

Health Equity in Rural Iowa: A Qualitative Study

2022 – 2023 ILEND Trainees & Fellows



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)
- More than half of Iowa's 99 counties are considered Health Professional Shortage Areas
- 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

Aim

- LEND trainees analyzed how living in rural areas impacts health equity for Iowans, especially those with disabilities
- 5 goals for this project were to:
 - Learn about the advantages and disadvantages of living in rural Iowa
 - Explore the impact of inequity of rural Iowans – barriers to care, social determinants of health, and disability
 - Learn about primary care shortage designations in rural Iowa
 - Analyze rural workforce retention & quality improvement initiatives in rural healthcare in Iowa
 - Learn about rural public policy and quality improvement initiatives

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:
 - Wrote and shared positionality statements
 - Conducted a literature review
 - Prepared for qualitative interviews
 - Interviewed a provider or family member of people with disabilities in rural Iowa
 - Reflected on interview
 - Created a PowerPoint presentation with literature review findings, interview findings, and key takeaway from the project
 - Presented findings from research project to legislators, administrators, and other invited guests

Interview Findings

- All interviewees discussed various advantages and disadvantages to living in rural Iowa
 - "We live in a tight-knit community"
 - Lack of healthcare specialties, "dental desert," far commutes, and long waits
- Families emphasize the importance of family centered care
 - "I want to be part of the team"
 - "Healthcare is a work in progress and I want to be part of the change"
- Families have experienced both positive and traumatic healthcare experiences
 - One mother reported her daughter was called "demented" and "deformed" by a provider

Implications & Plan

- Key Takeaways for LEND trainees:
 - Increased awareness of need for rural healthcare policies
 - Better understanding of possible health outcomes for children with disabilities raised in rural communities.
 - Interviews were a concrete example of healthcare disparities for children with disabilities who live in rural communities
- LEND fellows will conduct thematic coding of LEND trainees' positionality statements and summaries of the project
- LEND fellows will write & submit qualitative research article

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.ypmed.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.