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Culture of Health

Sentinel Community Insights

Rural and Small Communities

Robert Wood Johnson Foundation

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Cover photos: Joshua Kohanek (man inside dairy barn); Tracie VanAuken (bus in town); Josh Kohanek (man working in food processing center); Brian Adams (wooden bridge); Tracie VanAuken (church interior); Craig Fritz (woman helping older woman); Annabel Clark (farmer with tractor); Josh Kohanek (oil storage tanks); Tracie Van Auken (woman helping a person in a wheelchair onto bus)

Introduction

The Sentinel Communities Surveillance Project, which began in 2016, monitors activities related to how a Culture of Health is developing in each of 30 diverse communities around the country. In Snapshot and Community Portrait reports for each community, developed between 2017 and 2018, we described Sentinel Community efforts to promote the health and well-being of their residents.

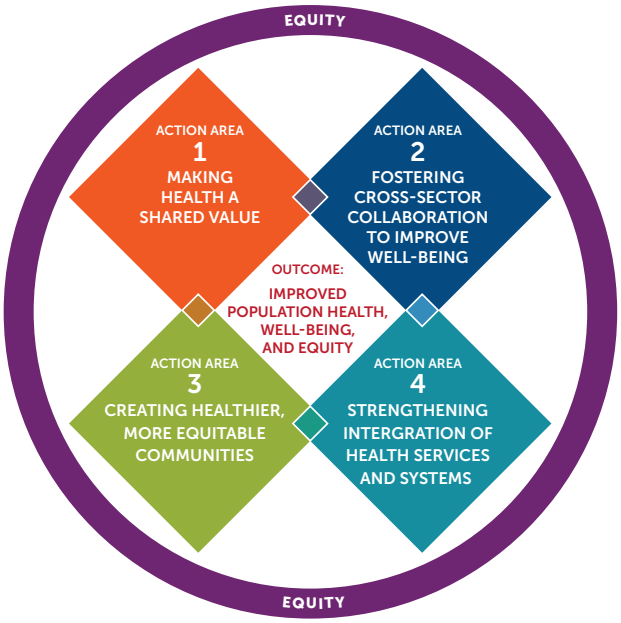
This report on *rural and small communities* is one in a set of three reports that provide insights and themes drawn from all Sentinel Communities. The collection focuses on key topics that may be of value to stakeholders working to build a Culture of Health in their own communities. The other reports focus on the role of anchor institutions and health equity.

The brief report is intended to stimulate discussion about how rural and small communities address health and well-being. Definitions vary, with some definitions based on population size between 50,000–500,000 people and U.S. Census specifications using a more conservative lower bound of 100,000 people (with additional variance introduced by rural/urban designation). Since this report also features findings from counties, regions, and states in the Sentinel Communities, we are more expansive in the communities featured here, with most having a population between 20,000 and 60,000 people (see Table 1 below for detailed information on population sizes).

The focus on rural and small communities is merited. Many small communities—particularly those with a population of less than 50,000 people or those more isolated from larger metropolitan areas—are contending with different population demographics, including shrinking and aging populations. Other common challenges to these communities are shifts in often limited revenue sources to support city services. Table 1 shows population changes in the Sentinel Communities featured in this report between 2010 and 2018, reflecting these trends.

This context provides a critical opportunity to examine how social, demographic, and economic factors contribute to and/or impede the development of a Culture of Health. RWJF's vision of a society where everyone has a fair and just opportunity for health and well-being is represented in the Culture of Health Action Framework (Figure 1), which depicts a holistic, integrated perspective on what it takes to achieve population-level health, well-being, and equity. The Culture of Health Action Framework was designed around four Action Areas. These include: 1) *Making Health a Shared Value;* 2) *Fostering Cross-Sector Collaboration to Improve Well-Being;* 3) *Creating Healthier, More Equitable Communities;* and 4) *Strengthening Integration of Health Services and Systems.*

FIGURE 1: CULTURE OF HEALTH ACTION FRAMEWORK



About This Report

Rural and small communities may have unique aspects that differentiate how they conceptualize, develop, identify, and implement approaches that relate to each Action Area in the Framework. Their smaller population size and history may influence how health values are shaped, as well as the number and types of organizations that are available to collaborate for health and well-being. The level of financial resources and within-community mobility may influence the quality and quantity of resources in the physical, social, and economic environment to support health. The distribution of resources may also shape how health systems are designed and services are delivered.

Given these unique characteristics, this report aims to answer the following questions:

1. **What are the critical health and well-being issues in the rural and small communities, and what is common across the Sentinel Community examples?**
2. **How is the narrative about health shaped and communicated in rural and small communities?**
3. **What factors facilitate or impede the ability of rural and small communities to positively impact the health and well-being of the community?**
4. **Are there particular characteristics and/or approaches in how rural and small communities build a Culture of Health?**

For the purposes of this *Sentinel Community Insights Report: Rural and Small Communities*, we have selected a sample of Sentinel Communities that intentionally represent diversity in context, history, community strategy, and types of efforts pursued.

SENTINEL COMMUNITIES INTERVIEWED FOR THIS REPORT

Adams County, Miss.
Danvers, Mass.
Granville County, N.C.
Midland, Texas
Monona County, Iowa
North Central Nebraska
Oklahoma
Oxford County, Maine
Rexburg, Idaho
Sanilac County, Mich.
San Juan County, N.M.

As noted earlier, the population sizes of these communities vary. Table 1 shows the population size (2018) and percent change (2010 to 2018) for each of the Sentinel Communities featured in this report. Monona County is unique in that it is home to less than 10,000 people. Most of the remaining communities have populations closer to 20,000 to 60,000, with San Juan County, N.M., and Midland, Texas, having larger populations (~120,000 to 150,000.) Oklahoma is a state with a larger total population (roughly 4 million), but we include the state given that many communities in the state are of small size.

TABLE 1: POPULATION SIZE AND CHANGE OF RURAL AND SMALL SENTINEL COMMUNITIES

SENTINEL COMMUNITY	POPULATION SIZE, JULY 2018	PERCENT CHANGE, APRIL 2010–JULY 2018
Adams County, Mississippi	31,192	-3.4%
Danvers, Massachusetts	27,727	4.6%
Granville County, North Carolina	60,115	4.5%
Midland, Texas	142,344	28.0%
Monona County, Iowa	8,679	-6.1%
North Central Nebraska (nine-county region)	44,934	-4.09%
Oklahoma	3,943,079	5.1%
Oxford County, Maine	57,618	-0.4%
Rexburg, Idaho	28,687	12.6%
Sanilac County, Michigan	41,182	-4.5%
San Juan County, New Mexico	125,043	-3.8%

Source: U.S. Census Bureau, Population Estimates Program (PEP), 2018. *https://www.census.gov/programs-surveys/popest/data/tables.html*.[3]

The information used in this report was originally obtained through several data collection methods, including key informant telephone interviews (data from a total of 157 interviews in the 11 communities); environmental scans of online and published community-specific materials; review of existing population surveillance and monitoring data; and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, human services, youth development, and environment) in the community. Sector

mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with in an effort to supplement important organizations or perspectives not included in the original sample. For more information about data collection, see the Community Portraits.

This report is organized by the four questions noted earlier. It includes a brief summary of what is known from the literature about rural and small communities related to health issues, health infrastructure, and other factors connected to health equity, where relevant. The primary focus of the report is the insights gleaned from the Sentinel Communities. This report is not intended to provide an exhaustive research study on rural and small communities; rather, its intention is to provide information on how some communities of this size are influencing and promoting health and well-being. Researchers, policymakers, and community leaders and practitioners may use the lessons learned in this report to continue improving health in communities of this size. Readers may try to adapt some of the examples (more information is available in the Community Portraits for each of the Sentinel Communities) and/or incorporate the facilitators presented to help avoid or address common pitfalls.

Health Issues Facing Rural and Small Communities

There are several health and related sociodemographic issues facing rural and small communities in the United States worth summarizing briefly here. Challenges in small communities include:

- population challenges, blending rapid growth along borders near larger metropolitan areas with declining city center populations in those metropolitan areas;
- declining rural populations;
- associated loss of farms (a large economic driver in many of these communities).

These demographic tensions can create imbalances in economic opportunity and the revenue base and have uneven impacts on housing markets and transportation access. A Pew report[4] described that rural residents are more likely to cite problems with the availability of jobs (42% of rural residents say this is a major problem vs. 34% of urban and 22% of suburban residents). Rural residents are also significantly more likely to cite problems with access to public transportation.[4] Small communities contend with enhancing economic development to compete with larger urban centers, while still maintaining core cultural norms and values that are important to residents.

In this social and demographic context, rural and small communities often face critical issues in health and well-being, including high prevalence of chronic disease; poor self-reported health; limited access to health care services; and some community design choices that detract from health. Small communities often have fewer resources to prevent and treat chronic conditions and tend to have higher prevalence of multiple comorbidities (e.g., diabetes and asthma). Declines in self-reported health have been observed among white residents living in small cities versus larger, urban centers. For instance, a DataHaven study showed that white residents living in small, and mostly working class communities in one state, reported poorer health than their counterparts living in the larger cities in the state.[5] Some of this trend may be related to the growing prevalence of deaths of despair (e.g., suicide, substance abuse related) influencing differential changes in U.S. life expectancy by race/ethnicity and geography.[6]

Access to health care continues to be a challenge where locations of hospitals and community health centers may be remote. It is well-documented that rural and remote cities, confronting population decline or stagnation, are challenged by limited health care provider supply; high rates of not having health insurance; and disproportionate numbers of those who are elderly and/or living in poverty.[7] These factors can make effectively attending to both acute and chronic health issues difficult.

On an encouraging note, according to the Environmental Protection Agency, small communities are looking for ways to provide better quality of life, while also addressing economic challenges.[8] In the process, these communities confront protecting rural landscapes while preserving open space; supporting walkable communities; and building public transit—all features of a healthy community. Therefore, many efforts are underway to advance smart growth strategies in these communities in ways that embed health as central to planning and design.

HEALTH ISSUES IN SENTINEL COMMUNITIES

In the sample of Sentinel Communities profiled in this report, the health issues follow the general trends noted earlier. Specifically, these communities reported limited or inadequate formal health infrastructure; chronic stress; social isolation and related mental health conditions; and risks posed by upstream drivers of health (e.g., access to jobs, housing).

- **In the area of health infrastructure, the smaller Sentinel Communities reported limits in creating comprehensive health systems.** According to the National Longitudinal Survey of Public Health Systems, in 2018, 51 percent of the U.S. population was served by a comprehensive public health system, but for nonmetropolitan areas specifically, the number is closer to 45 percent.[9] For instance, in Adams County, Miss., stakeholders reported collaboration difficulties between health care and public health. This was principally due to not having a traditional public health department (Adams County Health Department is a county branch of the state department of health). This situation has frayed the community's ability to coordinate effectively across the hospital system, clinics, and community health workers. In Midland, Texas, similar concerns were raised about a "marginalized public health community," which focuses on traditional public health activities like vaccinations but not broader efforts like conducting comprehensive community health needs assessments.
- **In Oklahoma, expansion of telehealth services is a critical focus given issues of remote access to health**

care services. This has resulted in significant investment in broadband capacity and expansion of nursing licensure compacts across state lines to increase access to more health care providers.

- While Danvers, Mass., runs its own Health Division of the municipal Department of Land Use and Community Services, state policy does not provide dedicated state funding to support local health operations. As such, smaller communities like Danvers face resource challenges to maintain health initiatives.
- Finally, access to health care specialists was raised in some communities. For example, while Granville County, N.C., has a robust health care system relative to other similarly sized communities (due partially to its proximity to larger metropolitan areas in the Triangle region of North Carolina), it still has challenges in maintaining specialists in areas such as neurology.

Another issue that emerged in some of the communities are challenges related to isolation and stress. For instance, stakeholders from Monona County, Iowa, cited isolation as one of their priority public health issues. **The issue of isolation was linked to mental health problems; caring for seniors; and support for children, young families, and low-income residents who live outside towns without reliable transportation.** Related to family stress, one respondent noted that in the prevailing norms of small, close-knit communities, what are typically considered "family issues" are ignored until problems related to neglect and abuse have become chronic.

"IN RURAL NEBRASKA, TOWNS ARE DYING. THERE'S NO JOBS, SCHOOLS ARE CONSOLIDATING. IN SOME COUNTIES WHERE THERE USED TO BE THREE OR FOUR SCHOOLS, THEY'RE DOWN TO ONE. THEY'VE ALL CONSOLIDATED."

Given that upstream drivers or social determinants of health account for at least 80 percent of health outcomes, fostering community conditions that support health is critical. However, there are signs that communities are struggling, particularly in small Sentinel Communities, specifically related to environmental contamination, economic opportunity, and educational access.

- For example, in San Juan County, N.M., there are challenges with environmental pollution that are the result of oil and gas extraction and prior uranium mining, a factor that disproportionately affects the American Indian population.
- Sanilac County, Mich., is representative of many smaller communities that have faced sharp economic declines in agriculture and manufacturing, which has in turn led to population decreases, difficulty retaining younger working adults, and a growing poverty rate.
- In North Central Nebraska, many stakeholders noted that the primary challenges to improving quality of life in the region have been retaining and attracting young people, businesses, and support services to towns and counties that are far removed from urban centers and many amenities. One respondent noted, "In rural Nebraska, towns are dying. There's no jobs, schools are consolidating. In some counties where there used to be three or four schools, they're down to one. They've all consolidated."

- In Adams County, a challenged school system has resulted in increasing rates of racially segregated public schools and deepened economic and racial divides in educational achievement.

Taken together, these deficits in social determinants of health have weighed on some of the smaller Sentinel Communities and may be contributing to the high burden of chronic disease, other poor health outcomes, and persistent racial and economic disparities.

Health Narrative and Influences in Rural and Small Communities

While there are health challenges facing rural and small communities, these communities offer important insights into how health is described and prioritized in community planning and policy. **Narrative and messaging about health is key to awareness about health issues, as well as education about health promotion and disease prevention.** The ways in which health is discussed; the factors that influence what is communicated; and who is communicating about health are all key elements in building community interest and commitment to advancing health.

In the rural and small Sentinel Communities, there are several themes regarding how health is described, how it is contextualized, and the role of institutions in supporting health. In many of these cases, small population size was considered an asset, and it motivated the development and reliance on strong community ties. We describe each of these themes related to promoting health in the following sections.

"THERE ARE A LOT OF LITTLE CHURCHES, AND JUST A HEAVY SENSE OF FAITH OUT IN THE COMMUNITY, TOO. PEOPLE ARE WILLING TO HELP EACH OTHER, A LOT OF FARMERS LEND EACH OTHER EQUIPMENT, AND SHARE WORKERS, AND JOINTLY HIRE THEM."

PERSPECTIVES ON SELF-SUFFICIENCY AND FAITH PERMEATE HEALTH EXPECTATIONS

One of the themes that emerged in analyses of small Sentinel Communities centers on expectations of self-reliance and personal responsibility. **Communities of this size often communicated about health in the context of "take care of yourself" notions and not being a burden on social services or systems.**

- In North Central Nebraska, stakeholders noted that there is an independent, self-reliant mindset, but that can mean residents are proud and reluctant to ask for assistance, including in the area of health.
- Stakeholders in Sanilac County noted that self-reliance can be a barrier to use of preventive health care. One respondent noted that the mentality is often, "If it's not broken, don't fix it."

In addition to notions of self-reliance, expression around religion influences health discussions, particularly in small communities with strong emphasis on faith-based institutions.

- The Church of Jesus Christ of Latter-Day Saints (LDS) in Rexburg has an approach to wellness that creates a link between faith, health, and personal responsibility to family and community. As such, the credo that most Rexburg residents abide by from early childhood provides a basis for a proactive approach to healthy living. One stakeholder noted, "It's all intertwined because we feel like in order for somebody to feel the power of God in their lives, to have a spiritual connection, they've got to be fed, and they've got to be healthy…to see life as being this great endeavor of trying to maintain people's direction towards God, but also understanding that their lives will be happier if they're healthy."
- In Oklahoma, faith communities are at the center of the rural communities as a central point of connection for many residents. One stakeholder noted, "They're the mental health services, they're the faith services, they're the wellness services. Pretty much, a rural pastor is dealing with a vast array because there are less resources."
- Granville County benefits from long-standing bonds and a helping environment fostered by the church and small, tightly knit communities. One stakeholder shared, "There are a lot of little churches, and just a heavy sense of faith out in the community, too. People are willing to help each other, a lot of farmers lend each other equipment, and share workers, and jointly hire them."

STRONG SENSE OF COMMUNITY TIES TO HEALTH COLLABORATION

One of the clearest themes from smaller Sentinel Communities was the emphasis on sense of community and how the value placed on community was leveraged for health collaborations. Small communities were bonded by this sense of community through a variety of mechanisms—including adverse community experiences; an ingrained sense of volunteerism; necessity borne from smaller networks of organizations; and limited assets available in these communities.

Monona County, which experienced a devastating tornado in 2011, leveraged that adverse experience to launch community well-being initiatives focused on improving the built environment. These recovery efforts highlighted the strength of volunteer efforts; the faith community; and the benefits of small population,

which fostered a willingness to help others. **Those that were involved in the recovery noted that the tornado disaster delivered the residual benefit of more community cohesion, which in turn influenced the success of efforts to improved community health and well-being.**

However, the challenges of adverse experience are not always bonding. For instance, in Oxford County, Maine—rural poverty, economic hardship, and an aging population—can contribute to isolation and a general decline of community engagement. Several respondents noted that a primary goal in their work—and a driver of better health outcomes—is helping residents overcome disconnection; feel they are valued; and build stronger community ties. One respondent shared, "We know isolation and disconnect perpetuates trauma, perpetuates poor health choices and perpetuates negative health outcomes."

The county is trying to re-establish community activity affected by economic downturn as a way to build health collaboration and improve community mental health. **Commitment to volunteerism and community service are common strengths in small Sentinel Communities.**

- In Danvers, this commitment fostered a sense of shared values and common purpose, which then translated to an interest in improving community well-being and engaging volunteers in health promotion events and community festivals.
- Granville County is increasing volunteerism as a strategic objective of county governance. One stakeholder noted, "We've noticed that one of the cultural shifts has really been around this social equity. We see more young people wanting to do some volunteer work prior to starting their careers. We also see some of our older generation, it's time to retire, but they're nowhere close to really wanting to give up work. They really want to volunteer."

"WE KNOW ISOLATION AND DISCONNECT PERPETUATES TRAUMA, PERPETUATES POOR HEALTH CHOICES AND PERPETUATES NEGATIVE HEALTH OUTCOMES."

Sense of community is also nurtured through the relative size of the organizational network to promote health. **For small communities, the network of organizations is often limited and/or geographically dispersed, which can create difficulties but also force cross-sector collaboration.**

- In Oxford County, the combined challenge of eliminated or inconsistent funding, limited human resources, and geographical sprawl has led to partnerships that extend health services in parts of the county where they did not previously exist. These realities have facilitated greater collaboration between sectors and created new opportunities for residents to receive services for a variety of needs. While the effects of these collaborations are localized, they demonstrate an integration of services that help residents streamline their care and bring various stakeholders into alignment around goals for improving mental and physical health in the county.
- In Rexburg, the strong social network created by the LDS church can facilitate referrals and help spread information about resources outside the church's structure. One respondent noted, "If you're working at the hospital as a crisis nurse or a social worker, you tend to be LDS … and so it's all intertwined. If someone knows that their neighbor is having trouble, they'd probably be able to say, 'I know about this crisis center'."
- In North Central Nebraska, the North Central District Health Department (NCDHD) unites the nine counties into one contiguous area. While the NCDHD has managed to connect with many different stakeholders in the counties it oversees, the department's small size and the geographic distance between communities and residents present ongoing challenges to its efforts. Thus, the NCDHD must partner with North Central Community Care Partnership, a nonprofit organization, to create links to the community, use local media, and create informal partnerships with faith-based organizations, local law enforcement, and other community stakeholders to help increase awareness of community health concerns.

HEALTH INFLUENCED BY INTEREST IN ADVANCING ECONOMIC OPPORTUNITY

As noted earlier, many small communities are challenged by boom and bust cycles in economic opportunity. For some of the small Sentinel Communities, interest in advancing economic well-being in the city is either directly tied to health or health becomes a by-product of activities focused on prosperity.

In Oklahoma, tribal communities are creating a more holistic approach, which ties together health and economic outcomes. **Forward-thinking tribal nations are implementing a progressive vision for health and well-being that ties together the physical, emotional, economic, environmental, and cultural well-being of their communities.** Tribal governments have used their sovereignty to create integrated and culturally relevant health care systems.

"IF WE CAN GET PEOPLE OUT OF THEIR CARS AND ON THEIR FEET AND BIKES, GOING TO THE GROCERY STORE, OR THE LIBRARY, OR THE COMMUNITY COLLEGE, OR TO THE RECREATION SITES, THEN WE WIN ON ALL KINDS OF FRONTS."

Granville Greenways—a partnership between Granville County, municipalities, the school district, and other stakeholders—created a platform for expanding recreation areas, green spaces, and biking trails and highlighting the value of physical exercise. While improving health and overall well-being for residents provided the initial impetus, the Greenway project has become an important example of the county's ability to link promoting health and wellness with economic development and overall community improvement. One stakeholder shared, "If we can get people out of their cars and on their feet and bikes, going to the grocery store, or the library, or the community college, or to the recreation sites, then we win on all kinds of fronts."

Barriers to Impacting Health in Rural and Small Communities

The context of prevalent health issues and unique influences on health narratives fosters interesting conditions to advance health and well-being in rural and small communities. Sentinel Community analyses surfaced some of the key facilitators and barriers to positively affecting health outcomes in small communities. While the influences on health, such as sense of community may be viewed as facilitators—**there are barriers to health that are particularly acute in small Sentinel Communities related to unstable financing; ability to address health policy holistically; and comfort to examine sensitive health topics including structural and historical drivers of health equity.**

UNSTABLE FINANCING CREATING TENSIONS IN SUSTAINING HEALTH INITIATIVES

One of the difficulties in maintaining health activities in small communities is the relative robustness of financing to consistently support those efforts. As noted earlier, health infrastructure can be compromised due to funding limits that cannot support a health department or uncertain amount of resources year to year to support health programs. Small Sentinel Communities also reported difficulties in maintaining a health workforce. Efforts to recruit providers, sustain health workforce development, and maintain critical health care centers can face serious economic challenges. These difficulties are connected to concerns about demographic shifts, particularly in places where the population is aging or declining.

Oklahoma offers a good example at the state and local levels of the issue of unstable health financing. In recent years, the state health department has experienced major budget shortfalls and overall financial cuts, reducing confidence in state health leadership. Some of this is due to management of health resources, and some has been impacted by overall economic vitality of communities in the state. The state's current fiscal crisis has forced communities to build their own governmental infrastructure to compensate for the absence of state resources and services. That infrastructure is reliant on a small, or at least uncertain, tax base and limited resources from philanthropy. As such, communities in the state can find it difficult to start and sustain efforts to address some of the state's leading health issues, such as cancer or obesity.

For some communities like Sanilac County, being designated as a health provider shortage area has been helpful in augmenting efforts to strengthen health infrastructure. The county has leveraged that status to expand opportunities for health students and link with nonprofits to expand health service reach. The McKenzie Health System expanded the definition of health provider to include nurse practitioners and physician assistants and offers advance-practice rotations, particularly in partnering with medical schools at Central Michigan University and Michigan State University to make clinical rotations available to medical students. Sanilac is part of the Rural Thumb Network, a nonprofit organization of health care organizations in the three "thumb" counties of Sanilac, Huron, and Tuscola, to work with Michigan State University's College of Medicine to attract medical students and advance practice health professionals who may begin careers in these communities. While efforts like these in Sanilac County are promising in strengthening and diversifying how the health care provider network is supported, these initiatives are not always robustly funded and thus can be subject to changes if programs are not resourced at the same level each year.

CHALLENGES IN ADDRESSING HEALTH COMPREHENSIVELY

Some of the small Sentinel Communities described challenges in approaching health in ways that can allow for integrated health policy or holistic approaches. While the issue of working in silos is not only a barrier for rural and small communities, the experience of these communities suggests that some of the features described earlier of small but dispersed organizational networks made it especially challenging to create health in all policies or comprehensive health plans.

As noted earlier, Monona County has leveraged community disaster to build will toward community well-being. But, formal collaborations to actually promote well-being have taken time to take shape because there is no comprehensive governing structure and resource models to support the effort. The Monona County Wellness Committee has been creating the structure to promote well-being. It has the potential to support the health department to build a more ambitious wellness agenda and serve to facilitate collaboration with regional stakeholders, district schools, and residents. **But, maintaining committees like these are challenged by the time required for collaboration and in some small communities, the sheer geographic dispersion to bring organizations together.**

In addition to having collaboratives with a broader well-being or health and wellness lens, small Sentinel Communities reported difficulties in taking a full policy approach to health. In Oxford County, the government is working to break down barriers and silos in how health services are delivered and cross-sectoral collaborations are supported. **There is growing interest in promoting holistic well-being-driven initiatives around topics like resilience and trauma.** But assuming the whole health approach is not easy given the unstable financing noted earlier and coordination across disparate sectors. Further, some of the innovations in health in all policies are not always easily transferred from larger cities, nor do these small communities always have access to these promising approaches to make the policy changes required. One stakeholder noted, "We need some serious changes in policy and how we are structured in terms of how we support our educational systems—and how we silo a child by health need, education need, mental health need—rather than looking at the whole health of our citizens and really looking at policy around all of that."

DIFFICULTY ADDRESSING SOME HEALTH ISSUES AS WELL AS HISTORICAL AND SYSTEMIC CONTEXTS

While the sense of community and close connections in rural and small communities can facilitate creative approaches to working on health and other community issues, the relative "smallness" and the associated culture of that characteristic can create barriers to addressing health issues openly and completely. **Topics like mental health, family trauma, sexual health, and substance use can be difficult to explore in these communities, where diversity and history of candidly discussing health is not easy.** Further, how small communities address historical and systemic drivers of health equity can also be impeded by a lack of experience.

In the area of tackling sensitive health topics, Rexburg provides a good case example. The community's "pioneer heritage, pull-yourself-up-by-the-bootstraps" mentality can create a barrier to seeking outside or professional help for mental health problems. The tight-knit nature of the community and its deep connection to a faith-based institution can create strain from raising large families and living up to the standards of the community and its leaders. One stakeholder noted, "If someone doesn't quite fit the mold, there's a lot of stress, a lot of anxiety associated with that." Further, the lack of diversity in the community can place extra pressure on youth, who find it difficult to maneuver in the prescribed LDS social structure.

Systemic and historical issues are important to tackle in community efforts to address health equity. But, addressing these longstanding issues can be difficult if open dialogue is not supported and the culture is to avoid difficult conversations. For example, in San Juan County, there are growing efforts to consider racism as it affects the Hispanic population and members of tribal nations. But fear related to racial profiling continues to inhibit community engagement, and thus it is challenging to engage diverse populations in health dialogues when the population is afraid to participate in community institutions, use health care, or generally stand out in a relatively small geography. **The political context and a lack of history in speaking frankly about racial issues can create particular complexities in addressing health equity.** In Granville County, there has not been a history of meeting the needs of the Hispanic/Latino population, so fostering those collaborations is only just starting. Racial issues more broadly are difficult for stakeholders to address directly. The trust between white and black segments of the population is an ongoing issue, and there have been few long-term health strategies that take a racial equity lens.

"WE NEED SOME SERIOUS CHANGES IN POLICY AND HOW WE ARE STRUCTURED IN TERMS OF HOW WE SUPPORT OUR EDUCATIONAL SYSTEMS—AND HOW WE SILO A CHILD BY HEALTH NEED, EDUCATION NEED, MENTAL HEALTH NEED—RATHER THAN LOOKING AT THE WHOLE HEALTH OF OUR CITIZENS AND REALLY LOOKING AT POLICY AROUND ALL OF THAT."

Conclusions and Insights

Insights from rural and small Sentinel Communities provide important information about how these communities are leveraging their size and their culture to promote health and yet tackling barriers to provide health services within the limits of organizational capacity and infrastructure. **A key theme that is quite resonant across small communities is the agility and creativity employed by communities of this size to pool limited resources to promote health and well-being.** Many stakeholders described efforts to build networks across remote geographic areas and sectors to stretch resources and create multipurpose opportunities to advance health. The Sentinel Communities were clearly working within the context of the dual influences of small size—balancing views that foster a sense of community and spirit of collective action—with others having self-sufficiency mindsets that tend to avoid formal health services for particular health concerns.

Findings reveal common themes in building a Culture of Health in rural and small communities, aligned with the Action Areas of the Framework:

- **Making Health a Shared Value.** Small communities build on a shared sense of community to promote health and leverage a strong focus on civic engagement such as volunteerism to address health issues. Health's role in the balance between individual self-reliance and community action can create tensions in how health is prioritized in community plans and policies.
- **Fostering Cross-Sector Collaboration to Improve Well-Being.** Small communities are bringing in sectors outside of traditional health to address concerns around topics like health care access and mental health. Much of this cross-sector collaboration is motivated by necessity given limits in what health care and public health can do with limited purview and/or resources.
- **Building Healthier, More Equitable Communities.** How communities are addressing the built environment with particular attention to upstream and social determinants of health is variable—because many of these issues of economic opportunity, environmental quality, and healthy community design are challenged by demographic and economic volatility in the communities. But, communities that are successfully tying health to economic development are finding ways to advance progress in this Action Area.
- **Strengthening the Integration of Health Services and Systems.** Health care access remains difficult in most of the profiled Sentinel Communities. Given that context, being able to integrate health care, public health and social services can also be challenged by not having a robust health infrastructure, particularly a well-resourced health department. Small communities are advancing creative solutions in regional health networks, but that can be strained by uncertainty or instability in financing.

MOVING FORWARD

This *Community Insights Report* is a first step in summarizing insights from early analyses of rural and small Sentinel Communities. This analysis highlights for further exploration how health is shaped, prioritized and addressed in communities of this size:

- **Better understand how small communities overcome or integrate self-reliance perspectives into health promotion.** One of the consistent themes from the small Sentinel Communities is that there is a strong sense of independence and a disinterest in relying on social systems. It is important to better understand how: this independence ultimately influences timely use of preventive services; this shapes how community leaders discuss healthy behaviors; and community institutions are viewed in terms of their responsibilities for promoting health and well-being.
- **Examine collaboration, governance, and other structures that can promote health policies.** The Sentinel Community findings to date, suggest that there are innovations in how health networks and collaborations are being supported and sustained, yet we do not have full information on these models. Additional analyses are needed to understand effective models of health decision-making and policy development in communities that are rural and small—particularly when the breadth or depth of formal institutions (e.g., health department) is limited by community population size and resources. Further, inquiry about how small communities build community health plans, health data infrastructure, and other supports to consistently monitor and intervene on health issues is needed.
- **Explore how rural and small communities leverage broader networks to identify and integrate new health ideas.** Some of the communities profiled in this report described

broader collaborations for health through regional networks, state extension programs, and cooperative grant programs. Further, some communities in Oklahoma, among other places, are expanding internet connectivity to build the health care workforce. But it is unclear if this connectivity is increasing access to other innovations in health from outside the community. It would be useful to examine whether rural and small communities that are able to access ideas and promising practices from other places more readily are able to pursue more holistic approaches to health and address emergent health issues.

- **Examine how health equity is addressed in small communities.** Small communities are addressing equity issues both in the upstream drivers of health but also in fostering dialogue about historical barriers to health. More study is needed to understand what is difficult about equity discussions and equity-based planning, and what characteristics, if any, are specific to communities of this size. Understanding these differences has implications for what lessons can be transferred from larger communities addressing equity, as well as which tools are used to effectively communicate about systemic drivers of health equity in small communities.
- **Unpack any notable differences between small communities.** At the outset of this report, we described the broad definition of what counts as a small community for purposes of inclusion in this report. However, there are distinctions that need to be further understood regarding the diversity among small communities. More midsize communities have some of the same health infrastructure challenges, but not at the same scale of much smaller communities. However, in this first analysis, it is difficult to delineate unique attributes across small community sizes with respect to health. Plus, the research literature tends to focus on rural components of small communities and less on the characteristics of less rural, small communities and how these factors influence health processes or outcomes.

This *Sentinel Community Insights Report* covers key topics that may be of value to stakeholders working to build a Culture of Health in communities of similar size. This report on rural and small communities highlights what is known currently from the Sentinel Communities, but more work is needed to fully unveil how the strengths of these communities can be more effectively utilized to advance health and well-being over time.

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