



Rural Health Equity Toolkit

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

Published April 2024

This service was supported by funds made available from the Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, under GR-21-73441. The contents of this publication are those of the authors and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention (CDC).

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 [American Psychological Association's Inclusive Language Guide](#).

In Spring 2023, 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

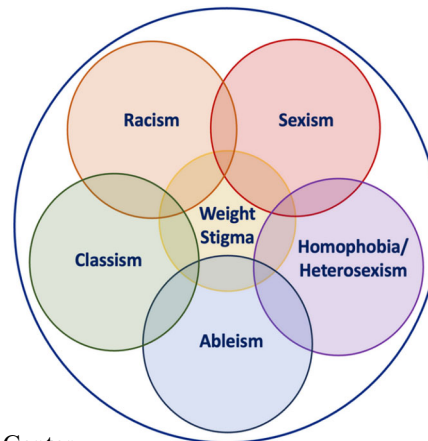
Rural America represents 80% of the land mass, but only 20% of the population. While not often thought of as a diverse population, people in rural communities have unique cultures, backgrounds, and self-identities.

The [National Rural Health Association](#) explains more:



<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](#)



Resources to Explore

- **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:** [Tennessee's Growing Racial and Ethnic Diversity](#)
- **Center for American Progress:** [What Unites and Divides Urban, Suburban, and Rural Communities](#)
- **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:** [Rural America at a Glance \(2022\)](#)
- **TN Department of Health:** [Rural Areas](#)
- **ETSU Center for Rural Health Research:** [Lecture Series: Appalachian Health, Culture Challenges and Capacity](#)
- **Rural Health Association of Tennessee:** [Resource Center](#) or [Health Equity Toolkit](#)

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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.”

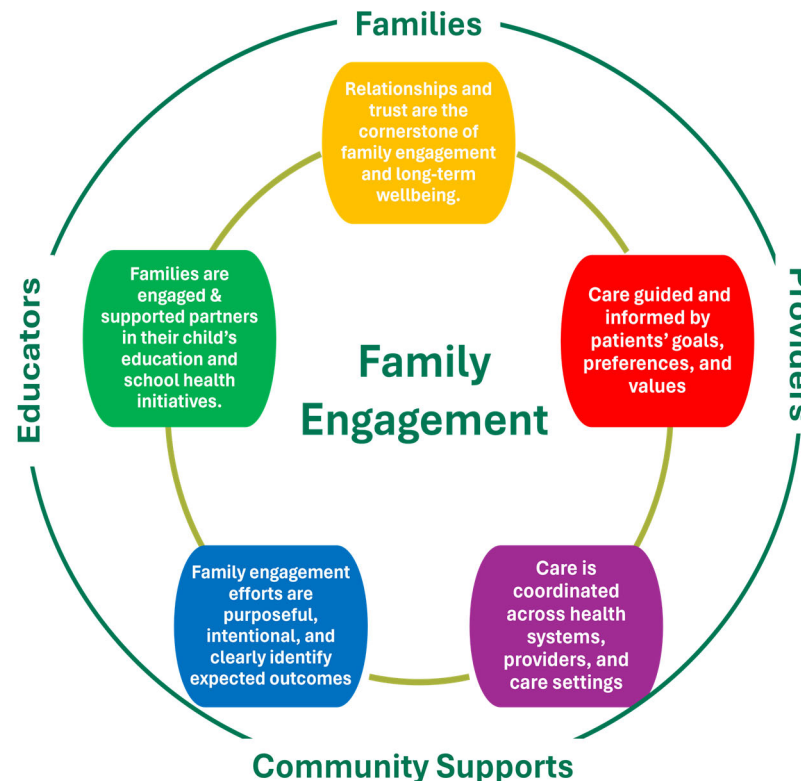
~ Centers for Medicare and Medicaid Services (CMS)

Introduction and Background

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.



Resources to Explore

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

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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Introduction and Background

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.



Stella Young, comedian and journalist gives TedTalk titled “I’m not your inspiration, thank you very much.”



Graphic Credit: World Health Organization; Global campaign to combat ageism; [Free social media graphics are available for download.](#)



Resources to Explore

- **American Psychological Association:** [Inclusive Language Guide](#)
- **Stanford Medicine Alliance for Disability Inclusion in Medicine:** [Resources & Links](#)
- **United Spinal Association:** [Disability Etiquette Guide](#)
- **Institute for Healthcare Improvement:** [Age Friendly Health Systems](#)
- **Tennessee Commission on Aging and Disability:** [Reports and Resources](#)
- **Centers for Disease Control:** [Health Equity 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:** [Resource Center](#) or [Health Equity Toolkit](#)

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Gender & Sexual Orientation

Key Term:

GENDER NON-CONFORMING

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

~ Westafer et al., 2022

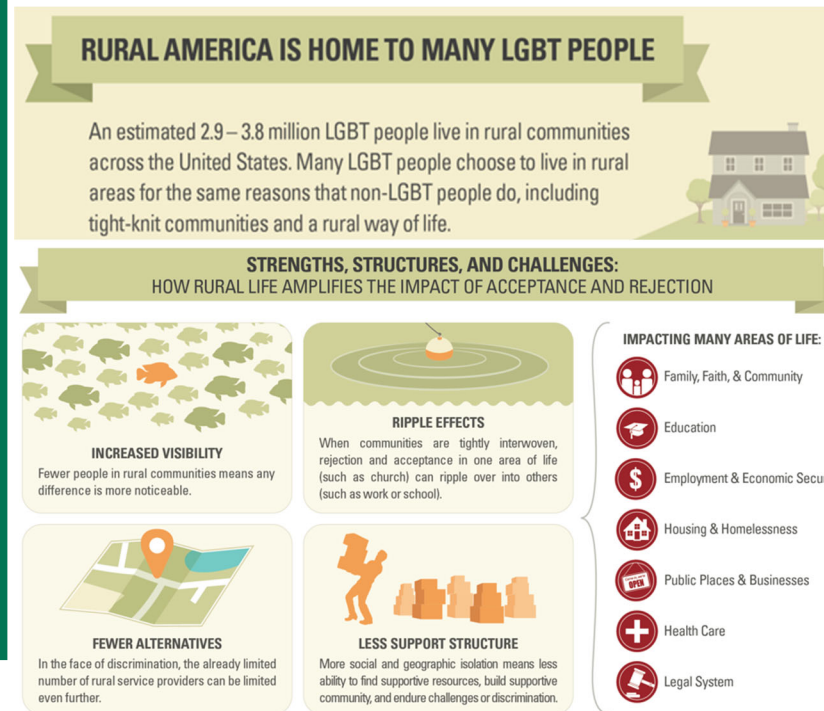
GENDER-FLUID

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

~ PFLAG, 2022

Introduction and Background

According to [Rural Health Research Gateway’s March 2024 RECAP publication](#), 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 lack of culturally competent and affirming care needed to improve health among people who identify as LGBTQ+.



Graphic Credit: Movement Advancement Project; Where we call home: LGBT People in Rural America. Visit www.lgbtmap.org/rural-lgbt for more resources for schools, employers, and providers.



Resources to Explore

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

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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.

Introduction and Background

It is well documented that obesity is more prevalent in rural communities than urban ([RuralHealthInfoHub.org](https://www.ruralhealthinfo.org/); [Centers for Disease Control and Prevention](https://www.cdc.gov/diseasecontrolandprevention/); 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 even healthcare providers can often have harmful effects 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

<https://supportiveobesitycare.rudd.center.uconn.edu>



Resources to Explore

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

Rural Health Equity Toolkit

More to Come!

We will add to this toolkit after each presentation. Please register for the upcoming webinars in our series.

[Substance Use Disorder](#), April 11th: This presentation will be delivered by Chipper Smith, MPH with Middle Tennessee State University's Office of Prevention Science and Recovery.

[Race and Ethnicity](#), April 18th: This presentation will be delivered by Elizabeth Hart, MS with [From Hart to Heart Consulting](#).

[Domestic Violence Survivors](#), April 25th: This presentation will be delivered by Dr. Lisa Beasley and Dr. Andrea Sebastian with University of Tennessee Health Science Center Community and Population Health.