

The University of Montana Rural Institute

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Research and Training Center on
Disability in Rural Communities

Disability and Rehabilitation in Rural America

A Synopsis of the
State of the Science

2012



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State of the Science Disability and Rehabilitation in Rural America

The Research and Training Center on Disability in Rural Communities at the University of Montana conducted a state-of-the-science conference on the status of rural disability and rehabilitation from April 17- 20, 2012. The conference was conducted over the Internet, making it accessible for many who might not otherwise have been able to participate. A total of 179 participants in 45 states participated over the four days.



Nancy Arnold and James Polestra orchestrate the SOS conference.

Four nationally-acclaimed leaders in rural policy and practice addressed the question, “How do rural community; rural economic development and employment; and rural health overlap with disability and rehabilitation?” Each keynote speaker described his or her philosophy and approach for preserving the heritage of rural America while solving the problems rural Americans face. Each described conceptual models and strategies that might have promise in addressing the issues faced by people with disabilities. Leaders in disability and rural rehabilitation responded to each paper to provide insight on how the models might be used by rural people with disabilities and the agencies that serve them. The full papers, video, and written transcripts are available on the SOS Web site at http://rtc.ruralinstitute.umt.edu/sos_conference/.

This document summarizes the major points made by the speakers and their recommendations for research and knowledge translation. First we present the four major recommendations from the conference. These are followed by a synopsis of each of the areas addressed during the conference: Rural America, Rural Community Development, Rural Economic Development and Employment, and Rural Health.

Four Primary Recommendations

1. **Organize community assets into regional strategies.** This involves the search for ways of exploring urban-rural interdependence.
2. **Foster entrepreneurial communities** that encourage and support the growth of entrepreneurs who can convert community assets into economic opportunity.
3. **Build and sustain high-quality modern infrastructure.** A community with high quality basic infrastructure attracts more development.
4. **Invest in rural institutional capacity.** Rural America must invest to assure that adequate human resources, technological support, and institutional systems in the public or nonprofit sectors are in place.

Section 1: Rural America

Key Note Speaker

Brian Dabson
The Rural Futures Lab
Rural Research Policy Institute



Brian Dabson

Responders

Glen White, Director
Research and Training Center on Independent Living
University of Kansas

Billy Altom, Executive Director
Association of Programs on Rural Independent Living

RTC:Rural Collaborator

Tom Seekins, Director
RTC:Rural and Professor of Psychology
The University of Montana

Merging Paradigms

As a new paradigm of disability revolutionized rehabilitation, a new narrative for rural America is emerging that is revitalizing our nation. These two events have more in common than might be evident to the casual observer. Both share a premise that traditionally undervalued people and places contribute to the fabric of our nation and that by thoughtfully organizing our communities we can enhance the quality of the places in which we live and the quality of life that we experience.

The new narrative of rural America highlights rural America as more than a source of raw materials for use by cities; more than farms, forest, mines, and water; and more than the empty spaces between cities. It recognizes that rural America is full and rich with possibilities. This new narrative tells the story of communities of varying sizes interacting to form regions. It emphasizes that the vitality of any region—its cities, towns, and rural areas—is determined by how the relationships between its communities are organized. These relationships are formed around the natural and cultural resources of the region and the organization of food, energy, transportation, housing, health care, and other systems. The more sustainable the relationships—the more they incorporate the diverse aspects of a region and the diverse aspirations of its residents—the greater is its vitality.

Recommendations

Public policy and investment needs to be focused on opportunities to help rural communities organize and build their capacity for self-determination. While cities grow increasingly indistinguishable from one another, small towns and rural areas offer a diversity that still represents the laboratory of community. Rural policy should be based on a realistic

examination of the current circumstances and provide a framework that shows a path toward a brighter future. Several elements for such a framework are beginning to take shape, including:

1. **Focus on small towns as the unit of analysis.** There are more than 30,000 towns with a population of 10,000 or less. These constitute a vast laboratory for democracy. We need to view communities as dynamic ecological systems that can vary along several dimensions of quality.
2. **Organize community assets into regional strategies.** This involves the search for ways of exploring urban-rural interdependence.
3. **Foster entrepreneurial communities** that encourage and support the growth of entrepreneurs who can convert community assets into economic opportunity.
4. **Explore wealth creation and retention strategies** based on a broad range of economic, social, environmental and other assets to be found in every community to varying degrees.
5. **Create community development financial institutions** to provide essential local investments in small businesses and home purchases.
6. **Build and sustain high-quality modern infrastructure** to attract more development.
7. **Invest in rural institutional capacity** to assure that adequate human resources, technological support, and institutional systems in the public or nonprofit sectors are in place.

Section 2: Rural Community Development



Cornelia Flora

Key Note Speaker

Cornelia Flora
Distinguished Professor
Iowa State University

Responders

Charles Drum, Director
University Center for Excellence on Disability
University of New Hampshire

Michael Coleman, Academic Dean
Minneapolis Community and Technical College

RTC:Rural Collaborators

Nancy Arnold
Research Director for Rural Employment
and Economic Development
The University of Montana

Tom Seekins, Director
RTC:Rural and Professor of Psychology
The University of Montana

Merging Ecologies

The ecological model of disability encourages us to consider the environment as a contributing factor to disability. Here the environment refers to the communities in which we live. Our physical communities—the places we live and the people with whom we live—shape our lives. Rural communities differ widely in their economic base, culture values and practices, and social structure (Flora, 1992). The rural economy influences the opportunities with which we are presented. A community's other resources such as social infrastructure, physical infrastructure, and governmental bodies build a community's narrative. That narrative, the story we tell ourselves and each other about why we do what we do, is central to our experience of community. These forces influence who stays, who returns, or who moves to a rural community (von Reichert, Cromartie, & Gibbs, 2009). Communities that remove structural and social barriers to participation enhance their ability to keep and attract residents of all abilities. Those who live in rural communities face continuing tensions between preserving a community's heritage and adapting to circumstances shaped by global forces; between exploiting resources in a way that treats the community as disposable or regulating them in a manner that supports and sustains the community; and between open and inclusive processes or closed and discriminatory practices.

This review suggests several concrete steps for NIDRR's future research and knowledge translation activities for rural community development and independent living.

Recommendations

1. **Identify communities that are “positive deviants”** (i.e., communities that achieve high levels of accessibility and maximize participation by people with disabilities in all community sectors).
2. **Replicate the World Bank Model of poverty reduction** to test its ability to reduce disability and increase participation.
3. **Conduct a systematic review** of community development and disability literature to identify evidence-based practices.
4. **Sponsor a summit** on community development and disability.
5. **Assess the value added contribution** of accessible communities to promoting economic activity.
6. **Develop outcome measures and methods** for assessing and monitoring accessibility of infrastructure and participation of people with disabilities.
7. **Engage disability agencies** in leadership development, both as provider and recipients, to build human capital.



Craig Raveslout and Nancy Arnold moderate the session on rural health.

Section 3: Rural Economic Development and Employment



Don Macke

Key Note Speaker

Don Macke
Director of Practitioner Programs
Center for Rural Entrepreneurship

Responders

Nancy Smith, Director
Colorado Department of Human Services
Division of Vocational Rehabilitation

Karl Kraync, Executive Board Chairman
Castle County Business Expansion and Retention;
District Director, Eastern Utah District of Rehabilitation
Services (Retired)

RTC:Rural Collaborator

Nancy Arnold
Research Director for Rural Employment
and Economic Development
The University of Montana

A New Paradigm of Rural Economic Development

In the United States, economic development typically centers on increasing private business activity as a way to increase new investment, job creation and tax base expansion. Economies and economic development should serve the needs of residents and society through the creation of meaningful work.

People with disabilities experience persistent and seemingly intractable rates of unemployment. Historically, vocational rehabilitation programs—and rehabilitation researchers—have focused on building or restoring individual function to maximize their ability to engage effectively in what was seen as a stable, unchanging world. The new paradigm of disability suggests that we should not assume that the problem lies within the individual and that we should also consider ways to intervene on the environment to create conditions for participation. Economic development involves strategies for intervening in the economic environment to create conditions from which entrepreneurs can benefit.

The evolving model of economic development reorders the likely priorities for a community with respect to development focus. Today, there is growing recognition that effective economic development should support existing and local entrepreneurs as a means to create investment, jobs (and careers), and tax base. A strong plan focused on entrepreneurs enables a community to more effectively support existing business through both retention and expansion. Depending upon community assets, business attraction may enhance overall community development.

Additionally, most economic development is focused on stimulating and supporting private and for-profit ventures. Increasingly important to the American economy are non-governmental organizations (NGOs) and government ventures. In most rural areas these ventures provide 20 percent to 30 percent of all employment and an even higher percentage of legacy wage, salary, and employment with benefits. A small but growing number of economic development initiatives are targeting these ventures, as well as for-profit businesses, through their entrepreneur-focused economic development policies and programs.

Recommendations

The application of the new paradigm of community economic development to disability employment suggests several recommendations.

1. **Explore models of involving disability service providers and advocacy groups** in local and regional economic development activities.
2. **Explore models for involving economic development leaders** in disability service programs.
3. **Evaluate the economic contribution** of people with disabilities within small communities.
4. **Assess the value added contribution** of designing accessible communities to promoting economic activity.
5. **Explore cost effective approaches** for ensuring that community infrastructure is designed and built with access in mind—universal design.
6. **Evaluate the effects on tourism** of a certified accessible communities program.
7. **Compare communities, counties, and regions** with high rates of employment of people with disabilities to those with low rates of employment to identify potential causal mechanisms.
8. **Explore alternative business operating/ownership models** (e.g., cooperative businesses) in very small communities at risk for dying.
9. **Assess the potential benefit on employment** of people with disabilities of a local investment fund where VR participates as a partner in a regional economic development program.
10. **Design and evaluate a program model** for VR to support the growth model of entrepreneurs with disabilities.
11. **Develop and evaluate training for rural schools** to prepare students transitioning from school to work for business ownership/contracting opportunities.
12. **Refocus RSA standards and indicators** to reflect changes in employment context (e.g., contingent employment, business ownership, etc.). In the future, VR clients will likely be contract workers, not full time employees. By default they need to understand how to price, deal with risk, and purchase their own benefits.

Section 4: Rural Health

Key Note Speaker

Vincent Francisco, Associate Professor
University of North Carolina at Greensboro

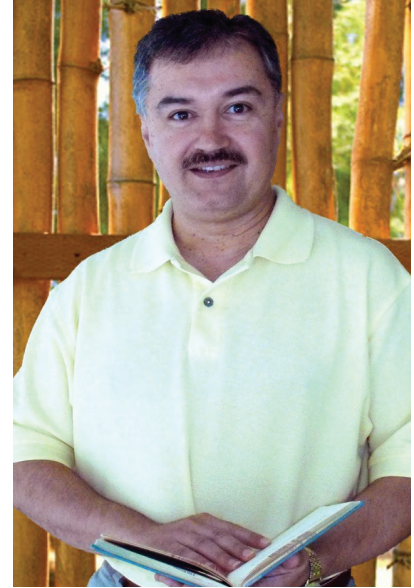
Responders

Charles Drum, Director
University Center for Excellence on Disability
University of New Hampshire

Glen White, Director
Research and Training Center on Independent Living
University of Kansas

RTC:Rural Collaborator

Craig Ravesloot
Associate Research Professor,
Psychology Director, Rural Health Research
The University of Montana



Vincent Francisco

The Ecology of Rural Health

Ultimately, the challenge of health care reform is the challenge of building community (Shortell et al., 1996). Health is a basic idea used to understand the human condition and to direct our action. Medical researchers and practitioners have made tremendous contributions in treating injuries and diseases. Still, even when providers patch together a system to deliver medical care to rural residents, we are not that much closer to understanding health.

Health outcomes are best understood within an ecological, multi-level model. Ecological models have raised awareness of the many determinants of health, including individual factors, environmental factors, and social determinants of health (Howard, Nieuwenhuijsen, & Saleeby, 2008; World Health Organization, 1986). With less physical and social infrastructure (e.g., public transportation) rural individuals must be resilient to meet challenges to their health status. Figure 1 (see page 11) presents an ecological model of rural health that shows how features of the environment interact with features of the individual to produce health outcomes. Individual vulnerabilities in a harsh environment produce the worst health. The best health outcomes are observed when robust or resilient individuals are in abundant environments. Unfortunately, since most rural environments are not abundant, it is incumbent upon rural residents to manage preventable health problems. It follows that health status for these individuals is potentially more dependent on individual level characteristics than it would be for their urban counterparts. Even so, we are mistaken if we believe these health outcomes are independent of environmental factors.

An ecological model of health suggests the rural environment has a substantial impact on health outcomes via multiple pathways. Individuals are both responsible for their health and highly influenced by the environment in which they live. As long as community participation in rural communities is limited by physical, economic, and social structures, the health of people with disabilities will be at risk. However, community interventions that level the playing field for all community members will encourage both individual and community level behavior that improves health for all people.

Recommendations

1. **Include disability screening questions and county of residence** on all health related national data collection efforts to allow analysis of health status between the general population, people with disabilities, and rural people with disabilities.
2. **Conduct epidemiological research** that examines the relationship between rural residence, community participation, and health outcomes for people with disabilities.
3. **Train rural healthcare providers** to provide self-management support by networking with community health resources including health promotion and disease prevention activities.
4. **Conduct demonstration projects** of community level health planning that involve people with disabilities using participatory research methods.

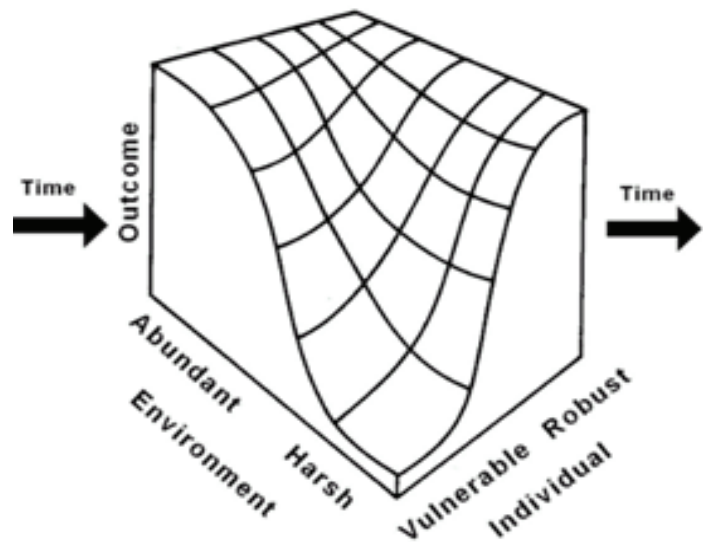


Figure 1: Ecological Model of Rural Health

General Findings and Conclusions

The future of disability in rural America is tied to the future of rural America itself. Research into disability in rural communities should address the major domains of community development, employment and economic development, and health. An ingredient of addressing the rural issue will involve organizing rural communities into regional structures. This will require the search for ways of exploring urban-rural interdependence. These efforts should foster communities that encourage and support the growth of entrepreneurs who can convert community assets into economic opportunity. Both efforts should build the capacity of local institutions to incorporate disability issues into their routine operations and should build the capacity of disability advocates to integrate issues into the broader community agenda.

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