

## Medical Writing Doesn't Have to Be Complicated.



Every year, the Association of Health Care Journalists hosts a workshop on rural journalism where a group of panelists come together to discuss several topics affecting residents living in some of the less-populated areas of the country. In this month's newsletter, I'll share some highlights from the [annual workshop](#) held in Aurora, Colorado earlier this month. Topics included exploring the definition and the perceptions of ruralism, suicide in rural America, and tips on evaluating data on rural communities.

## What's In a Name? "Rural" Is a Loaded Word



As the daughter of parents who grew up on farms and having helped my grandparents on their ranch as a child, I remain inherently sensitive to issues affecting rural communities. Although I do not report on rural matters regularly, I do sometimes write about social determinants of health, access to care, and other challenges that affect many regions of the United States, including rural areas. For these reasons, I see rural issues not as circumstances isolated to one group of people, but rather as universal issues interconnected with the human experience.

I learned so much during this one-day workshop, beginning with the multi-faceted meaning of the word "rural." I found out that the federal government has crafted 72 different definitions of the word, and despite the many nuances, each description involves some form of the concept of being "not urban."

### **Rural Communities Are Not Monolithic Entities**

This idea of "non-urbanism" alludes to another point: Ruralism is a diverse, complex concept that can mean many things. The word rural carries a stigma in itself with which I am all too familiar. My initial introduction to some of the misinformed perceptions of ruralism came when I moved from my hometown of Huntsville, Texas to Austin, Texas where the combined number of students, faculty, and staff was a nearly double Huntsville's population at the time.

Not only did the transition make me keenly aware of educational and health disparities, but it also opened my eyes to some perceptions that may seem to equate hailing from a small town with being ignorant, uneducated, and impoverished. While some rural communities do lack educational and financial resources, as with any community—rural or urban—there are variations and diversity across the spectrum.

Drawing from my own personal experiences to illustrate this point, I grew up in a rural community that was both socioeconomically and racially diverse—as did my mother. However, other neighborhoods in my hometown—and my mother's hometown—had different demographics. Both of my parents attended college and held professional positions, as did quite a few of the neighborhood's residents, and I was expected to follow suit. My story, while not altogether unique, may come as a shock to some, but it does not mean that I (or other area residents) were immune to health and educational disparities.

As one speaker pointed out, education plays a critical role in contributing to health disparities; for me, the opposite held true. Ironically, despite coming from an educated family, certain medical treatments and facilities either were unavailable or entailed significant travel. For example, getting cancer treatment in 1990's Huntsville meant that my grandmother had to travel 100+ miles one-way *each day* to MD Anderson Cancer Center in the Texas Medical Center in Houston. That's because, at the time, it was the closest facility that treated the kind of cancer she had.

### **Disparities In Rural Communities Are Highly Variable**

Like many rural communities, my hometown faced a shortage of doctors when I was a child. The town had—and still has—only one hospital. Some largely preventable diseases were and still remain common in the area. We had only one high school, and I was among the first group of students to take advanced placement college

preparation classes at a time when other small towns closer to Houston proper had implemented such programs 20 years prior. These circumstances seem more drastic when one considers that Huntsville has been home to a major university (although originally a teacher's college) since 1879.

The further one digs, the more apparent the complexities of rural life and the barriers its residents face become, but as Michael Merit, M.P.H., M.A., Codirector of the NORC Walsh Center of Rural Health Analysis noted, "Disparities tend to grow as the geography becomes more rural."

I find his statement to be true—generally.

As a pharmacist who once served my community and others extending into the more remote corners of Deep East Texas, I saw firsthand how the disparities between education, lack of resources, and access to medical care become more extreme and severe the farther one travels from neighboring metropolitan areas.

### **Overcoming Stigmas and Negative Perceptions Requires Conscientious Effort**

Another challenge of living a town "where everyone knows your name" is that negative perceptions of certain illnesses often contribute to the underreporting of various health conditions. For example, stigmatized diseases such as HIV/AIDS are frequently underreported in small towns in order to protect the identity of the person who has the condition; however, the degree by which such omissions occur varies from place to place.

To overcome these challenges regarding the perceptions of rural communities and the stigmas that lie within them, Shawnda Schroeder, Ph.D., a research associate professor at the University of North Dakota School of Medicine in Grand Forks encouraged the audience to treat ruralism as a culture and to "think and write beyond the stereotype."

Schroeder used North Dakota an example to illustrate her point. Despite being the most rural state in the United States, with 22% of its population being rural compared to 2% of the overall U.S. population, one might automatically assume that North Dakota would have limited or patchy internet signal. However, research shows that the Peace Garden State happens to boast the best broadband access in the rural US.

For more information about rural communities and how to identify them, visit the "Am I Rural?" website at <https://www.ruralhealthinfo.org/am-i-rural>.

## **Rural Communities Struggle with Suicide**

Another panel discussed domestic violence and suicide-related deaths. While the statistics were alarming, perhaps the most impactful takeaways centered on raising awareness about how to report on suicide in a respectful, tactful way. Moderator Cheryl Weinstock offered attendees these invaluable tips:

1) Be mindful and make an effort to share the concept that suicide is preventable. For example, highlight the role of peers in community suicide prevention.

2) **Never** say someone committed suicide. *Crimes are committed*. A better approach

is to say, "Sally Joe *died by* suicide."

3) Do not cover vigils held for people who have died by suicide because they increase contagion. Believe it or not, there is such a thing as "copycat suicides."

## So... What's Next?

In this month's WebMD column, I wrote about how the aging process alters the way medications affect [the human body](#). I am also continuing to work on scientific projects related to new and emerging cancer therapies and summarizing new research in nanotechnology.

On the journalism front, I'll be writing about more pharmacy-related issues, including some concerning managed care and medication safety. Look for updates on these and other areas in the August issue of my newsletter.

Until then, stay tuned....



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