

## Editorial

### **Rural Practice Forum: Communicating with Rural People**

Bette Ide, PhD, RN, Editorial Board Member

Helene Kahlstorf, M.S., RN is a graduate of the University of North Dakota rural health nursing graduate option. She is a parish nurse and the Regional Coordinator for Colleagues in Caring in western Minnesota. She speaks from having lived in a rural culture for over 40 years and from vast experience with rural people. She states that rural people tend to be rugged individuals, very independent. Early in her career, as the only public health nurse in a large county where there had not been a nursing service for two years, she found advice from the District Nursing Consultant from the Minnesota Department of Health to be invaluable. During the same period, she met a farmer who showed her his healing varicose ulcer. The medication he used was “Bag Balm,” a treatment for his cows’ udders. He also used terminology that was new to her at the time – “bound up” meant constipated. Some of the deterrents to seeking health care she notes are high insurance costs (resulting in many rural persons without insurance or underinsured), escalating health care costs combined with lower incomes, distance to travel for health care plus the time it takes away from work, and values related to health. Because health care professionals speak in a “code” known only to them, she says that they need to listen carefully to what is being said, listen respectfully, and learn to speak the language of the people and identify their values. For example, a rural mother brought her child in regularly for immunizations but was noted to have significant body odor. The mother described their water supply as being from a source some distance from their farm. They valued car racing, and their money was used for building a car rather than for more easily accessible pure water. Another

example was an 85+ woman who described her endoscopy as “looking for a splinter (rather than sphincter) in my throat.” In addition, she misinterpreted the instructions for the cholestyramine as six times a day because the label said you may take up to six doses a day. The doctor’s instructions said “take one scoop a day.” She strongly recommends that nurses in rural areas use community health workers for follow-up care. This practice has been very successful in many places for many years. Indian reservations have successful programs using Tribal Diabetes Educators, the Mississippi Delta Luke Society has had almost zero unplanned pregnancies because of community health workers, and oncology nurses have discovered their patients did better when trained lay persons assisted the patients.

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