RURAL HEALTH ASSOCIATION OF TENNESSEE

Rural Health Equity Toolkit

A language and resource guide for practicing health equity in rural settings. Published April 2024

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Introduction

Rural Health Association of Tennessee's (RHA) mission is to lead the way to a healthy tomorrow throughout rural Tennessee. As part of our vision for achieving health equity, we recognize the power language has in improving physical and mental health.

This toolkit has been compiled to raise awareness, encourage further learning, and support the adoption of culturally sensitive language, policies, and practices. Resources are for clinicians, educators, youth, and health advocates.

RHA recognizes that this is not an exhaustive list of topics and resources, but our hope is that by starting the conversation we can learn more what members and the public would like to learn more about.

For a more comprehensive guide, we recommend the <u>American Psychological Associa-</u> tion's Inclusive Language Guide.

In Spring 2024, RHA hosted a Health Equity Webinar Series. You may view the videos associated with each of the topics in this toolkit on that webpage. (https://tnruralhealth.org/health-equity-toolkit)

RHA is available to members and others to support with education, resources, policy development, and/or other initiatives that advance health equity. To support our work, please maintain membership, attend our regional events or annual conference, or find other opportunities to connect with rural health advocates.

To good health,

Rural Health Association of Tennessee Membership and Advocacy Team







Rural Populations

Key Term:

HEALTH EQUITY

The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, ability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

~ Centers for Medicare and Medicaid Services (CMS)



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Introduction and Background

Rural America represents 80% of the land mass, but only 20% of the population. While not often thought of as a diverse population, people in rural communities have unique cultures, backgrounds, and self-identities.

The National Rural Health Association explains more:



Racism

Classism

Weight

Ableism

Sexism

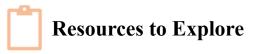
Homophobia/

Heterosexism

https://youtu.be/pXpJ4fXRakU?si=xEoiALf7C74Na8jE)

Intersectional stigma refers to co-occurring forms of stigmatized identities that often overlap, including among rural people. The stigma and discrimination these groups experience contribute to greater health disparities.

> Source: 2023 UConn Rudd Center. Weight Stigma in Healthcare | Supportive Obesity



- Rural Matters Podcast: Using Data to Drive Rural Progress
- Rural Health Info Hub: Intro to Health Equity in Rural Communities
- Tennessee Boyd Center for Business and Economic Research: <u>Tennessee's Growing</u> <u>Racial and Ethnic Diversity</u>
- Center for American Progress: <u>What</u> <u>Unites and Divides Urban, Suburban, and</u> <u>Rural Communities</u>
- U.S. Department of Health and Human Services: National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (trainings, standards, and policies)
- USDA Economic Research: <u>Rural America</u> at a Glance (2022)
- TN Department of Health: <u>Rural Areas</u>
- ETSU Center for Rural Health Research: Lecture Series: <u>Appalachian Health</u>, <u>Culture Challenges and Capacity</u>
- Rural Health Association of Tennessee: <u>Resource Center</u> or <u>Health Equity Toolkit</u>

Family Structures

Key Term:

PERSON & FAMILY ENGAGEMENT

Patients and families are partners in defining, designing, participating in and assessing the care practices and systems that serve them to assure they are respectful of and responsive to individual patient preferences, needs, and values. This collaborative engagement allows patient values to guide all clinical decisions and drives genuine transformation in attitudes, behavior, and practice."

~ Centers for Medicare and Medicaid Services (CMS)

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Many public services narrowly define family as two or more individuals related by birth, marriage, or adoption.

Individual family compositions, however, may vary widely in their characteristics, structures, and dynamics.

Schools, healthcare providers, social service organizations, and others can promote inclusion by engaging individuals and family members of all kinds in health education, planning, and decision making.





- Centers for Medicare and Medicaid
 Services: Person and Family Engagement
- Centers for Disease Control (CDC): <u>Parents for Healthy Schools</u>
- Tennessee Commission on Children and Youth: <u>State of the Child</u>
- Child Welfare Information Gateway: <u>Serving Diverse Families</u> <u>Engaging Fathers</u>
- Pew Research Center: <u>The Modern American Family;</u> <u>Financial Issues Top the list of Reasons U.S.</u> <u>Adults live in Multigenerational Homes</u>
- Time Online: Theirs is no Longer Any Such Thing as a Typical Family
- FamilyEquity.org: LGBTQ+ Family Fact Sheet
- The Annie E. Casey Foundation: <u>Child</u> <u>Welfare and Foster Care Statistics</u>
- Tennessee Department of Children's Services: <u>Relative Caregiver</u>
- Rural Health Association of Tennessee: <u>Resource Center</u> or <u>Health Equity Toolkit</u>

Age & Ability

Key Terms:

AGEISM

Negative or positive stereotyping, prejudice, and/or discrimination against older adults based on chronological age or perceiving them as being "old" or "older."

~ Iversen TN, Larsen L, Solem PE. A Conceptual Analysis of Ageism.

ABLEISM

Prejudice and discrimination aimed at disabled people, often with a patronizing desire to "cure" their disability and make them "normal"; portrays individuals who are being defined by their disabilities as inherently inferior to nondisabled people.

~ Butler, RN (1969). Age-ism: Another Form of Bigotry.



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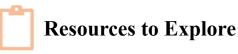
Ageism and ableism are prevalent in our language, culture, schools, healthcare systems, and social service programs. Educating ourselves and others can help counter negative stereotypes, promote inclusivity, and better serve people of all ages and ability.



AGEISM CAN BE COMBATTED



Graphic Credit: World Health Organization; Global campaign to combat ageism; <u>Free social media graphics are available for download.</u>



- American Psychological Association: <u>Inclusive Language Guide</u>
- Stanford Medicine Alliance for Disability Inclusion in Medicine: <u>Resources & Links</u>
- United Spinal Association: Disability Etiquette Guide
- Institute for Healthcare Improvement: Age Friendly Health Systems
- Tennessee Commission on Aging and Disability: <u>Reports and Resources</u>
- Centers for Disease Control: <u>Health Equity</u> for People with Disabilities
- Lerner Center for Public Health Promotion Research Brief: Aging and Disability services are unequally distributed across the U.S.
- National Center for Reframing Aging: Learning and Resource Center
- A Disability History of the United States: Book by Kim Nielsen
- TakingAgeismSeriously.org: Videos
- Rural Health Association of Tennessee: <u>Resource Center</u> or <u>Health Equity Toolkit</u>

Gender & Sexual Orientation

Key Term:

GENDER NON-CONFORMING

Umbrella term for individuals with gender identities outside the man-woman binary (e.g. nonbinary, genderqueer, and agender individuals or who do not follow gender stereotypes.

~ Westafer et al., 2022

GENDER-FLUID

"Describes a person who does not consistently adhere to one fixed gender and who may move among genders"

~ PFLAG, 2022



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IMPACTING MANY AREAS OF LIFE:

Employment & Economic Security

Housing & Homelessness

Public Places & Businesses

Family, Faith, & Community

Education

Health Care

Legal System

\$)

Introduction and Background

According to <u>Rural Health Research Gateway's March 2024</u> <u>RECAP publication</u>, rural lesbian, gay, and bisexual adults were more likely to experience chronic conditions compared to other rural and urban persons. This group also experiences additional challenges in accessing social care and mental health resources. Research shows culturally competent and affirming care is needed to improve health among people who identify as LGBTQ+.

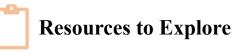
RURAL AMERICA IS HOME TO MANY LGBT PEOPLE

An estimated 2.9–3.8 million LGBT people live in rural communities across the United States. Many LGBT people choose to live in rural areas for the same reasons that non-LGBT people do, including tight-knit communities and a rural way of life.

STRENGTHS, STRUCTURES, AND CHALLENGES: HOW RURAL LIFE AMPLIFIES THE IMPACT OF ACCEPTANCE AND REJECTION



Graphic Credit: Movement Advancement Project; Where we call home: LGBT People in Rural America. Visit <u>www.lqbtmap.org/rural-lqbt</u> for <i>more resources for schools, employers, and providers.



- American Psychological Association: <u>Inclusive Language Guide</u> Guidelines for Psychological Practice
- National LGBTQIA+ Health Education Center: Toolkits and Learning Modules
- Centers for Disease Control and Prevention: <u>Health Considerations for LGBT Youth</u>
- Human Rights Campaign: <u>Resources for</u> <u>Gender-Expansive Children and Youth</u>
- **DoAskDoTell.org:** <u>Toolkit for data collec-</u> tion in clinic settings, plus resources
- FamilyEquity.org: LGBTQ+ Family FAQ
- SAMHSA: <u>Behavioral Health Equity for</u> <u>LGBTQI+ Provider FAQ and Resources</u>
- SAGE Advocacy Services for LGBTQ+ Elders: <u>Rights and Resources</u>
- Parents, Families, and Friends of LGBT People (PFLAG): <u>Resources and Education</u>
- World Professional Association for Transgender Health: <u>Resources</u>
- GLSEN: <u>Resources for K-12 students</u>
- Rural Health Association of Tennessee: Resource Center or Health Equity Toolkit

Body Size & Weight

Key Term:

WEIGHT STIGMA

"Social rejection and devaluation that accrues to those who do not comply with prevailing social norms of adequate body weight and shape."

~ Tomiyama, J., et al; BMC Medicine, 2018.

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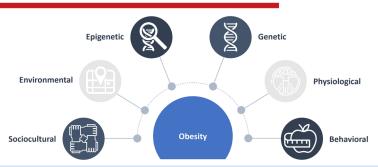
Introduction and Background

It is well documented that obesity is more prevalent in rural communities than urban (<u>RuralHealthInfoHub.org</u>; <u>Centers</u> <u>for Disease Control and Prevention</u>; etc.)

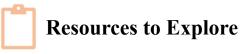
While maintaining a health weight is important to reduce health factors such as heart disease, stroke, type 2 diabetes, and some cancers, it is important to remember that good health can come in many shapes and sizes. Harmful messages from family, friends, educators, and event healthcare providers can often have harmful affects on people.

The American Psychological Association recommends using neutral terms such as "weight," "lower weight," and "higher weight," rather than "underweight," "fat," "obese," and "morbidly obese" as a way to provide dignity and respect to all persons regardless of body size.

Obesity Has a Multifactorial Origin¹²



Obesity is driven by the interaction of multiple factors beyond lifestyle, many of which are outside an individual's control. Source: University of Connecticut; Supportive Obesity Care <u>https://supportiveobesitycare.rudd.center.uconn.edu</u>



- American Psychological Association: <u>Inclusive Language Guide</u> and <u>The Burden</u> <u>of Weight Stigma</u>
- WithAll.org: <u>Discussing Weight in Pediat-</u> ric Settings
- University of Connecticut: <u>Supportive</u> <u>Obesity Care</u> and <u>Resources for Kids</u>, <u>Teens</u>
- Carolina Resource Center for Eating Disorders: <u>Resources and Education</u>
- Association for Size Diversity and Health: Health at Every Size (HAES)
- Maintenance Phase: Podcast
- Obesity Action Coalition: <u>Resources</u>
- Forbes Health: <u>How to reduce menopause</u> weight gain, according to experts
- Prism Reports: <u>How fatphopia impacts</u> women of color
- Stop Weight Bias: <u>Resources and images</u>
- LGBTQIAhealtheducation.org: <u>Address-</u> ing obesity and more among LGBTQ Youth
- Rural Health Association of Tennessee: <u>Resource Center</u> or <u>Health Equity Toolkit</u>

Substance Use Disorder

Key Term:

STIGMA

Stigma is a discrimination against an identifiable group of people, a place, or a nation. Stigma about people with substance use disorders might include inaccurate or unfounded thoughts like: they are dangerous, incapable of managing treatment, or at fault for their condition.

~ National Institute on Drug Abuse

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Illicit drug use disorder is the most stigmatized health condition in the world, with alcohol use disorder not far behind at fourth in the world, among a list of 18 of the most stigmatized conditions internationally.

Rural counties had a 1.4 times higher rate of overdose deaths involving psychostimulants than their urban counterparts (Hedegaard & Rose Spencer, 2021).

Our program is working to raise awareness of the need to address stigma and provide support related to populations with SUD. <u>Visit www.tnruralhealth.org/TNRCORP</u>

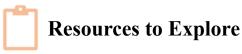
Every Person.

Every Family.

Every Community.



Visit <u>Rural Health Association of Tennessee RCORP Resource Center</u> for training, reusable graphics, and Drug Take-Back Toolkit.



- American Psychological Association: <u>Inclusive Language Guide</u>
- National Institute on Drug Abuse: <u>Words</u> <u>Matter: Preferred Addiction Language</u>
- Rural Community Opioid Response Program (RCORP) - <u>Technical Assistance</u>
- SAMHSA: <u>Resources for Families Coping</u> with Mental and Substance Use Disorders and <u>Practitioner Training</u>
- U.S. Department of Health and Human Services: National Standards for Culturally and Linguistically Appropriate Services (CLAS) for Behavioral Health Professionals (trainings, standards, and policies)
- Rural Health Info Hub: Substance Use
- Centers for Disease Control and Prevention: <u>Stigma Reduction</u>
- Tennessee Department of Mental Health and Substance Abuse Services: <u>Prevention</u> <u>Coalitions</u>
- TAADAS: Training and Resources
- Rural Health Association of Tennessee: Naloxone and Stigma Training

Race & Ethnicity

Key Term:

RACIAL IDENTITY

"An individual's psychological sense of being defined, in part, by membership in a particular racial group. Given the socially constructed nature of racial categories, racial identifications may change over time in different contexts."

~ (APA, n.d., Racial identity definition; see also Rivas-Drake & Umaña-Taylor, 2019).

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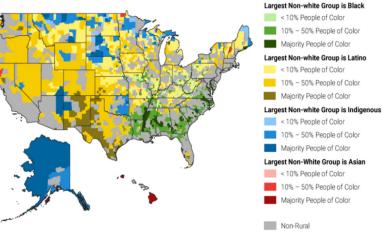
Introduction and Background

Media and popular culture frequently describe rural communities as synonymous with for "white" despite the fact 24% of rural Americans identified as people of color in the 2020 census.

Narratives that erase 24% of rural people contribute to the systemic barriers of accessing healthcare and other social services.

One-size-fits-all policies, programs, and approach to delivering healthcare is not sufficient for meeting the diverse needs of rural America.

We encourage health and social care providers to take advantage of free training resources such as with <u>Think</u> <u>Cultural Health</u> for more on providing culturally and linguistically appropriate care.



Source: Brookings analysis of 2020 Census data.



- American Psychological Association: <u>Inclusive Language Guide</u>
- U.S. Department of Health and Human Services: National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (trainings, standards, and policies)
- Centers for Disease Control and Prevention: <u>Racism and Health</u>
- US Department of Health and Human Services: Office of Minority Health
- National Resource Center for Hispanic Children and Families: <u>Developing Cultur-</u> ally Responsive Approaches
- Child Welfare Information Gateway: <u>Serving Diverse Families</u>
- Tennessee Boyd Center for Business and Economic Research: <u>Tennessee's Growing</u> <u>Racial and Ethnic Diversity</u>
- Rural Health Info Hub: <u>Rural racial and</u> ethnic group resources
- Rural Health Association of Tennessee: <u>Resource Center</u> or <u>Health Equity Toolkit</u>

Intimate Partner and Family Violence

Key Term:

INTIMATE PARTNER VIOLENCE

"Intimate partner violence refers to behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors. This definition covers violence by both current and former spouses and partners."

~ World Health Organization

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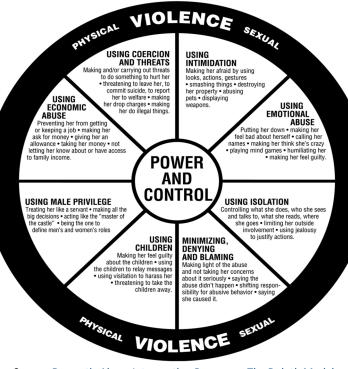
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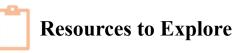
Introduction and Background

Family connections with people in positions of authority, distance and geographic isolation, transportation barriers, stigma of abuse, and lack of available shelters are among a few of the challenges that make accessing care difficult for persons and families experiencing violence.

Knowing how to identify signs of intimate partner and family violence, proactively sharing prevention education materials, and knowing how to respond appropriately in an emergency are all important for health and social service providers ability to provide person-first care.







- Tennessee Coalition to End Domestic Violence: <u>Medical Response Best Practices</u> and <u>Prevention webinars and resources</u>
- Tennessee Safe at Home Address Confidentiality Program: <u>Resources for</u> agencies, assisters, and individuals.
- National Sexual Violence Resource Center: <u>Resources for survivors and families</u>
- Centers for Disease Control and Prevention: Intimate Partner Violence Facts and Resources, including for teens
- Stanford Medicine: Domestic Violence, <u>How to Ask</u>
- Rural Health Info Hub: Violence and Abuse in Rural America
- Child Safety Practice Manual: <u>The power</u> of your words
- FORGE: <u>Resources for LGBTQ+ Survivors</u>
- www.MALDEF.org: <u>Resources for undocu-</u> mented individuals
- MaleSuvivor.org: <u>Resources for Men</u>
- Rural Health Association of Tennessee: <u>Resource Center</u> or <u>Health Equity Toolkit</u>

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A special thank you to the below individuals and organizations for their contributions to this toolkit. For more information as this toolkit is updated and expanded, please visit <u>www.tnruralhealth.org/health-equity.toolkit</u>



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