Leveraging Rural Strengths to Overcome Population Health Challenges

See also the AJPH Rural Health section, pp. 1274–1343.

Research is foundational to identifying challenges faced by rural communities: to address a challenge, we need to understand that challenge. Understanding how inequities vary by geography and the factors that underlie those inequities allows practitioners and policymakers to make informed decisions and design interventions that can make our rural communities healthier places to live, work, and play. We should take pride in the important work that we do to achieve health equity across populations.

At the same time, we need to be aware that our work creates a narrative about our rural communities. The view of rural America most often portrayed in the media is of a place of poverty, addiction, disability, and overall dystopia. Sadly, it is often our good work, designed to focus attention on rural inequities, that drives these stories. To the extent that this narrative becomes the prevailing view of rural America, we may be doing unintended harm to the economic vitality and overall vibrancy of our communities.

What gets lost in these narratives is what we believe to be the predominant rural storyone of pride, independence, and creativity, where the work ethic remains strong and the vast majority of people strives to make their communities better places. In rural communities, people use unique assets such as social cohesion and connectedness to solve problems together. The narrative of rural communities is, in fact, one of innovation, where a lack of resources has stimulated creativity by bringing people together across sectors to solve problems.

None of this is intended to blame rural researchers for today's rural narratives. We, like you, struggle with this issue. Since 1996, the Walsh Center team has worked to fulfill our mission of conducting "timely policy analysis, research and evaluation that addresses the needs of policymakers, the health care workforce, and the public on issues that affect health care and public health in rural America."¹ Our work, like yours, has typically taken us down the path of exploring problems. Over the years, we have documented rural disparities in leading causes of deathdeaths of despair, limited access to services, smoking, obesity, and more. It is indeed difficult to research challenges without contributing to negative stereotypes and narratives.

In 2017, the Robert Wood Johnson Foundation provided us a unique opportunity to conduct formative research to explore rural strengths and assets to improve health and achieve equity in rural communities,² consistent with the foundation's vision for building a culture of health.³ Through this work we conducted community forums across the nation and sought input from more than 400 rural stakeholders. We conducted forums in the Delta, the Northeast, the Upper Midwest, and Appalachia, as well as along the US-Mexico border, asking participants what they wanted federal agencies, philanthropies, and researchers to know about rural America. Although the communities varied widely in terms of diversity, resources, and needs, their narratives were remarkably consistent. We heard stories of resilience,

strength, collaboration, and innovation. We heard about cross-sector engagement facilitated by strong social cohesion and a willingness to roll up one's sleeves to address challenges head on. Pride in place, a shared history and a shared culture were evident everywhere.

For us this work was transformative. Even as we continue to explore rural challenges, as we should, we do our best to also convey all that is good about our rural communities so that we can help create more balance in how our communities are portrayed. In doing so, we hope to uplift our rural communities, which in turn will encourage investments that will help to create a better future for us all. In rural America the good still far outweighs any challenges our communities may face, and we believe that the hardworking individuals looking to contribute to their communities. their states, and their nation create an incredible investment opportunity.

And yet, the challenges are significant, as you will see in the articles included in this issue of *AJPH*. Challenges are not unique to rural communities, however. If we were to define any population subgroup solely by its

ABOUT THE AUTHORS

Michael Meit and Alana Knudson are with the Walsh Center for Rural Health Analysis, NORC at the University of Chicago, Bethesda, MD.

Correspondence should be sent to Michael Meit, Codirector, Walsh Center for Rural Health Analysis, NORC at the University of Chicago, 4350 East West Huvy, Ste 800, Bethesda, MD 20814 (e-mail: meit-michael@norc.org). Reprints can be ordered at http://uww.ajph.org by clicking the "Reprints" link.

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challenges, we would create a similarly negative narrative. So, even as we research and document these challenges, we ask that you join us in also considering the many strengths and assets of our rural communitiesthey are likely to guide us to sustainable solutions. In the process, rural communities can lead the way in addressing health inequities and can be the innovation hubs where we test new interventions on a smaller scale and at a lower cost. Rural communities can most certainly lead the way to a healthier and more vibrant future. AJPH

> Michael Meit, MA, MPH Alana Knudson, PhD

CONTRIBUTORS

The authors contributed equally to this editorial.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

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