Rural Social Work

BACKGROUND

The historical roots of social work are generally traced to urban communities, yet social work practice, which specifically addresses the needs of rural individuals and communities, is equally as important, as nearly 50 million Americans (or 17 percent of the U.S. population) live in rural areas. Rural areas extend across 80 percent of the land area and cover approximately 2,000 counties (U.S. Department of Agriculture Rural Development [USDARD], n.d.).

Social workers practicing in rural areas have historically sought to resolve issues of equity, service availability, and isolation that adversely affect residents. They also work to support and advocate for vulnerable and at-risk people living in rural communities. Individuals and families in rural areas face a host of challenges that often result in inequality and disenfranchisement.

Rural Inequality

Individuals who live in rural areas are more likely than their urban counterparts to have no form of health coverage, to neglect seeing a physician due to cost, to have no dental care, to smoke, to be obese, and to suffer from chronic illness (North Carolina Rural Health Research and Policy Analysis Center, 2010). For those who do seek treatment, it is often a challenging undertaking, as only 10 percent of physicians practice in rural America (National Rural Health Association [NRHA], n.d.).

Rural residents are also more likely to suffer from the consequences of poverty. Great wealth has been extracted from rural America, yet it remains the site of some of the nation’s most intense and persistent poverty. According to the USDARD (n.d.), people in rural areas experience lower income levels, higher unemployment, and higher poverty rates than people in urban areas. Rural poverty rose significantly by 2009, reaching 16.6 percent. Residents in some parts of the country, such as Appalachia or along the Texas–Mexico border, experience poverty rates of 30 percent to 50 percent (Ambrosino, Ambrosino, Heffernan, & Shuttlesworth, 2008). Over 400 rural counties had poverty rates of 20 percent or more in 2000, which is well above the national average. Median household income in rural areas now stands at 78.7 percent of the metropolitan median. Areas with high levels of poverty are concentrated in the South, and reflect the relatively low incomes of racial and ethnic minorities, female-headed families, and households with children (USDARD, n.d.).

In addition to significant levels of rural poverty, the past decade has continued a 30-year trend toward rising government transfer payments, such as food stamps and subsidies for health care, to rural residents. These payments now account for 22.7 percent of personal income, compared with 13.6 percent in metropolitan areas. The majority of these transfers were due to the high cost of health care (USDARD, n.d.). Yet Medicare payments to rural hospitals and physicians are dramatically less than those in urban areas for equivalent services. This correlates closely with the fact that more than 470 rural hospitals have closed in the past 25 years. Rural residents are also less likely to have employer-provided health care coverage or prescription drug coverage and rely more heavily on the federal food stamp program (NRHA, n.d.).
Access to Care

Many rural areas are considered health professional shortage areas, as defined by the U.S. Department of Health and Human Services, to have a shortage of primary medical care, dental, or mental health providers (Health Resources and Services Administration, n.d.). There are 2,157 health professional shortage areas in rural and frontier areas of all states and U.S. territories compared with 910 in urban areas (NRHA, n.d.). The geographic distribution of social workers is uneven, resulting in gaps in access for those in rural areas (Whitaker, Weismiller, & Clark, 2006). Rural communities may have fewer formal resources, and those that do exist are taxed beyond their limits (Hepworth, Rooney, & Rooney, 2010). Rural areas may offer public welfare services, mental health and developmental disabilities outreach centers, and public health services. Available services are usually understaffed, offer limited assistance, and often are accessible by traveling long distances (Ambrosino et al., 2008).

With respect toward mental health care, President George W. Bush’s New Freedom Commission on Mental Health reported that the vast majority of Americans living in underserved, rural, and remote areas experience disparities in mental health services. The commission concluded that, “rural issues are often misunderstood, minimized, and not considered in forming national mental health policy. Too often, policies and practices developed for metropolitan areas are erroneously assumed to apply to rural areas” (President’s New Freedom Commission Report, 2003). Twenty percent of rural areas lack mental health services compared with 5 percent of metropolitan areas (NRHA, n.d.).

Furthermore, the health and human services that do exist in rural areas are diminished by issues related to levels of professional training among staff (Daley & Avant, 1999; Ginsberg, 2005). Rural agencies generally face shortages of professional social workers. Bachelor’s-level social workers provide higher proportions of the services in rural communities than in urban communities (Daley & Avant, 1999; Johnson, 1980), and many of their colleagues lack professional social work education. Given the low salaries and high caseloads characteristic of practice in the public sector, particularly in rural areas, it is not surprising that graduates of accredited BSW and MSW programs seek employment opportunities elsewhere, which leaves a void in the public sector that is often filled by people with degrees in disciplines other than social work (Lohmann & Lohmann, 2010).

Another area of great inequality, which has an effect on the health and well-being of residents in rural locales, is the digital divide. Rural areas have historically been the last to receive telecommunication investments and are behind in Internet usage. The Obama administration stated that “Modern technology is critical to the expansion of business, education, and health care opportunities in rural areas and the competitiveness of the nation’s small towns and rural communities” (White House, n.d.). In 2007, 63 percent of rural residents compared with 73 percent of urban residents used the Internet somewhere. The cost to provide a rural household with telecommunication services has always been higher than for an urban household. Outside of larger rural towns, cable companies are bypassing rural areas for the most part (USDARD, n.d).

Diversity

Social workers practicing in rural areas must be prepared to work with diverse populations and communities (Davenport & Davenport, 2008). Rural areas are increasingly diverse, which brings with it challenges and opportunities. Many rural areas struggle with the economic and social changes brought about by immigration and immigration of outside populations. All of these groups bring new and different languages, cultures, and beliefs to the rural communities with the resulting pressure on educational, health, and human services resources and on a community’s ability to accept and blend these individuals into the community fabric (Hagan, 2011; Nelson, Lee, & Nelson, 2009).

Racial and ethnic minorities now make up 18.3 percent of rural residents. African Americans are the largest minority group in these
areas, however Hispanics and Asians are the fastest growing populations (USDARD, n.d.).

Although rural areas struggle with a disproportionate share of poverty, people of color in rural areas bear an even greater burden. Rural non-Hispanic black Americans had the highest incidence of poverty in 2009, at 32.2 percent. The 2009 poverty rate for rural Hispanics was 27.8 percent. These rates were more than twice the poverty rates for non-Hispanic white Americans at 13.3 percent. Rural Native Americans and black Americans are three times more likely to live in low-income families, and consequently, more likely to use public services than non-Hispanic white Americans (USDARD, n.d.).

In addition, poverty is higher for children in rural areas. The child poverty rate in rural areas was 23.5 percent compared with 20.2 percent in metropolitan areas in 2009. At the other end of the aging spectrum, rural areas have a larger share of older people (15 percent) than the population as a whole (12 percent). Compared with their urban peers, older rural Americans generally have less income, lower educational attainment, and a higher dependence on social security income (USDARD, n.d.).

Finally, a large rural population, with specific needs, are members of the military and veterans. U.S. servicemembers in recent conflicts are increasingly drawn from rural areas and return to live in those areas. More than 44 percent of U.S. military recruits come from rural areas (“Youths in Rural U.S.” 2005), with an opposite trend in larger cities. Veterans who live in rural settings have greater health care needs than their urban counterparts, yet they access health care systems less often. Although rural veterans may use psychiatric services less than their urban counterparts, those who are diagnosed with psychiatric disorders are sicker than urban veterans.

As a result of increasingly diverse rural communities, social workers must continually seek to be culturally competent as they work with individuals from a variety of backgrounds, races and ethnicities, and income and education levels. In different parts of the country, the ability to speak dual languages, particularly Spanish, or have access to interpreter services, is also important.

By recognizing all of these diversity factors, rural social work practice contributes to the social work mission of advocating for social justice and extending access to services for underserved populations. These and other factors raise crucial issues for social work practice and educational preparation for social work practice in rural areas.

**ISSUE STATEMENT**

In response to the challenges facing rural areas, social workers have a unique and important role to play to help ensure the health and well-being of all rural residents. However, they struggle with numerous workforce challenges that may never be faced, or faced to a lesser degree, by their urban counterparts. Rural social workers must care for the increasing number of clients in need of social work services, while dealing with insufficient numbers of professional social work colleagues to provide care, as well as a lack of sufficient social work supervision, high caseloads, the lowest social work salaries of any geographic location, the tendency for agencies to hire non–social workers who lack professional training to fill social work positions, and complicated ethical challenges (Whitaker et al., 2006).

Professional recruitment and retention issues are, in part, by-products of a social work educational system that developed largely from urban roots. Consequently, most social workers receive little content on rural social work in their professional education. This creates a major barrier to developing a social work labor force prepared to address the needs of rural clients and communities and poses a deficit for social workers practicing in rural areas. Rural social work knowledge is important for all social workers, as rural people migrate to urban centers seeking economic opportunity in the face of joblessness, disaster, and conflict. Social workers practicing in urban areas will benefit from knowledge of practice skills that are most effective with rural individuals, families, and communities.

Rural social work practice requires a sophisticated level of understanding of values and ethics and highly developed skills in applying them. “Many of the skills needed to practice..."
social work are the same as those that urban social workers use, an important difference is the emphasis on informal and personal relationships in rural settings” (Ambrosino et al., 2008, p. 398).

Small communities pose unique service challenges because of the low numbers of professional social workers, the importance of interacting with providers and community members who have limited understanding of professional ethics, and the close-knit nature of rural communities. Rural social workers must learn to practice with a lack of anonymity because it is often the case that everyone appears to know what everyone else is doing (Davenport & Davenport, 2008). Effective rural practice often involves locality-based community development that may make maintaining “professional distance” something that is considered inappropriate and may limit effectiveness. Protecting clients from any negative consequences of dual relationships in rural settings has less to do with limiting social relationships and more to do with setting clear boundaries. In fact, nonsexual dual and multiple relationships may even be seen as a strength, if not a necessity, of a good social worker (Bodor, 2005).

Rural communities often retain traditional structures, both informal and faith-based service delivery systems, that can be either assets or challenges. These structures provide self-monitoring and vigilance, making rural communities sometimes safer than urban areas, and encourage a strong informal helping system. However, the same structures may be less hospitable to those perceived as outside of the mainstream culture, such as people of color, women, or gay, lesbian, bisexual, and transgender people. Residents of rural areas may be judgmental toward clients and services that reflect cultures and lifestyles different from community norms. Social workers who are not from the community may also find it more of a challenge to establish effective working relationships due to the close-knit nature of the rural community. Education of community members requires a sustained effort based on trust.

The overall understanding of rural people and cultures is a pressing issue of cultural competence in the social work profession. All social workers should seek to understand the unique challenges and assets within rural communities. All of the issues previously discussed raise crucial issues for social work practice and educational preparation for social workers in rural areas.

**POLICY STATEMENT**

NASW supports the following:

- recognition of the importance of rural populations to the nation’s economy and cultural identity by all social workers and society as a whole.
- legislation and policy that improves rural infrastructure, economic development, and access to health care, transportation, education, and social services.
- advocacy for social work practice and policy that addresses the unique needs of rural clients, particularly those who are vulnerable and oppressed, while recognizing the strengths and assets of rural communities.
- culturally competent practice, research, and education specific to rural cultures, diversity, and people in a contextual framework at the bachelor’s and master’s levels.
- the development and application of ethical principles for professional practice with rural populations.
- policies that attract and retain social workers in rural settings by creating incentives, networking, professional development, and role modeling for effective practice.
- continuing education opportunities for social workers to provide a broad range of services, including clinical and health practice, community organization, administration and management, public welfare, and community-based services for rural people.
- promotion of the effectiveness of professional social workers in helping rural people to capitalize on their strengths, improve their lives, maintain healthy families, and improve their communities.
- development and extension of expanded technology for professional development as well as for rural clients and communities, and the ethical use of technology in service delivery.

REFERENCES


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