

RECOVERY

*The official newsletter of the
Fletcher Group Rural Center Of Excellence*



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RECOVERY MONTH GOES RURAL

By Founder and Chief Medical Officer Dr. Ernie Fletcher

National Recovery Month is held each September to promote new evidence-based practices, to celebrate the gains of our nationwide recovery community, and to acknowledge the dedication of service providers and community members who work to make recovery a reality.

Now in its 32nd year, this year’s theme is, “Recovery is for everyone: every person, every family, every community.”

Commemorative events like Recovery Month not only honor hard-won accomplishments and the people who made them. They also remind us of first principles—why we do what we do. In our case, it’s an undying commitment to furthering long-term recovery in rural America.

That’s why this issue focuses on the stark challenges as well as the exciting opportunities unique to rural communities. Quantifying complicated realities is never easy, but—just as in individual recovery—knowing what you’re up against and what’s out there to help you along the way can make all the difference.

“*There are many hardships and heartaches along the way in rural life, but if you leave it, you’re invariably drawn back, like a guardian of the land.*”
—Ralph Cover

RURAL AMERICA DEFINED

Rural's not as easy to define as you might think, as evidenced by the fact that over 15 different definitions are currently used by federal programs.* The Census Bureau and the Health Resources and Services Administration (HRSA) do agree, however, that around 60 million Americans—roughly one in five of us—live in rural areas.

But what makes rural America different? Below are, broadly and briefly, some of the key differences.

Older

Rural areas definitely have more senior residents per capita than non-rural areas (20.8 percent compared to 16.9 percent). In fact, nearly 85 percent of rural counties have more older people (aged 55 to 64) than younger people (aged 25 to 34). The gap is driven not only by young people moving out but by older retirees moving in, particularly to so-called "recreation communities."

Slow Or Negative Population Growth

Nearly two-thirds (64.6 percent) of rural counties saw a reduction in population between 2010 and 2019. This was true of only 23.8 percent of non-rural counties during the same ten-year period.

Fewer College Grads

Only 18.6 percent of rural Americans have a college degree compared to 29.6 percent in non-rural areas.

Fewer Workers

Between 2010 and 2019, nine in ten rural counties saw a decrease in their prime working age population (aged 25 to 54). And over half of those counties lost ten percent or more of that working age population. As a result, the average share of the population that's of prime working age is three percent lower in rural areas than in non-rural areas (34.7 percent to 38.1 percent).

Lower Employment

From 2014 to 2018, 43.4 percent of rural counties experienced negative employment growth compared to 16.5 percent in non-rural counties. In the average rural county, 26.9 percent of prime-age working adults are not working compared to 22.1 percent in non-rural counties.

Less Business Development

Half of all rural counties experienced a net decline in business establishments from 2014 to 2018. A similar net decline was recorded in only twenty percent of non-rural counties.



Lower Income

The average median household income (MHI) in rural areas is \$13,600 lower than in non-rural areas (\$47,900 to \$61,600).

More Poverty

The average poverty rate in rural areas is nearly three points higher than in non-rural areas (16.4 percent to 13.5 percent).

Misconceptions

Despite popular conceptions of rural America, only 19.1 percent of rural counties are still considered farm-dependent by the USDA and only 6.4 percent of rural Americans live in those farm-dependent counties. Even in those counties, other industries play a critical role in shaping economic outcomes.

Rural economies aren't typically driven by tourism, either. Over 70 percent of the most prosperous rural counties are not recreation-dependent.

* University of Southern Maine, "Choosing Rural Definitions: Implications for Health Policy." The Fletcher Group Rural Center Of Excellence uses the FORHP definition of rural found at <https://www.hrsa.gov/rural-health/about-us/definition/index.html>) All other statistics on this page are from "Economic Innovation Group, Redefining Rural, Towards a Better Understanding of Geography, Demography, and Economy in America's Rural Places," March, 2021

RURAL CHALLENGES

Covid-19 has caused the largest decline in U.S. life expectancy since World War II, but the nation was mired in an alarming period of rising mortality even before the pandemic.* The trend has been particularly acute in rural areas where rates of pain, suffering, disease, disability and mortality are higher, life expectancy is lower, and four of the five leading causes of death are associated with chronic disease.† No wonder rural Americans continue to name “Access to Quality Health Care” their top priority.‡

There are many causes for the health disparity between rural and non-rural areas. They include geographic isolation that increases the time and cost of travel, poor health literacy, dangerous health-risk behaviors, healthcare workforce shortages, inadequate health insurance, little or no access to Telehealth services because there's no broadband, social stigma and privacy issues that prevent some from seeking help, and limited access to healthcare specialists, particularly in the fields of home health, hospice and palliative care, mental health services, substance use treatment, and obstetric and maternal health services. The latter has been especially hard hit by the loss of hospital-based obstetrician services in 179 rural counties due to hospital or OB unit closures.§ As of 2018, only 27% of rural counties had hospital-based OB services.¶

And the lack of services and treatment for Substance Use Disorders continues unabated. Rural SUD treatment centers have been shown to have a lower proportion of highly educated counselors.§ And 82 percent of rural residents live in a county without a detox provider, causing many to forego or delay needed treatment.#

Deaths Of Despair

This tragically alliterative term was coined by Princeton University economists Anne Case and Angus Deaton. They were trying to figure out why so many white working-class Americans in their 40s and 50s were dying of suicide, alcoholism and drug abuse, causing a shocking drop in life expectancy after years of steady increase.

“Many people used to associate the meaning of their life with what their corporation or institution was doing,” says Deaton, who points to miners and factory workers as examples. Losing the structure, status and meaning that employment and a good income had previously given them, the day-to-day life for whites without a college degree was “coming apart,” as Case and Deaton put it.



If pain is a gateway to addiction, then the same feelings of powerlessness and hopelessness felt within a declining rural economy may also lead some rural Americans in pain to think, “What’s the use? I might as well get high.”

Research conducted since Case and Deaton's has indeed shown that there's abundant fertile ground for “Deaths of Despair” in rural America.

“Mining-dependent counties, federal and state government-dependent counties, and non-specialized counties,” according to one study, “are now all over-represented in the bottom tier of well-being. And a large portion of mining-dependent counties (41.5 percent) fall into the bottom quintile of well-being.**

* National Vital Statistics System Rapid Release No. 015 (July, 2021)
† CDC, Leading Causes of Death in Non-Metropolitan and Metropolitan Areas, 1999–2014
‡ Rural Healthy People Poll with Southwest Rural Health Resource Center & Texas A&M Health Science Center
§ American Journal of Drug and Alcohol Abuse, Rural Substance Use Treatment Centers in the United States
¶ University of Minnesota Rural Health Research Center, Closure of Hospital Obstetric Services
Maine Rural Health Research Center, Few and Far Away: Detoxification Services in Rural Areas
** UPI Health Daily News, Death Rates from Chronic Conditions, 'Deaths of Despair' Rising in Rural U.S.

RURAL OPPORTUNITIES

Rural America's challenges are immense, but so are the resources.

- **Cultural Assets** include a close-knit sense of community, a strong work ethic, a tradition of self-reliance and independence, a creative spirit, the enjoyment of working together, and a collective pride in self, family and place.
- **Organizational Assets** include hospitals, health clinics, public health agencies, educational institutions, small and large businesses, faith-based entities, non-profits, financial institutions, local media, social networks, and broadband infrastructure.
- **National Assets** include the National Rural Health Association (NRHA) which promotes leadership, ideas, information, communication, education, research, and methods to improve rural health. Another is the Rural Health Information Hub (RHIhub). Its "Rural Health Models and Innovation" web page features best-practice examples of programs and interventions that have been successful in developing rural health services. Models and innovations can be searched by evidence level, topic, source, and state. Another valuable resource provided by RHIhub is the "Other Case Studies and Collections of Program Examples" web page that can be searched by resource type and topic.

Optimizing Rural Resources

The Fletcher Group Rural Center Of Excellence has never treated a patient or delivered a treatment. Instead, we work across the field of recovery and recovery housing to untangle the knots and address the critical capability gaps that have prevented organizations and programs from achieving their full potential.

Our "boots on the ground" conduct credible research, codify evidence-based best practices, provide technical assistance to direct-service providers, and nurture grassroots leadership and achievement from coast to coast. But the Fletcher Group also functions as a "field catalyst," spanning traditional organizational boundaries to identify missing skill sets and spot the white space for breakthrough change—the kind that can help society see substance use issues through a public health, rather than a punitive, lens.

Deeper Questions

As a marketplace for ideas and a framework for action, we have a habit of asking probing questions, such as:

- Why is the market for opportunity broken?
- What are the fundamental barriers between supply and demand?
- How can we better support the efforts of others?



- How can we coalesce partners—and the public—around the larger goal of helping rural communities?
- Are there untapped resource and talent pools we've overlooked?
- Is there more we can do to earn the trust of funders and direct-service providers?
- How can we develop an even deeper understanding of how change happens while staying nimble enough to meet evolving needs?

Communication Is Key

Hearts and minds can't be won if you're not understood. We've learned that the best means is a good story told in the concise, everyday language familiar to rural Americans, preferably by someone who's grown up there, knowing all the while that the stories we tell are a new kind for many because our stories have many heroes, not just one.