

Health Equity in Rural Iowa: A Qualitative Study

2022 – 2023 ILEND Trainees & Fellows

Objective:

LEND trainees analyzed how living in rural areas impacts health equity for Iowans, especially those with disabilities. The five goals of the project were to (1) learn about the advantages and disadvantages of living in rural Iowa; (2) explore the impact of inequity of rural Iowans – barriers to care, social determinants of health, and disability; (3) learn about primary care shortage designations in rural Iowa; (4) analyze rural workforce retention & quality improvement initiatives in rural healthcare in Iowa; and (5) learn about rural public policy and quality improvement initiatives.

Background:

In Iowa, over 40% of people live in a rural community and depend on access to healthcare within their community or surrounding area (Unity Point Health, 2019). Rural Americans are more likely to experience poor health outcomes (e.g. substance use, cancer morbidity and mortality, poor cardiovascular health, and diabetes). Poor Medicaid reimbursement rates contribute to rural provider shortages. Accessible, reliable transportation is a challenge to rural Iowans with disabilities and their families. These challenges and risks are impacted by different factors that people often refer to as “social determinants of health,” which affect a person’s ability to achieve the highest level of health possible, also referred to as “health equity.” Residents of rural areas experience significant barriers that impact their ability to attain health and healthcare equity compared to those that live in urban areas.

Method:

LEND trainees used a narrative analysis framework. Trainees were divided into 5 groups; each group had a specific goal connected to rural health. For this project, the LEND trainees: (1) wrote and shared positionality statements; (2) conducted a literature review; (3) prepared for qualitative interviews; (4) interviewed a provider or family member of people with disabilities in rural Iowa; (5) reflected on the interview; (6) created a PowerPoint presentation with literature review findings, interview findings, and key takeaway from the project; and (7) presented findings from research project to legislators, administrators, and other invited guests.

Results:

Each group interviewed a provider or family member of people with disabilities in rural Iowa. There were four main themes that emerged across the interviews. First, all interviewees discussed various advantages and disadvantages to living in rural Iowa. For instance, one interviewee reported, “We live in a tight knit community.” Several interviews remarked that disadvantages include long waits for appointments and far commutes for care. The second theme from the interviews was a lack of healthcare specialties. An interviewee referred to her community as a “dental desert.” Third, interviewees emphasized the importance of family-centered care. A mother stated, “I want to be part of the team,” and she concluded that “healthcare is a work in progress” and emphasized she wants to “be part of the change.” The fourth and final theme of the interviews was that families in rural Iowa have experienced both

positive and traumatic healthcare experiences. One mother reported her daughter was called "demented" and "deformed" by a provider.

Implications and Plan:

Our LEND trainees had several key takeaways after completing this project. First, many reported they experienced an increased awareness of the need for rural healthcare policies. Second, trainees stated they have a better understanding of possible health outcomes for children with disabilities raised in rural communities. Third, many said the interviews were a concrete example of healthcare disparities for children with disabilities who live in rural communities.

This summer, the LEND fellows will conduct thematic coding of the LEND trainees' positionality statements and summaries of the project. Then, they will write a manuscript and submit this qualitative research article to a peer reviewed journal.

References:

Cacari Stone, L., Roary, M. C., Diana, A., & Grady, P. A. (2021). State health disparities research in Rural America: Gaps and future directions in an era of COVID-19. *The Journal of Rural Health*, 37(3), 460-466. <https://doi.org/10.1111/jrh.12562>

Higgins, S. T. (2021). Behavior change, health, and health disparities 2021: Rural addiction and health. *Preventive Medicine*, 152, 106834. <https://doi.org/10.1016/j.yjpm.2021.106834>

Unity Point Health (2019). *Supporting access to essential health care services in Iowa's rural communities: an advocacy toolkit for hospital and health care leaders, board members, and community leaders.*