

WHOLE PERSON CARE IN RURAL AREAS

FAST FACTS

- **Twenty percent of Americans** live in rural areas. Rural Americans have an average age of 43 compared to 36 for urban residents and have higher rates of chronic diseases like heart disease, diabetes, and cancer.
- **Rural areas have 30% fewer primary care clinicians** per capita compared to urban settings, with even greater specialist shortages.
- **Natural environments** in rural settings reduce stress and support healing, both physically and mentally.
- **Eighty percent of health outcomes** are shaped by factors—social connections, environment, and lifestyle—outside of medical care.

WHAT MAKES RURAL HEALTH UNIQUE?

Advantages and Challenges: A Rural Health Snapshot

Advantages	Challenges
Natural stress reduction	Fewer specialists, longer travel
Strong community support	Transportation barriers
Cultural resilience and self-reliance	Higher chronic disease rates
Lower population density (less crowding)	Fewer health care and grocery options

Whole Person Care in Rural Environments

Whole person care means seeing each patient as a complete human being—not just a diagnosis. It's about asking, "What matters most to you?" and supporting healing in all dimensions: physical, emotional, social, and spiritual. This approach recognizes that 80% of health outcomes are shaped by factors outside of traditional medical care, including where we live, relationships, behaviors, and sense of purpose.

The HOPE Note model provides a framework for this comprehensive approach. It starts with what matters most to the patient rather than focusing solely on disease and explores physical, behavioral, social, and spiritual dimensions of wellbeing.

This approach is also salutogenic, meaning it emphasizes factors that create health and healing rather than simply battling disease. As Dr. Jonas explains, "Healing emerges when patients and clinicians build trusting relationships"—a statement that resonates in rural communities where relationships often extend beyond clinic settings.

Community Connection as Healing

The deep social connections present in many rural communities are a powerful but often underutilized health resource. Other

outlets for practical support, transportation, and companionship during health challenges include neighbors, churches, and local groups.

When illness strikes a rural household, community response often includes not just emotional support but tangible assistance—from bringing meals to helping with farm chores to providing rides to distant medical appointments.

Community-based cancer support networks have been shown to improve treatment adherence and emotional resilience among rural patients. These informal support systems address practical barriers that formal health care systems may miss, such as who will feed livestock during a hospital stay or how children will get to school during a parent's illness. Local organizations including the Grange, Rotary, fire districts, and faith communities frequently host health screenings and support groups, extending care to remote areas.

In the most effective rural health systems, clinicians actively partner with these community networks—not as a replacement for formal care but as a vital complement. Providers who understand local community structures can help patients navigate both clinical care and community resources, creating support networks that address whole person needs.

The Power of Nature and Routine

Rural environments offer unique health assets through connection with nature and seasonal rhythms. Research shows that time outdoors—even just 20 minutes daily—measurably lowers blood pressure and boosts immunity. The natural beauty surrounding rural homes isn't just pleasant—it actively contributes to health by reducing stress markers, like cortisol levels, in the body. For rural residents, this healing resource exists literally outside their doors, creating opportunities for regular restoration that urban dwellers often must seek deliberately.

Seasonal activities provide another layer of health support through continuity, exercise, and mental refreshment. The cyclical nature of rural life—planting in spring, harvesting in fall, preparing for and coping with winter—creates natural rhythms. These predictable patterns offer psychological security and physical engagement that support wellbeing. Whether tending a garden, tackling familiar seasonal chores, or participating in community events, these connections to place and time provide stability during health uncertainties.

Restorative natural settings prove especially beneficial for those facing cancer or chronic illness. Fresh air, natural sounds, and visual diversity of rural landscapes can refresh mental energy depleted by medical treatments and provide healing spaces during difficult recoveries. Health care providers can intentionally incorporate these natural resources into treatment plans, recommending specific outdoor activities tailored to patients' abilities and interests.

Health Challenges in Rural Living

Accessing Care

Rural health care access presents unique challenges shaped by geography and infrastructure limitations. When you live miles from a major city or even a town, going to the clinic isn't as simple as getting on the bus or walking a few blocks. Rural areas have 30% fewer primary care providers per capita than urban settings, with specialist scarcity even more pronounced. Only 12% of U.S. psychiatrists practice in rural areas, and 85% of rural counties lack adequate mental health professionals, forcing residents to travel more than 50 miles for specialized care or go without.

The consequences of these access barriers are measurable—rural residents are 25% less likely to receive recommended cancer screenings, and preventable hospitalizations occur 40% more frequently than in urban areas. While telehealth offers promising solutions, the digital divide is real. Just over 40% of rural households lack reliable broadband internet access.

Weather conditions can complicate plans to travel for care, especially for older adults or those with chronic conditions. When rural residents do make the journey to specialized care, they often face additional logistic challenges—arranging animal care during medical visits, coordinating with seasonal work requirements, and sometimes needing overnight accommodations for distant

appointments. Many rural hospitals provide general care but lack specialty services like trauma centers or stroke units, requiring patient transfers to distant facilities during emergencies.

Chronic Disease and Health Risks

The health profile of rural Americans reflects both environmental factors and access challenges.

- Diabetes prevalence is 40% higher in rural populations compared to their urban counterparts.
- Cardiovascular disease mortality rates follow similar patterns.
- Rural residents have higher rates of tobacco use (26% vs. 19% urban) and obesity (34% vs. 29%), contributing to chronic disease.

Occupational hazards create additional health risks for rural residents. Agricultural work, forestry, mining, and other rural industries expose workers to heavy machinery, unpredictable elements, and sometimes harmful chemicals. The physical demands of these occupations can lead to chronic musculoskeletal conditions. Isolated work may delay emergency response when accidents occur.

As rural populations age—with a demographic profile older than urban areas—age-related conditions become increasingly prevalent. Managing chronic diseases like COPD, arthritis, or heart failure is harder when specialized care requires hours of travel.

The Veterans Health Administration (VA) has worked toward solving the problem of rural access to care by creating the Community Care program. Veterans who live more than 60 miles or 60 minutes from a VA health clinic offering the care they need are eligible to receive that care from a contracted clinician in their community or somewhere nearby.

Economic and Social Dimensions

The social and economic landscape of rural America creates both challenges and opportunities for health. Food access often presents difficulties, with grocery stores sometimes located several towns away, limiting availability of fresh produce and creating “food deserts” in some communities. Health insurance coverage tends to run lower in rural areas, and educational opportunities—including health education—may be more limited than in urban settings.

Social connection patterns differ markedly between rural and urban environments. Research shows that 32% of rural seniors report infrequent social contact compared to 25% of urban seniors. However, this statistic tells only part of the story. Rural communities often foster deep intergenerational relationships, with extended family networks providing care and support during illness. Economic stressors, particularly in agricultural and manufacturing communities experiencing decline, have been linked to concerning mental health outcomes, especially among middle-aged men.

Seasonal work patterns common in rural areas create additional complications for health care access and financial stability. Farm families may find it nearly impossible to schedule non-emergency medical care during planting or harvest seasons. Tourism-dependent communities may experience feast-or-famine financial cycles that affect insurance coverage and ability to pay for care. These economic rhythms require health care systems that can adapt to the unique needs and constraints of rural life.

Patient and Clinician Strategies for Rural Health

Build Health Resilience

- **Emergency planning:** Know your nearest clinic or hospital, keep supplies and medication lists handy, and share plans with trusted neighbors.
- **First aid skills:** Learn basic first aid and talk with your provider about emergency needs for chronic conditions.

Use Community Resources

- **Tap local organizations:** Churches, extension offices, and community centers often offer health programs and support.
- **School-based or federally funded clinics** may provide additional care options.

Take a Personal Health Inventory

- **Ask “What matters?”:** Align care with your values—whether it’s being able to garden, keep up with community activities, drive to the city for shopping and events, or something else.
- **Integrate mind-body-spirit:** Simple rituals (tea on the porch, walks, prayer) support healing and resilience.

SPECIAL FOCUS: RURAL CANCER CARE

Rural cancer patients face unique challenges requiring whole person approaches. This section highlights key barriers and solutions, including American Cancer Society resources specifically designed for rural communities.

Whole Person Cancer Care in Rural Settings

Unique Challenges for Rural Cancer Patients

Rural cancer patients navigate a complex landscape of barriers beyond the disease itself.

- Limited availability of oncology specialists often means travel to distant medical centers, creating significant burdens in time, cost, and logistics.
- Screening access can be quite limited. Recent research from Texas shows that of 100 lung cancer screening sites statewide, only four are located in rural counties, leaving 37% of age-eligible adults (ages 50-80) living in counties without any screening access.

- Weather may complicate travel plans, particularly in winter.
- Financial impacts can be substantial. Rural patients may cope with lost wages and the cost of fuel and overnight accommodations while receiving treatment.
- Access to clinical trials is limited, with research showing that patients in higher-income areas with more cancer programs have greater enrollment opportunities.

The American Cancer Society (ACS) reports that rural communities experience higher cancer mortality rates despite sometimes lower incidence, highlighting a critical disparity in outcomes that stems largely from access challenges. For example, recent national data reveal that rural populations are experiencing slower improvements in lung cancer mortality compared to urban areas, with particularly concerning gaps for adults under 65 (nearly twofold slower improvement) and women (threefold slower improvement). These statistics reflect the cumulative effect of fewer health care providers, longer travel distances, hospital closures, and limited insurance options in rural settings.

Spiritual and Social Dimensions of Care

The spiritual and social fabric of rural communities creates both challenges and opportunities for cancer care. Faith plays a central role in many rural patients’ health care experiences, with 65% prioritizing spiritual considerations in treatment decisions and end-of-life care compared to 45% of urban patients. This may mean a different approach to illness, including greater acceptance of mortality along with belief in purpose and meaning beyond physical suffering.

Community networks can provide significant support during treatment. Approximately 78% of rural residents participate in community organizations compared to 62% of urban dwellers, creating natural networks for support during health crises. Intergenerational households, 23% more common in rural areas, provide built-in caregiving structures that urban health systems often struggle to replicate.

These community connections offer not just emotional support but practical assistance—from providing transportation to appointments to ensuring farms and homes are maintained during treatment periods.

American Cancer Society Rural Resources

The ACS has developed specific initiatives addressing rural cancer care challenges:

- **Educational and advocacy resources:** The “Change the Odds: Cancer’s Impact on Rural America” campaign raises awareness about rural cancer disparities and advocates for improved access.
- **Research and support programs:** The weSurvive program in Appalachia provides rural cancer survivors with tailored nutrition guidance, physical activity support, group sessions, health coaching, and telehealth access.

- **Policy initiatives:** The ACS Cancer Action Network (ACS CAN) supports expanded telehealth, better insurance coverage, and programs addressing the unique financial and logistic barriers rural patients face.
- **Telehealth and patient navigation:** ACS supports teleoncology programs connecting rural patients with specialists and patient navigators who help coordinate care across distances.

Innovative Approaches for Rural Cancer Care

Several innovative solutions are helping bridge rural cancer care gaps:

- **Teleoncology:** Virtual appointments, remote symptom monitoring, and telehealth consultations reduce travel needs while maintaining quality care. Recent implementation of a Wisconsin pilot program of oncology telehealth showed significant success, with rural patients saving an average of 90 minutes travel time per visit. This technology proved particularly effective for older patients (average age 72, with half aged 75 and over) and also reduced the burden on family caregivers. Some patients were able to receive their IV and injectable cancer treatments during the virtual visits.
- **Outreach clinics:** Satellite locations of larger cancer centers bring care closer to rural communities, often rotating specialists through regional facilities.
- **Mobile screening units:** Mobile mammography and other screening services travel to rural communities, improving early detection rates.
- **Home-based care options:** When appropriate, home infusion services allow patients to receive certain therapies without traveling to facilities.
- **Patient navigation:** Specially trained navigators help rural patients access resources, manage appointments across providers, and connect with financial assistance programs.

For more information on ACS rural cancer resources, visit www.cancer.org/rural-health or call 1-800-227-2345.

Rural Health Tips for Patients and Families

Prepare for Emergencies

Emergency preparedness is especially important where care may be distant.

- Keep an updated list of medications, allergies, and medical conditions in an easily accessible location.
- Talk with your clinician about emergency plans for any specific conditions and possible complications.
- Know your nearest emergency care options, including where to go for specific emergencies (cardiac, stroke, trauma).
- Make communication plans with neighbors who could help during a crisis, especially if you live alone or have limited mobility.

Use Available Resources

Don't overlook telehealth as a powerful tool for rural health care, especially for follow-ups or specialized consultations. Many providers now offer virtual visits that can save hours of travel time.

Use local community resources. County extension offices frequently offer health education programs, and school-based health centers sometimes serve community members in addition to students. Connecting with others facing similar health challenges provides emotional support and practical knowledge. Consider joining local or online support groups.

Build Your Health Resilience

Self-care takes on special significance in rural settings where nature provides healing opportunities. Take time for seasonal activities that help you get moving and connect to where you live. This could be gardening, walking, hunting and fishing, or simply sitting on the porch observing the natural world.

Most importantly, advocate for yourself by sharing your goals and values with your care team. What matters most to you can guide your care plan, no matter where you live.

For Clinicians: Whole Person Tools and Resources

- **HOPE Note and Personal Health Inventory:** Tools to identify what matters most and to co-create care plans with patients.
- **Healing Works Foundation:** Practical resources for implementing whole person, integrative care in primary and oncology settings.

Cultural considerations:

- **Spiritual engagement:** Recognize that spiritual practices reduce depression risk by 40% among rural seniors compared to nonpracticing peers.
- **Gender differences:** Be aware that rural men show 50% higher emotional suppression rates, correlating with elevated substance use.
- **Community dynamics:** Leverage the strong social capital that exists in many rural communities while recognizing potential stigma around certain health conditions.
- **Value systems:** Respect traditional approaches to health while offering evidence-based alternatives.

Technology considerations:

- Offer telehealth options while recognizing bandwidth limitations.
- Provide alternative methods for patients with limited tech access.
- Respect cultural preferences regarding technology use.

Mental health support:

- Address stigma around seeking help for emotional struggles.
- Find counselors who understand farm stress and rural culture.

- Identify comfortable, familiar settings for support groups.
- Consider faith-based interventions, as appropriate, including training clergy in mental health first aid.
- Recognize the 50% higher suicide rates among rural older men compared to urban counterparts, linked to isolation and reduced mental health service availability.

Common Questions from Rural Patients

How do I get specialized care when I live far from major medical centers? Talk with your clinician about coordinated care options, including telehealth consultations, visiting specialists, and transportation assistance. Many medical centers offer lodging assistance for necessary travel.

What if I have an emergency and can't get to a hospital quickly? Develop an emergency plan with your doctor or other clinician. Keep emergency numbers visible. Consider a medical alert device if you live alone and establish neighbor support networks.

How can I find mental health support that understands rural life? Start with your clinician for recommendations. Look for providers familiar with rural concerns, explore telehealth options, and check with faith communities and agricultural extension offices.

Conclusion

Rural health is about more than overcoming challenges. It's about harnessing unique strengths: deep community ties, restorative natural settings, and a culture of resilience. Whole person care empowers patients and clinicians to build health and healing together, honoring the mind, body, and spirit.

“Healing isn’t just about fixing bodies; it’s about building meaningful connections.”

—Dr. Wayne Jonas

My Notes and Questions

References

1. Abshire DA, Graves JM, Amiri S, Williams-Gilbert W. Differences in loneliness across the rural-urban continuum among adults living in Washington state. *J Rural Health*. 2022 Jan;38(1):187-193. Doi: 10.1111/jrh.12535. Epub 2020 Nov 12.
2. AMA STEPS Forward Podcast with Dr. Wayne Jonas. (2024). edhub.ama-assn.org/steps-forward/audio-player/18902893. Accessed June 4, 2025.
3. American Cancer Society. Cancer Facts & Figures 2024. Available at <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/2024-cancer-facts-figures.html>. Accessed June 4, 2025.
4. American Cancer Society. Change the odds: Cancer's impact on rural America. February 8, 2025. Available at www.cancer.org/cancer/latest-news/our-impact/change-the-odds-cancers-impact-on-rural-america.html. Accessed June 4, 2025.
5. American Cancer Society. How telehealth visits can help support you during cancer. January 31, 2025. Available at www.cancer.org/cancer/latest-news/how-telehealth-visits-can-help-support-you-during-cancer.html. Accessed June 4, 2025.
6. American Cancer Society. Breaking barriers in cancer care disparities. Available at www.cancer.org/about-us/our-partners/pfizer.html. Accessed June 4, 2025.
7. Change Mental Health. Rural mental health. Available at changemh.org/resources/rural-mental-health. Accessed June 4, 2025.
8. Chen X, Orom H, Hay JL, et al. Differences in rural and urban health information access and use. *J Rural Health*. 2019 Jun;35(3):405-417. doi: 10.1111/jrh.12335. Epub 2018 Nov 16.
9. Cohen SA, Greaney ML. Aging in rural communities. *Curr Epidemiol Rep*. 2023;10(1):1-16. doi: 10.1007/s40471-022-00313-9. Epub 2022 Nov 9.
10. Debertin D. A comparison of social capital in rural and urban settings. Available at www.uky.edu/~deberti/socsaea.htm. Accessed June 4, 2025.
11. Fickman L. City or country living? Research reveals psychological differences. University of Houston Newsroom. March 13, 2023. Available at uh.edu/news-events/stories/2023/march-2023/03132023-country-living-study-atherton.php. Accessed June 4, 2025.
12. Georgetown Health Policy Institute. (2024). Rural health policy. hpi.georgetown.edu/rural. Accessed June 4, 2025.
13. How We Heal Campaign. (2023). Whole person approach to cancer care. https://howwehealcampaign.com/wp-content/uploads/2023/07/WJ_ebooklet250822.pdf
14. How We Heal Campaign. (2023-2025). Creating whole person health in your 50s. Available at howwehealcampaign.com/resource/creating-whole-person-health-in-your-50s. Accessed June 4, 2025.
15. Jones BW. Spirituality among the terminally ill in a rural hospice program. *Indian J Palliat Care*. 2021 Jan-Mar;27(1):183-185. doi: 10.4103/IJPC.IJPC_257_20. Epub 2021 Feb 17.
16. Rhinehart D, Blackford AL, Desai A, et al. Sociodemographic differences in lung cancer mortality trends across the United States (US) rural-urban divide. *J Clin Oncol*. 2025;43(16_suppl):Abstract 11048. Presented at: ASCO Annual Meeting. Available at: www.asco.org/abstracts-presentations/ABSTRACT499534. Accessed June 4, 2025.
17. Smith AS, Trevelyan E. Older population in rural America. U.S. Census Bureau. October 22, 2019. Available at <https://www.census.gov/library/stories/2019/10/older-population-in-rural-america.html>. Accessed June 4, 2025.
18. Smith Center for Healing and the Arts. (2024). Whole person cancer care: Empowering patients & healing. smithcenter.org/programs-retreat/whole-person-cancer-care-empowering-patients-healing. Accessed June 4, 2025.
19. Ticku J. Successful implementation of virtual oncology and hematology services in a rural health system. *J Clin Oncol*. 2025;43(16_suppl):e13887. doi:10.1200/JCO.2025.43.16_suppl.e13887
20. Tiong J, Ramphul R, Russell HV. Rural-urban disparities in lung cancer screening and outcomes: a comprehensive study of Texas counties. *J Clin Oncol*. 2025;43(16_suppl):e13528. doi:10.1200/JCO.2025.43.16_suppl.e13528
21. Weeks WB, Chang JE, Pagán JA, et al. Rural-urban disparities in health outcomes, clinical care, health behaviors, and social determinants of health and an action-oriented, dynamic tool for visualizing them. *PLOS Glob Public Health*. 2023 Oct 3;3(10):e0002420. doi: 10.1371/journal.pgph.0002420.
22. Yoon DP, Lee EK. The impact of religiousness, spirituality, and social support on psychological well-being among older adults in rural areas. *J Gerontol Soc Work*. 2007;48(3-4):281-98. doi: 10.1300/J083v48n03_01.