural healthcare access, service, and dissemination of health knowledge. There are many rural communities that are economically disadvantaged due to various reasons such as lack of natural resources, mining, agriculture (e.g., Appalachian Kentucky), or lack of planning and policy development. Other communities are sometimes dependent on labor-intensive industries that put workers at increased risk of physical harm, long-term health risks, and carcinogens. Such complexities, along with increasing gas prices and dependence on personal transportation, limit people's access to healthcare resources, which might otherwise have saved lives. Economic insolvency also limits the number of healthcare facilities, capacity, and staff in rural areas leading to a cyclical effect of healthcare crisis.

Culture

Communication scholars have always considered culture as a core component when discussing the health of a population. Community members of rural areas face health challenges that are culturally centered on their everyday lives and living. Also, such customized context can work as a platform for opportunities as well. As regards population and geography, being isolated means rural community members are more tightly knit and more socially supportive of one another than their urban counterparts. This results in more dependence on and trust of other members of their own community when it comes to medical information and the future course of action during health needs. Scholars note that such communities' definition of health itself (absence of any symptoms/illness) is culturally situated and any typical top-down health interventions (Kumar & Jamil, 2020) would not work well for them. In many instances rural health needs are framed against the backdrop of fatalistic health beliefs, a balance between financial capabilities and healthcare, and prioritizing family members' health needs over one's own (Jamil & Dutta, 2012).

Rural health advancements

The distance, structural, economic, and other contextual limitations have also led to innovative methods in rural health practices and delivery. One of the major ones involves using communication technologies, where physical patient–clinician communication has been limited in favor of digital meetings. Although this has become a global norm during the COVID-19 pandemic, rural areas in developed countries have been using this practice for some time now. Rural areas in the Global

South were not that accustomed to it, however. This practice is widely known as telehealth or mobile health, though some fine distinctions remain between the terms. High-speed Internet access and an increase in mobile device usage have assisted in achieving this in rural communities. Telehealth has also helped community members save on transportation time and costs, and helped in training medical staff remotely. Another advancement for rural health has to do with collaboration between clinicians where different clinicians have come to combine their resources and services for rural communities' health needs. Such collaborative networks can be a single-service clinician (e.g., cardiovascular diseases), or a full continuum of services.

Critical interrogation of rural health

Health communication scholarship, more specifically critical health communication studies, is invested in understanding the structural issues as well as overcoming the situated adversities at the margins (Dutta, 2015; Kreps, 2005). According to critical health communication scholars, underserved populations (being at the bottom of socioeconomic strata) are experiencing large-scale health disparities and are constantly negotiating with these health inequalities (and their consequences) in their everyday existence. People living in rural areas constitute one such community/population.

Several international indices, such as the human development index and the healthcare index from the Global Burden of Disease (GBD) study, have depicted that rural underserved people rank low in such indices. These studies show that health is worse among the lower-class and lower-caste rural populations, especially those who live in geographically remote spaces. Therefore, the marginalized communities from remote rural areas are particularly vulnerable and at significant risk in comparison to the average populations.

Along with the socioeconomic factors, geographic remoteness and lack of appropriate health infrastructure(s) significantly contribute to health marginality. For instance, lack of access to basic health infrastructures and services (such as availability of hospitals and doctors per capita) make rural underserved populations' health and well-being more vulnerable. In various places of the Global South, such as in India and Bangladesh, recent studies show that a large section of the rural population has to travel more than one hundred kilometers to access hospitals and medical support.

In addition, budgetary allocations and governmental investments in health issues in developing countries are significantly lower as compared to the global average. Such a trend, too, has contributed to the deteriorating conditions of rural health in the Global South. Moreover, recent studies reveal that out-of-pocket expenditures on health among the underserved populations in less-developed nations are high, which eventually contributes to intensifying health disparities at the margins. Another key aspect is structural violence, which has been enacted in rural populations since the colonial era. In this postcolonial era, capitalist and neoliberal forces are continually working toward fulfilling their agendas, which not only reminds us of colonial oppression and dominance, but also reveals how the dominant forces are successfully maintaining the

status quo. Consequently, the situation of the rural poor is consistently worsening and the gaps between the haves and the have-nots are increasing.

The scholarship of critical health communication pays attention to the structural violence and communicative erasures, which are precursors to lack of access to health resources as well as health inequalities (Dutta & Dutta, 2013). Therefore, reflexive engagements with the marginalized communities, according to critical perspectives, are crucial in understanding and deconstructing the interplays of power and control. With an aim to bring about meaningful changes in underserved rural spaces, critical health communication scholars pay attention to local voices and narratives as well as the counterhegemonies intertwined with the conditions of health marginality. In doing so, researchers emphasize the importance of bridging and minimizing situated structural and communicative barriers in rural areas. In remote and Indigenous spaces, researchers have identified several communicative barriers, including linguistic barriers, illiteracy (or low literacy), and cautious skepticism, among others (Dutta, 2018). While trying to bridge the communication gaps, critical health communication scholarship also pays attention to raising critical consciousness about situated power dynamics and inequities in improving the health scenario in marginalized rural spaces.

Summary

As the rural population of the Global South experiences severe adversities and immense health risks, more and more communicative engagements are necessary to foreground delegitimized narratives as well as to co-create avenues for bringing about changes in underserved spaces. Particularly, in order to address rural health and contextual adversities, it is important to engage in community-based and community-centered approaches.

SEE ALSO: Global South; Health Activism; Health Campaigns: Underserved/Vulnerable Populations; Health Disparities: Access; Health Disparities: Indigenous: Asia; Social Movement and Change.

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