

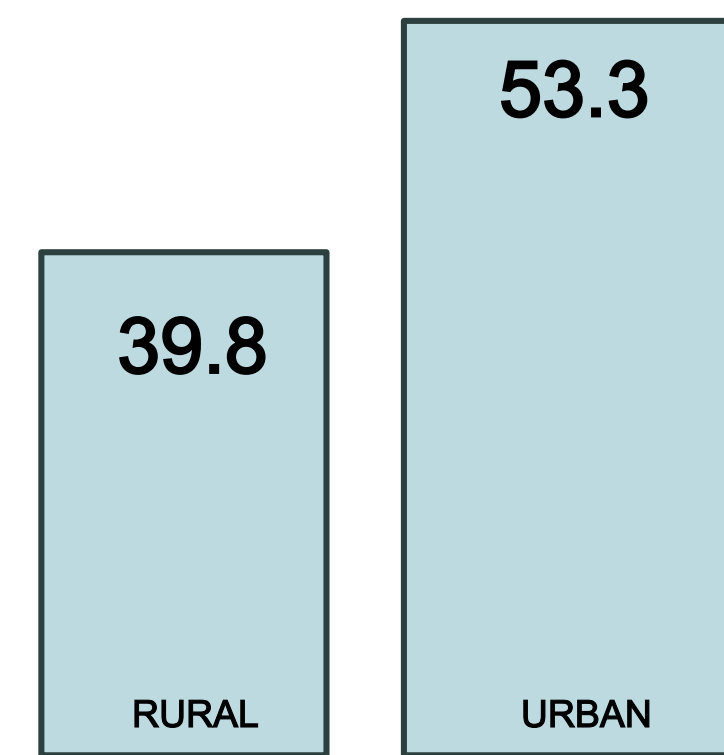
# Stigma and Cultural Competency: How an Understanding Can Save Rural Medicine

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For more information, a list of references can be found at the following link:  
[docs.google.com/document/d/1ng3GvAcJzxk9f0Z3PpQVRC2BQmnhYI9KHBvCZVeDDIM/edit?usp=sharing](https://docs.google.com/document/d/1ng3GvAcJzxk9f0Z3PpQVRC2BQmnhYI9KHBvCZVeDDIM/edit?usp=sharing)

## The Problem

Physicians per 100,000 Americans



- While 1/3 of the U.S. population lives in rural areas, only 10% of physicians practice there
- These gaps in the healthcare workforce become more pronounced when compared to the number of physicians in urban areas
- The physician shortage has been exposed by COVID-19 as patients fill rural hospitals

Deficits from the provider perspective are paralleled by tragic health outcomes that persist in rural populations:

**HIGHER** death rates from obstructive pulmonary disease  
**HIGHER** death rates from ischemic heart disease

## Thesis

When presented with nationwide trends, it is tempting to look for nationwide fixes. However, the **stigma** that **rejects rural medicine** roots itself in the mind of the individual. This stigma scares rural patients away from their providers and physicians away from rural communities.

In upending the implicit biases of the mind, cultural influences must be challenged. To guide this reform is the idea of **cultural competency**, an understanding that must emerge in medical school and manifest in the rural community itself.

## Patient Stigma

Rural Residents Are... **1.7** times **more likely** to report avoidance of care in comparison to respondents in metropolitan areas

- The lifestyle of rural America is centered around work that requires long hours and immediate attention, redirecting focus that should be applied to medical treatment
  - Rural Americans are further discouraged by far distances and resource limitations of rural hospitals
- Infrequent healthcare visits, coupled with a rural mindset centered around self-sufficiency, sows mistrust in the healthcare system

## Provider Hesitancy

Rural Medicine presents a **demanding workload**

- Often, rural physicians perform around-the-clock, all-inclusive care to patients
- Additionally, rural providers often lack the support staff that the profession demands
- One Emergency Medicine Physician explains that his hospital had “no neurologist, pulmonologist, neurosurgeon, toxicologist, [or] trauma team”



Rural Communities present a **lack of cultural opportunities..**

**68%** of surveyed physicians view **lack of cultural opportunities** as the greatest obstacle to recruiting physicians to rural communities

- Rural communities are perceived to be “unable to provide career opportunities for spouses” and are “generally viewed as having poor schools”
  - Physicians with a highly educated spouse were significantly less likely to work in a rural Healthcare Professional Shortage Area

Medical Schools present a **biased education**

- Medical students with a rural background represent only **4.3%** of the incoming student body and the number of applicants from rural communities has declined **18%** from 2002 to 2017
- Since a large number of medical students come from an urban background, they will often start medical school with preconceived notions about rural areas. This is only reinforced by the location of medical schools, with **99%** of medical school residents taught in urban areas



## A New Perspective

Despite these challenges, personal stories reveal the rich experiences possible in rural communities:

The chance for **interdisciplinary change**; Faculty of medical schools, which place students in rural communities, trained students to be on the “city council or board of education”

From the former President of the National Rural Health Association, Dr. David Schmitz: rural medicine presents a chance to “**make a difference**”

From a personal interview with a Rural Emergency Medicine Physician: rural physicians form closer relationships with their patients, getting to know them on a “**more personal and social** level”

## Cultural Competency

- The rural culture, shaped by the local community, influences how both providers and patients view the healthcare system
  - In order to mend broken patient-provider interactions, it is essential that the community becomes a proponent of the healthcare system; This can be achieved through **cultural competency**

**Cultural Competency** - “set of congruent behaviors, attitudes, and policies that enable professionals to work in cross-cultural situations”

- There are **THREE** critical steps to achieving culturally competent care:

Understand the behaviors of the **individual** and accommodate their needs  
From a personal interview with a nurse who trained in a rural area, the community nurse would travel to home of patients and accept “chickens or eggs or veggies” as payment

Gather support from the **community**, engage in community events, and network at schools, churches, and even, bars  
Community-wide educational campaigns to promote healthcare

Work closely with other healthcare professionals, create care teams  
Care teams improve intimacy of the interaction and facilitate more efficient care

## Solution

How can we encourage more medical students to pursue rural medicine in a culturally competent way?

From the former President of the National Rural Health Association, Dr. David Schmitz: there is “**something special** about **rural programs** [...] that **make a difference** for students to serve in rural practice”

**40%** of students from the Rural Physician Associate Program at the University of Minnesota Medical School and **35%** of students from the University of Colorado’s rural track have gone on to practice in rural locations

**HOWEVER** Only **42 out of 155** medical schools across the U.S. have rural track programs

- A Unit on Rural Medicine, introduced in **all** medical schools, can have a significant impact on the perceptions of students and encourage them to pursue rural medicine
- Proposed Unit Plan, based on Harvard Medical School’s *Essentials to the Profession* Course (2015):

### WHY

- A focus on *Population Health*
- Introduction into the dramatic disparities in health outcomes across geographical regions

### WHAT

- A focus on *Health Policy*
- Exploration into the infrastructure and policies that influence the rural healthcare system

### WHO

- A focus on *Social Medicine*
- Analysis of the patient stigma and the provider’s role in the community

### HOW

- A focus on *Medical Ethics*
- Discussion of the intricacies and challenges of a patient-provider interaction in a rural setting

Will a simple introduction leave a lasting impression on students?

Research reveals that when first year medical students were exposed to a week-long course on primary care, positive opinions of the practice significantly increased. Additionally, after urban track students completed a rural surgery rotation, their opinions of rural medicine significantly improved.