

SIX "ILLS"

- That Challenge a Rural Community Struggling for Health -

1) ILL – PREPARED.

Observations and opportunities:

- A) For Facing Crises: Rural communities have many charitable and caring “take-charge types” with strong “get-it-done” mentality, but as for organized community responses there is often a lack of structure to respond to crises and a failure to “play-it-forward” when it comes to emergencies of weather, earth-disasters, or human foul-play. Strategies of cooperation and communication between entities and peoples can be inadequate and rely more on the singular goodness of “salt-of-the-earth” folks. Community-wide planning, knowledge, information, and public affirmation of those plans remain difficult. Rural schools, towns, businesses, and churches have so much effort invested in their own survival that working together for common community health issues can become lost.
- B) In Recovery and Rehabilitation: Because of confidentiality requirements and professional issues, volunteer caretakers and companions to the sick are left without communication from hospitals about follow-up needs of the sick and many post-operative patients (too quickly dismissed from hospitals) . Home-health care is spotty in some cases because of funding issues and communication with elderly and sick patients vis-à-vis helpful friends or fellow church members is difficult and limited.

2) ILL – TRAINED.

Observations and opportunities:

- A) In Strategies for future community health: Although rural communities have their share of strong agricultural and entrepreneurial leaders in the style of “good-ol’ boys” and “pioneering women”, they sometimes fail to seek-out, identify, promote, and educate new community leaders who place value on “big-picture” thinking, long-range planning for the betterment of the entire community, enrichment of the quality of community life for all.
- B) In Leadership training: In few rural communities is there any concerted community leadership training and cooperative networking for overall community growth.
- C) In Community Cooperation: Local governmental officials and agencies, schools, civic organizations, and church groups have not been geared to working together for common community health goals.

3) ILL – FUNDED.

Observations and opportunities:

- A) Challenge to gather community funds: Small communities rarely have adequate government funding and/or charitable grants in proportion to the larger cities and populated counties, and so activities of health, growth, education, culture, environment, and social involvement are negatively impacted.
- B) Mental Health Challenge: Especially noted in rural areas is the dearth of professional mental health responses. Travel to such assistance discourages long-term commitment.
- C) Katrina Learning: In emergency, rural areas rarely can count on meaningful government response, and agencies seem inconsistent in support, often times because of few staff members and heavy demands upon them in multiple areas of responsibility.
- D) Economic Unhealth: Unemployment, under-employment, low-wages, inadequate benefits, and inadequate occupational health and safety (especially in agriculture) can mar the healthy aspects of rural living.

4) **ILL-RESOURCED.**

Observations and opportunities:

- A) Small rural do best with “average” person or student: Communities in rural areas have difficulty in funding help or resources for those people who are on the ends of the spectrum of health. There seems to be a serious lack of resources for the exceptional person, child, or situation, whether that be in medical responses or in education.
- B) Not here: Poor chronic health, aging populations in need of assistance, catastrophic illness, and emotional dysfunction can overwhelm rural community’s resources that can only make referrals to more distant health facilities where family and community have difficulty helping out, or even offering healthy social support.
- C) Family is failing: Dysfunction in family and relationships, children’s stress responses to parental issues of addiction, domestic conflict, abuse, and neglect are some of the issues that receive little attention in the small rural community as “family” has begun to disintegrate and parental involvement and family intervention become less observed.
- D) Forget psychological help: Mental health professionals are rarely present in rural areas and emergency responders are fairly limited in having resources and backgrounds for mental health issues. Clergy and church volunteers manifest care but resources and time are limited even when they are available.

5) **ILL-ADVISED.**

Observations and opportunities:

- A) Professional networks less a priority: Few community residents have healthy responsive networks of professional, medical, legal, motivational, social, and educational helpers, life-coaches, and mentors – especially needed in family crises and personal compromises in health.
- B) Higher standards of reality not a priority: challenges to healthy community can come from inadequate information, non-factual legends, talk-radio misinformation, internet blogging without discernment of factual information, and lack of up-dated information and education on life transitions. Systems to combat mis-information and rumor-mongering are rare. Daily drama becomes addictive fiction for “routine” of life.
- C) Addiction recovery and co-dependency information inadequacy: Co-dependent responses are often masked behind charitable kindness, permissive parenting styles, and inadequate responsibility taking. Strong work ethic can disintegrate into workaholic life style and cultural drinking patterns can mask disease of addiction. Programs of recovery are difficult to enter because of lack of anonymity in a rural area, and information about disease factors in addiction is challenging to disseminate in normal rural communications.

6) **ILL-RESPONSIVE.**

Observations and opportunities:

- A) Different expectations of community standards: Temptation to “unhealth” can surface in a small-community’s myopia toward change, growth, diversity, and acceptance of others especially those with dissimilar cultural backgrounds.
- B) Overly-strong sense of independence: This trait within rural community can lead to avoiding involvement and confrontation even when warranted. “Am I my brother’s keeper?” response discourages healthy routine involvement that could question a person’s “magical thinking” before it becomes a mental health issues needing community or legal response.