



COMMENTARY/POLICY

# Connecting the Dots: An Environmental Scan of Rural Health Associations in the United States

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## ABSTRACT

Residents living in rural areas across the United States (US) often struggle with social determinants of health and are more likely to face poor health outcomes resulting in preventable premature death. State rural health associations can be key agents to impact both upstream and downstream factors to achieve health equity. An environmental scan was performed from May to August 2024 to identify common areas of focus among state rural health associations in the US to inform potential programs or interventions for the Ohio Rural Health Association to consider. Information from the 44 state rural health associations in the US was collected and documented through a systematic process to find the areas most often addressed by these organizations. Education, advocacy, and partnerships were found to be themes across many of the state rural health associations, and exemplars in these subjects are shared to highlight best practices that may be replicated. The information gleaned from this environmental scan can be used to identify potential opportunities, assist in the development of priorities, and determine future directions of state rural health associations. This type of scan should be repeated every few years to observe any changes in the landscape of rural health needs and to identify emerging areas of focus and collaboration for state rural health associations.

**Keywords:** Rural health; Public health; Community resources; Health equity

## INTRODUCTION

Over 66 million people in the United States (US) live in areas defined as rural by the US Census Bureau.<sup>1</sup> Rural health across America faces unique challenges and opportunities, shaped by the distinct characteristics of rural communities.<sup>2</sup> Although the specific needs of rural communities may differ, many have similar health challenges related to high rates of chronic disease (eg, hypertension, obesity, diabetes, cancer), unintentional injury, and health behaviors (eg, smoking).<sup>2-6</sup> These health challenges are exacerbated by the social determinants of health likely faced by residents in rural areas, including lower socioeconomic status and lack of health insurance, transportation, and access to healthy foods.<sup>2-10</sup> Given the geographic isolation of rural areas, residents usually travel longer distances to health care facilities, producing additional barriers to receipt of timely care.<sup>3,5,6,10-12</sup> These factors combine to make rural residents more susceptible to preventable

premature death, making health equity an imperative for rural communities.<sup>3,12-17</sup>

National and state organizations focused on rural health are key to addressing these disparities and improving health outcomes for rural populations. The National Rural Health Association (NRHA) brings together thousands of members across the US to support rural health.<sup>18</sup> This national nonprofit organization provides leadership on rural health issues and represents the state rural health associations.<sup>19</sup>

In most states, including Ohio, there are many plans and strategies put into place to improve rural health. According to the US Census Bureau, Ohio has one of the largest rural populations with over 2.5 million people, or roughly 24% of the state's total population of 11.79 million, living in rural areas.<sup>20</sup> The Ohio State Health Improvement Plan lists rural residents as a priority population for its indicator to reduce premature death.<sup>21</sup> The Ohio State Office of Rural Health (SORH)<sup>22</sup> serves to advance health care delivery systems and access in rural areas





of Ohio through programs such as the Small Rural Hospital Improvement Grant Program, a federally-funded program which provides a framework and structure for hospitals to pursue performance improvement.<sup>23</sup>

Furthermore, there are organizations such as the Ohio Rural Health Association (ORHA) dedicated to rural health in Ohio.<sup>24</sup> In 2017, a team at Ohio University initiated the Ohio Rural Health Improvement Process.<sup>22,25</sup> Within this effort, the ORHA was established.<sup>22,25</sup> This initiative was supported by several key partners, including SORH, NRHA, and various local organizations committed to enhancing health care delivery in Ohio's rural regions.<sup>25</sup> In 2021, in collaboration with its partners, ORHA published the Ohio Rural Health Improvement Plan.<sup>25,26</sup> This strategic blueprint highlighted opportunities for policy development, workforce training, and community engagement to bolster rural health infrastructures statewide.<sup>26</sup>

From the outset, ORHA described itself as “a growing organization of passionate volunteers and diverse board members from many areas of care including hospitals and clinics, individual care providers, chief executive officers and administrators, researchers and teachers, health departments, area social agencies, and legislators.”<sup>27</sup> This breadth of representation ensures that ORHA's approach to improving rural health is informed by firsthand knowledge of the problems and solutions that matter most. Whether it is a rural nurse practitioner struggling to secure supplies, a rural hospital administrator working to recruit new staff, or a community health educator striving to address rural social determinants of health, ORHA's member organizations and individuals bring critical insights to the table. The ORHA exemplifies how a well-organized, inclusive, and dedicated association can drive meaningful change and stands at the forefront of efforts to ensure that rural communities receive the health care resources and support they need to thrive.<sup>27</sup>

At its core, ORHA's mission revolves around strengthening the health, well-being, and vitality of Ohio's rural communities.<sup>27</sup> By doing so, the organization helps communities identify systemic gaps and practical, sustainable solutions improving access to care and promoting healthier lifestyles. As it continues to grow and actualize its mission statement, the ORHA leadership team thought an environmental scan would be helpful to identify best practices and areas of focus for statewide rural health associations across the US in order to glean ideas and identify potential resources and initiatives for ORHA to consider.

### Environmental Scan

The nationwide environmental scan occurred from May to August 2024. The primary question guiding the process was, “How can Ohio become a leader in the rural health space?” To answer this question, the states with established associations were studied, examining the services, programs, grants, funding opportunities, and the overall structure of each organization.

Utilizing resources from the NRHA, a comprehensive list of states with rural health associations was created; US territories were not examined. Forty-four of the 50 US states have an active rural health association.<sup>19</sup> Six are part of a consortium within the US and the only one of its kind:

the New England Rural Health Association (NERHA) comprising Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.<sup>28</sup> Per the NRHA, 6 states are without rural health associations: Alaska, Nevada, New Jersey, Wisconsin, Wyoming, and South Dakota.<sup>19</sup>

Information was collected through a systematic process: first, by identifying and recording each association's mission statement and leadership structure, and then by gathering detailed information on the programs and services offered. All information was obtained directly from each association's website or from the Rural Health Information Hub.<sup>29</sup> All findings were logged into data collection sheets, with notes on each association compiled into a comprehensive document to review for final analysis and identification of common themes.

### Areas of Focus for State Rural Health Associations

There were 3 areas of focus commonly identified among the statewide rural health associations: education, advocacy, and partnerships. Each of these focus areas were employed by rural health associations to advance the health of their residents. Below are illustrative examples of how state rural health associations support programming and initiatives in these areas.

#### Education

Most state rural health associations included education as a component of their mission statement. They want to educate and provide the resources to continue to educate the public and health care professionals. Two state associations in particular, the Rural Health Association of Arkansas (RHAA)<sup>30</sup> and the Florida Rural Health Association (FRHA),<sup>31</sup> provide unique education opportunities for health care students and professionals.

The RHAA offers a unique opportunity for health professions students specifically called “student engagement field trips.”<sup>32</sup> The purpose of these student engagement field trips is to provide medical students the opportunity to learn and understand what rural health looks like in Arkansas. Students from the local programs such as the University of Arkansas for Medical Sciences, Arkansas College of Osteopathic Medicine, and the New York Institute of Technology-Arkansas take these opportunities to network with practicing health care professionals in that space, go out to rural clinics to get to know the residents of Arkansas, and better understand the importance of rural health.<sup>32</sup>

As critical as it is for students to learn about pursuing a career in rural health, it is essential for those already practicing health care to be educated and understand the needs of the rural populations. The FRHA is one of the state rural health associations partnering with Project ECHO to offer webinars preparing providers and educators for various services needed for rural Florida residents.<sup>33</sup> Project ECHO (or Extensions for Community Healthcare Outcomes) is an innovative model to provide training and mentorship to bolster health systems to enable faster access to the highest quality health care.<sup>34,35</sup> Through Project ECHO, the FRHA has sponsored webinar series focused on topics such as health literacy and pediatric pulmonary disorders, among others.<sup>36,37</sup>



## Advocacy

The International Centre for Policy Advocacy describes policy advocacy as “the process of negotiating and mediating a dialogue through which influential networks, opinion leaders, and, ultimately, decision makers take ownership of your ideas, evidence, and proposals, and subsequently act upon them.”<sup>38</sup> In order to have a healthy population, legislation needs to be in place for the betterment of individuals.<sup>39</sup> Rural state health associations advocate for rural populations, with the Hawai’i State Rural Health Association (HSRHA)<sup>40</sup> and Rural Health Association of Tennessee (RHA)<sup>41</sup> as 2 exemplars.

The HSRHA policy and advocacy web page is a valuable resource for understanding the state of rural health in Hawai’i and enables all residents to know how to support advocacy and policy efforts.<sup>42</sup> One of its strengths is clearly articulating HSRHA’s mission and the importance of its work.<sup>43</sup> The organization emphasizes that every Hawaiian resident should be aware of its commitment to rural communities, particularly in addressing health inequities, recruiting and training health care workers, and improving access to care. They provide a clear overview of their actions, from meeting the needs of rural communities to serving as a unified voice for policymakers and the public. Their efforts focus on strengthening rural health advocacy through consistent engagement with key stakeholders. In addition, HSRHA formed a community caucus ensuring that policymakers and government officials at the county, state, and federal level are briefed and educated on the challenges that rural health faces. In conjunction with other groups, HSRHA has provided testimony regarding rural health issues before the state legislature. The HSRHA outlines their yearly activities and demonstrates how they actively collaborate with various groups to develop sustainable solutions for the health care system’s challenges.<sup>42,43</sup>

Another example is RHA,<sup>41</sup> whose advocacy mission closely aligns with HSRHA. The RHA mission is to “lead the way to a healthier Tennessee [through] partnerships, advocacy, education, and resources.”<sup>44</sup> The RHA places great emphasis on connecting members with government officials at both the state and federal levels, media, and other rural health stakeholders through its Rural Health Action Center.<sup>45</sup> The RHA Action Center is an extensive advocacy platform that facilitates members contacting their legislators<sup>46</sup> and local media outlets<sup>47</sup> and provides detailed information regarding relevant bills being considered by the Tennessee General Assembly<sup>48</sup> as well as upcoming elections and voter registration requirements across the nation.<sup>49</sup> On their website, RHA provides a document outlining their top 10 policy goals and top 5 legislative priorities along with a strategy guide.<sup>50</sup>

## Partnerships

Partnerships are important for any association to become closer with the people they are serving and to cultivate collaborations with other organizations to combine their skills, resources, and expertise to achieve greater goals than they could alone.<sup>51</sup> Recognizing no single entity can address the complex issues affecting rural health, rural health associations bring together health care providers, community leaders, public health officials, and business stakeholders, among other

organizations. Several state rural health associations mention in their mission statements their partnerships with individuals and/or organizations, and the NERHA<sup>28</sup> and Indiana Rural Health Association (IRHA)<sup>52</sup> provide examples of interesting partnerships formed between state rural health associations and other entities.

The NERHA, representing 6 New England states, has 2 major partnerships aiding in their mission: MCD Global Health and Spacelabs Healthcare.<sup>53</sup> They both are integral partners for the NERHA because they work to advance health care on several fronts, such as telehealth, software and informatics and empower health care teams to strive for the best health outcomes for patients. These partnerships are important for the NERHA because they allow them to have more options for rural residents in the respective states they represent.<sup>53</sup>

The IRHA has several noteworthy partnerships. One is the Business Partner Network which provides a list of organizations with expertise in various areas (eg, accounting, information technology, marketing, management) that its members can turn to for needed services.<sup>54</sup> Another is the Community Paramedicine Program providing programmatic assistance to rural communities utilizing community paramedicine and mobile integrated health to address areas such as chronic disease management, maternal/infant health, and hospital readmissions.<sup>55</sup> The IRHA also established the Indiana Statewide Rural Health Network comprising Indiana critical access and rural hospitals.<sup>56</sup>

## PUBLIC HEALTH IMPLICATIONS

Rural areas often face a unique constellation of challenges: geographic isolation, a shortage of health care professionals, limited transportation options, older populations with higher rates of chronic disease, and social determinants affecting health outcomes.<sup>2-15</sup> Since 1 in 5 people in the US live in rural areas,<sup>1</sup> it is important to raise awareness about what rural health associations do and the potential impact they can have. To our knowledge, this is the first comprehensive environmental scan performed collecting information on programming and initiatives from each of the 44 rural health associations in the US.

The information gleaned from the environmental scan can be used to identify potential opportunities, assist in the development of priorities, and determine future directions of groups such as ORHA. While there are multiple areas of focus for each of the rural health associations, 3 common areas of education, advocacy, and partnerships were identified. Education and professional development are critical to cultivate a pipeline of future health care professionals who are well-prepared to meet the specific needs of rural populations, and rural health associations can host workshops, webinars, and conferences aimed at informing practicing health care professionals about emerging best practices, new technologies, and policy changes. Rural health associations can shape legislation and regulatory frameworks supporting rural health care providers and improving patient outcomes. They can advocate for telehealth reimbursement policies connecting rural patients with distant specialists, push for state-funded transportation programs to help patients reach care centers, or seek workforce incentives encouraging more providers to practice in medically underserved communities. Finally,



partnerships can generate innovative programs, such as mobile health clinics, coordinated care networks, mental health services embedded in primary care settings, or cross-sector initiatives aimed at addressing housing, nutrition, and education issues affecting health outcomes.

Through these many initiatives related to education, advocacy, and partnerships, rural health associations can work toward creating a more resilient, equitable, and effective health care infrastructure for the nation's rural residents. State rural health associations can share best practices and lessons learned with each other to identify and implement plans to improve the health outcomes for rural residents living in their states. This type of environmental scan should be repeated every few

years to observe any changes in the landscape of rural health needs and identify emerging areas of focus and collaboration for state rural health associations.

### AUTHOR CONTRIBUTION

Caleb Freyhof: methodology, investigation, formal analysis, writing—original draft, review, and editing. Rosanna Scott: conceptualization, methodology, formal analysis, writing—original draft, review, and editing, supervision. Natalie DiPietro Mager: formal analysis, writing—original draft, review, and editing, supervision. Karen Kier: formal analysis, writing—original draft, review, and editing, supervision.

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