

# Issue Brief:

## Addressing Social Determinants of Health to Prevent Chronic Disease in Rural Areas

### Overview

Rural areas, home to one in seven Americans, face major health disparities compared with urban and suburban areas, particularly in terms of chronic conditions such as heart disease, cancer, and lung disease.<sup>1</sup> Several factors contribute to this: rural communities have fewer and more dispersed resources to prevent and treat chronic diseases, and they face unique inequities in other social and structural determinants of health, such as fewer economic opportunities and limited access to healthcare.<sup>2,3,4</sup>

Addressing these determinants is a key driver in chronic disease prevention and care, and it requires dynamic and locally tailored solutions.<sup>5</sup> This issue brief highlights rural communities' strengths, challenges, and promising practices related to creating solutions to address social determinants of health (SDOH).

### Drawing on rural communities' strengths

Rural communities have several strengths that can help them address persistent health disparities in chronic diseases and the conditions that put people at risk for developing them:



**Strong relationships.** The small size of rural communities provides considerable opportunity to build and maintain strong relationships. Many of the same people often take part in the same social activities and groups, such as church groups or parent associations. In addition, most families have lived in their community for many generations. This creates multiple points of shared connection, deep community roots, and great pride in positive outcomes the community achieves together.<sup>6,7</sup>



**Enduring ingenuity.** Rural communities are necessarily resourceful and creative in their solutions as they contend with limited access to existing resources. This ingenuity can support the development of novel, community-driven initiatives to address SDOH.



**Less bureaucracy.** The depth and overlap of social networks in rural communities means fewer bureaucratic barriers or intermediaries than in urban or suburban areas; everyone knows everyone else. As a result, rural residents can make a big impact when working together, as they have a more direct line to policymakers or other community decision-makers. In addition, people in rural communities often wear many hats, creating fewer degrees of separation to establish partnerships across sectors.



**“What I love about rural communities and rural states and collaboratives is there isn't a lot of bureaucracy or middlemen. If you want to see the attorney general, you run at the Y in the morning.”**

– Sandra Tibke, Director, Foundation for Healthy North Dakota

These strengths create a strong culture of interconnectedness and collaboration in rural communities, which are vital to developing sustainable, tailored solutions to address SDOH.

## Contextualizing common challenges for rural communities

Rural communities face unique barriers to improving residents' health and well-being. Coalitions shared specific examples of how common challenges show up in their communities:



**Fewer local economic opportunities.**<sup>8,9,10</sup> According to the [Northeast Texas Public Health District](#), there are few jobs within a reasonable commuting distance; most residents of Northeast Texas travel at least 70 miles roundtrip by car to get to work.



**Limited access to health care.**<sup>11</sup> The [Health Collaborative](#) in Caswell County, North Carolina, noted that county residents seek services from 10 different hospitals in six counties across two states (North Carolina and Virginia). The county's patient populations are so small in these hospital systems, the collaborative has found it difficult to engage the hospitals.



**Persistent oppression, discrimination, and racism.**<sup>12,13</sup> In a recent community health assessment, partners of the Caswell Chapter of the Health Collaborative added "racism/discrimination" as a response to a question about the factors that most negatively impact the lives of people in the area. Respondents overwhelmingly selected that response.



### Spotlight on locally tailored rural SDOH interventions

Rural communities across the United States are using innovative SDOH interventions to improve community health. These tailored interventions address local priorities to make the best use of rural communities' strengths and meet their unique challenges.

Meeting residents where they are	Rural resiliency in public emergencies
<p>In <b>Lake Chelan Health's</b> community paramedicine program in Chelan County, Washington, the hospital-owned emergency medical services team screens patients for health-related social needs. Team members form trusting relationships with the patients they screen so patients can talk openly about their social needs, which sometimes requires several conversations. The team also re-screens patients at every encounter. In addition, the local health department secured a vending machine to distribute free naloxone after Lake Chelan Health and its partners noted a lack of access to opioid overdose reversal medication in the community.</p>	<p>The <b>Northeast Texas Public Health District</b> developed a toolkit and train-the-trainer program to build communities' capacity to address health and social needs during natural and public health disasters. The district's goal is to ensure communities are taking adequate steps to address care needs if, for example, a nursing home loses power for several days due to a storm or the community receives an influx of hurricane victims. During the COVID-19 pandemic, the district also partnered with a HRSA Community Outreach Grant recipient with a 'last-mile' vaccine initiative to help people in the region access vaccines. Since the pandemic, the district uses the <a href="#">COPEWELL Model</a> to measure ongoing community resilience and mitigate future risk.</p>

# Promising practices for collaboration in rural communities

Rural communities are using an array of methods to develop and implement solutions to address SDOH, reduce chronic disease, and advance health equity, including forging formal, cross-sector partnerships and engaging community members.

## Forging cross-sector partnerships

Rural communities can strengthen their interconnectivity through formal cross-sector partnerships to address SDOH. For example, [Lake Chelan Health](#), a public critical-access hospital in Chelan County, Washington, participates in a cross-sector partnership with community-based organizations committed to helping people access community services to meet their health-related social needs, such as for housing, food, and transportation. This partnership arose from Lake Chelan Health’s desire to understand what resources people in the community need to stay healthy—and the knowledge that the hospital could not address health-related social needs alone. Lake Chelan Health has worked with a growing network of partners since 2021, including assisted living facilities, transportation providers, home visiting programs, the local community center, a food pantry, schools, and an organization that provides housing support. This group delineated clear roles for each partner organization and noted their individual strengths are amplified when everyone works together toward the same goal.

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**“You can’t be territorial.... Let’s quit drawing lines and being competitive. If another hospital system is successful, that makes us successful. If they win, we win. If the community wins, we win.”**

– Ray Eikmeyer, Director, Emergency Medical Services and Paratransit, Lake Chelan Health

In North Dakota, leaders from the state’s Department of Health and Human Services (HHS), alongside the Foundation for Healthy North Dakota and the American Heart Association, worked together to create the [Multi-Partner Health Collaborative](#). This collaborative uses their [State Health Improvement Plan](#) (SHIP) as a framework for action, including to identify areas for capacity building and state policy.<sup>14</sup> The collaborative brings together community members, nonprofit organizations, nongovernmental organizations, health care systems, businesses, and governmental agencies to equitably improve the health and well-being of North Dakota residents. Its leaders recognize the potential of the multisector collaborative to establish a renewed sense of personal and professional accountability across member organizations in North Dakota, which, in many ways, operate in silos. As in Chelan County, each member in North Dakota’s collaborative offers unique strengths. For example, as a national organization, the American Heart Association can advocate for policy change at the state and national levels.



### Spotlight on the history of community wellness initiatives in North Dakota

Before the creation of North Dakota’s Multi-Partner Health Collaborative, the state implemented several initiatives to improve health and wellbeing for North Dakota communities through government-run initiatives. The state government relied on internal and political champions to move each of these initiatives forward, and initiatives would end with a new administration or staff turnover. For the collaborative, instead of government being at the center, the Foundation for a Healthy North Dakota serves as the face of the coalition and as a convening organization, drawing on the trust it has established with the community. This approach will also enable greater longevity, as the collaborative is intentionally engaging cross-sector champions. Using North Dakota HHS funds, the foundation hired a collaborative lead, who will be responsible for moving efforts forward.

## Including community members in decision making

Organizations, coalitions, and partnerships seeking to address SDOH benefit from rural communities' deep roots and participation in SDOH efforts. The Foundation for a Healthy North Dakota recognizes this strength and seeks to fortify it by enabling "people-to-people" conversations on community health and well-being. After the COVID-19 pandemic, the Foundation for a Healthy North Dakota recognized that the resulting fractures in community relationships were detrimental to community wellness. The Foundation conducted listening sessions across the state, discussed mis- and disinformation about the pandemic, and brainstormed ways to build positive momentum in community engagement.

The new Multi-Partner Health Collaborative in North Dakota builds on the community-oriented nature of the Foundation for a Healthy North Dakota to ensure decisions and solutions start at the community level. The state's HHS has offered and awarded grants directly to community groups seeking to launch local programs to address SDOH, which will help identify what works and increase community buy-in, paving the way for greater long-term impact. Community members will also be part of the governing structure for the collaborative, joining goal groups to advance the priorities described in the SHIP. Community members will leverage their participation in these goal groups to push forward meaningful solutions to address their communities' needs, creating lasting, sustainable change.

Community-driven decision making can be a critical part of ensuring tailored solutions for rural communities. For example, while creating its [2021 Health Equity Report](#), The Health Collaborative convened a steering committee of community members from across the region to help guide next steps and decisions in evaluation design, data collection, and reporting. This steering committee encouraged fellow residents to participate in listening sessions, helped to identify which findings were most important to disseminate to the community, and supported the development of an interactive "[story map](#)" that allows real-time, regional data exploration. The Health Collaborative, with the support of the steering committee, held 12 meetings in each of the three areas of the region to review the report findings and solicit community feedback through anonymous sticky notes. This feedback helped the Health Collaborative identify small, practical steps it could take to improve social and structural drivers of health in the region. For example, in response to community interests in affordable housing, the Health Collaborative brought in housing partners from across the region to share what they do, who the key players and decisionmakers are, and what policies are relevant to housing in an effort to build community members' knowledge base for advocacy.

### Resources

**Get Further Faster.** For more resources to support multisector community coalitions and partnerships addressing SDOH to advance health equity and improve chronic disease, go to [gettingfurtherfaster.org](https://gettingfurtherfaster.org).

**Addressing SDOH in Rural Communities.** Multisector coalitions and partnerships addressing SDOH can use the following resources to learn more about rural SDOH, including strategies for designing tailored SDOH programs:

- Rural Health Information Hub: [Social Determinants of Health for Rural People](#)
- National Association of County and City Health Officials (NACCHO) Resource Hub: [Addressing Social Determinants of Health in Rural Communities](#)
- Association of State and Territorial Health Officials (ASTHO) Policy Blog: [Health Equity and Rural Health](#)
- National Organization of State Offices of Rural Health: [Population Health and Health Equity](#)
- NACCHO: [Rural and Frontier Health](#)

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**Let's progress together.** For questions or comments regarding this resource or to receive assistance with your SDOH work, contact NACCHO at [chronicdisease@naccho.org](mailto:chronicdisease@naccho.org) or ASTHO at [chronicdisease@astho.org](mailto:chronicdisease@astho.org). For more information about Mathematica, visit [mathematica.org](http://mathematica.org)

## Endnotes

- <sup>1</sup> Dobis, E., Krumel Jr., T, Cromartie, J., Conley, K., Sanders, A., & Ortiz, R. (2021). Rural America at a Glance. United States Department of Agriculture, Economic Research Service. <https://www.ers.usda.gov/webdocs/publications/102576/eib-230.pdf>.
- <sup>2</sup> Social determinants of health, such as housing, access to healthy food, transportation, income, and education, are necessary, nonmedical factors that influence health outcomes. They are shaped by structural determinants of health, such as the political, economic, and social structures that determine how money, power, and resources are distributed across the world.
- <sup>3</sup> Rural Health Information Hub (2002-2024). Chronic Disease in Rural America. [Chronic Disease in Rural America Overview - Rural Health Information Hub](#).
- <sup>4</sup> National Advisory Committee on Rural Health and Human Services (2017). National Advisory Committee on Rural Health and Human Services Policy Brief, January 2017. <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/2017-social-determinants.pdf>.
- <sup>5</sup> Centers for Disease Control and Prevention (2022). Equitably Addressing Social Determinants of Health and Chronic Diseases. <https://www.cdc.gov/health-equity-chronic-disease/social-determinants-of-health-and-chronic-disease.html>.
- <sup>6</sup> Youth Collaboratory (2018). Drawing on the Strengths of Rural Communities – Module 1. <https://www.youthcollaboratory.org/resource/drawing-strengths-rural-communities-module-1>
- <sup>7</sup> Barclay, M (2013). Celebrating the Power of Rural: National Rural Health Day showcases the strengths of rural America. <https://ruralhealth.und.edu/focus/celebrate-power-of-rural>.
- <sup>8</sup> Rural Health Information Hub (2002-2024). *United States*. <https://www.ruralhealthinfo.org/states/united-states#:~:text=According%20to%20the%20Economic%20Research,%2C%20compared%20with%2012.8%25%20nationwide>
- <sup>9</sup> Davis, J., Rupasingha, A., Cromartie, J., & Sanders, A. (2022). Rural America at a Glance: 2022 Edition. <https://www.ers.usda.gov/publications/pub-details/?pubid=105154#:~:text=Two%20mainstay%20industries%20of%20the,hospitality%2C%20and%20other%20service%20industries>
- <sup>10</sup> White, M. & VanLeuven, A. (2023). Changes in Farm Employment, 1969 to 2021. *farmdoc daily* (13):130, Department of Agricultural and Consumer Economics, University of Illinois at Urbana-Champaign, July 14, 2023. <https://farmdocdaily.illinois.edu/2023/07/changes-in-farm-employment-1969-to-2021.html>
- <sup>11</sup> Rural Health Information Hub (2002-2024). Healthcare Access in Rural Communities. <https://www.ruralhealthinfo.org/topics/healthcare-access>
- <sup>12</sup> Singh G.K, Siahpush M. Widening rural–urban disparities in life expectancy, U.S., 1969–2009. *American Journal of Preventive Medicine*. 2014;02/01/ 2014;46(2):e19–e29. <https://doi.org/10.1016/j.amepre.2013.10.017>
- <sup>13</sup> Davis, B. (2020). Discrimination: A social determinant of health inequities. <https://www.healthaffairs.org/content/forefront/discrimination-social-determinant-health-inequities>
- <sup>14</sup> North Dakota’s 2024-2029 SHIP sets a vision for improving the health and well-being of all North Dakotans. The SHIP includes four core health priorities, including strengthening workforce, expanding access and connection, cultivating wellness, and building community resilience. Each priority has corresponding focus areas that inform the development of goals, objectives, and activities.