DOWNLOAD PDF THE RURAL SOUTH IN CRISIS

Chapter 1 : A Hospital Crisis Is Killing Rural Communities. This State Is 'Ground Zero.' | HuffPost

The rural South's invisible public health crisis By Lyndsey Gilpin This story is the first in a series on ways communities are addressing the rise of poverty-related tropical diseases related to poor sewage infrastructure in the rural South.

After the Lower Oconee Community Hospital shut down in June , other mainstays of the community followed. The bank and the pharmacy in the small town of Glenwood shuttered. Then the only grocery store in all of Wheeler County closed in the middle of August this year. Opportunity has been dying in Wheeler County for the last 20 years. Agriculture was once the primary employer, but the Wheeler Correctional Facility, a privately run prison, is now the biggest source of jobs. Joiner, doubts that the town will ever recover. Rural hospitals are in danger across the country, their closures both a symptom of economic trouble in small-town America and a catalyst for further decline. Since , 82 rural hospitals have closed nationwide. As many as more are at risk of closing within the next 10 years, according to Alan Morgan, the CEO of the National Rural Health Association, a nonprofit professional organization that lobbies on rural health issues. The reasons are complex, woven into the fabric of a changing economy and an evolving health care system. But these rural hospital closures are hitting the southern United States the hardest. The South also has the largest cluster of states that have not expanded Medicaid under the Affordable Care Act: Six rural hospitals in the state have closed their doors since the beginning of Two of those have been reopened as modified medical facilities, but no longer function as full-fledged hospitals. Then the hospital was sold. Then there were more management problems and some failed last-ditch attempts to keep the hospital open, according to Mayor Joiner. It finally closed its doors for good in June That brought the total number of hospitals in Wheeler County, where some 8, people live, to zero. Attracting other businesses got that much harder. Most importantly, gone was potentially life-saving care. The drive to the nearest hospitals in neighboring counties averages between 30 and 45 minutes, depending on where the patient is coming from in Wheeler County. And any delay in getting to an emergency room can be deadly for someone who has suffered a heart attack, a stroke or massive trauma. Howell wearily explained that she herself has been struggling with a kidney infection on and off for the past year, but there are long waits to see a doctor because of the decreasing numbers of physicians and hospitals in the region. The soonest she could get an appointment was months away. We have enough money to make payroll today. The hospital has been unable to make debt payments to the county, forcing the local government to increase property taxes and borrow money in January and February to cover its own bills. But Flanders and Larry Hadden, who sells insurance in Metter and serves as chairman of the Candler County Hospital Authority, both think the hospital is going to make it. Candler County, population 11,, has dug deep to keep its second-largest employer afloat. It represents a loss of identity, a loss of community. The county got a financial boost when Linzer Products Corporation opened up a paint manufacturing and distribution center in Metter last year, creating jobs. It would be a lot harder to attract that kind of new business without a hospital, Snell said. But he has no answer for the long-term debt, and if the hospital were to close, Candler County would still be on the hook for the money. Health care experts point to a variety of reasons for the rapid decline of rural hospitals since Doctor shortages are widespread in rural areas, as communities have a hard time recruiting without substantial financial incentives. Under the federal Emergency Medical Treatment and Labor Act of , hospitals are required to screen and stabilize patients regardless of their insurance status or ability to pay, which means hospitals often end up absorbing the costs associated with those patients. Due to sequestration, Medicare payments have been reduced. And cuts are coming to the Disproportionate Share Hospital program, which provides extra funding for hospitals that serve higher levels of low-income patients. So rural areas in those states have been hit by the cuts without getting the full coverage boost offered by Obamacare. Still, the future of the Affordable Care Act and its Medicaid expansion is up in the air, with Republicans pushing another repeal bill in the U. With that uncertainty in mind, political leaders in Georgia are in a wait-and-see mode. You need that many people to sustain surgery services, which in turn help keep the hospital profitable, Lewis said. Without a population that large, hospitals need substantial county assistance, a high level of diversification in health services or the backing of a regional hospital system. In

Cook County, about miles southwest of Glenwood with a population of just 17,, another version of this story is playing out. The Cook Medical Center, located in Adel, is now getting a new facility to replace the one built in the s. Construction is expected to be completed in the summer of And the ER saw an average of only about 0. The costs of keeping the emergency room open, combined with general upkeep for the deteriorating building, were unsustainable. So earlier this year, the hospital decided to shut down its ER, steering patients to a nearby community clinic that it operates. Purvis, meanwhile, had pulled together a stakeholders group that included the Cook County commissioners, officials from the city of Adel, the Adel Industrial Development Authority and the Cook County Economic Development Authority to talk through their options. Or they could close the hospital all together. The commissioners had been upfront about their unease with an expensive new building plan, which they feared could require raising taxes and create political blowback. But a no vote meant the hospital would close completely. More than people came to the monthly meeting , which usually attracts only about 10 residents. The community was not going to let the hospital go without a fight. They presented a petition signed by people lobbying to keep it alive. The hospital project would go forward. Most of the major trauma cases were already traveling the plus minutes to Tift Regional or a hospital in Valdosta, he said. Still, there are nearly other rural hospitals in danger of closing across the country and thus hundreds of rural communities that need to find a solution. Some health care experts say the rural future lies in standalone emergency rooms, perhaps with a few beds on standby for follow-up care. The total number of full-fledged hospital beds should also be reduced, some experts say. And some community hospitals may survive by investing in new facilities and equipment to better compete for patients and cut down on maintenance costs. One way or another, the size and scope of care at many rural hospitals has to be reduced to beat the bottom line pressures.

Chapter 2 : The rural Southâ€™s invisible public health crisis

In the rural South, these conditions aren't uncommon. Many communities from the Black Belt to Appalachia lack basic sewage and water infrastructure. In economically distressed regions like Lowndes County, it's led to a surge in poverty-related tropical diseases often found in developing countries.

Socio-economic problems facing cities in sub-saharan Africa: Employment is particularly hard to find for unskilled rural migrants. Large numbers of school leavers of both rural and urban origin remain unemployed for many years after graduation. Some of these unemployed people find shelter with and depend on relatives. Others survive through engagement in the informal economy Obeng-Odoom This growing group becomes part of the urban poor. Urban poverty has many dimensions and causes. Its main characteristics are deprivation and exclusion. In the anonymous and impersonal setting of cities, poverty has dimensions of both material and psychological deprivation. The growing numbers of the urban poor find insecure shelter in overcrowded slums where lack of water and sanitation, electricity, employment, security and social inclusion are the norm Berger Other features of urban poverty include hunger, poor health due to nutritional deficiencies and unhealthy living conditions as well as limited access to school and health services. Survival has become the major concern of the urban poor. Women and children are often the most vulnerable. One consequence of escalating urban poverty is the growing number of street children in African cities. While some of these children have homes and families but survive by begging or casual work, many have been deserted or orphaned and have no alternative but to live on the street. Their survival is tremendously precarious, and, without schooling, they have little hope for any meaningful future and are extraordinarily vulnerable to abuse. For many, prostitution and crime are the only means to survive. In post-conflict countries street children are one of the most visible legacies of armed conflict. In particular, child soldiers, who are often alienated, traumatized and habituated into violence, present a daunting challenge Rakisits The growth and development of the informal or parallel economy has become an inseparable part of urbanisation in Sub-Saharan countries. Some estimates indicate that in the region, the informal economy and the opportunity it provides for employment will grow at an annual rate of 7 per cent whereas jobs created by the formal economy will likely only increase at a rate of 2 to 3 per cent per year Todaro The informal economy employs 60 per cent on average of the urban workforce in Sub-Saharan Africa, but it accounts for less than one quarter of the urban economic growth output. In countries such as the Democratic Republic of the Congo DRC , it may provide urban employment for as much as 80 per cent of the workforce. The International Labor Organization ILO reported in June that 3 to 4 million Zimbabweans earned their living through informal sector employment, supporting another 5 million, while the formal sector employed about 1. Productivity in the informal economy is low, and a considerable proportion of the urban workforce employed in the sector represents disguised unemployment. Other distinguishing features of the informal economy include: Women are active participants in the informal economy. In some instances, poor women who lack other employment opportunities often resort to operating as commercial sex workers, exposing themselves to danger of disease, abuse and otherwise exacerbating their vulnerability. The growth and development of the informal or parallel economy has become an inseparable part of urbanisation in Sub-Saharan African countries today. Furthermore, regardless of the large number of participants, it does not generate the levels of income, investment or public revenues needed to address the problems faced by most cities. The realities of the informal economy mean that many municipal authorities are faced with a dilemma regarding informal economic actors. While they recognize that informal sector activities are the only means of livelihood for many of the urban poor, local governments are often also concerned about the contribution of such activities to other urban problems. As a result, their response has been to either largely ignore the informal sector or to resort to periodic campaigns targeting their activities. Rising crime and human insecurity Cities all over the world are plagued by both random and organised criminal operations, and Africa is no exception. Ensuring public security and enforcing the rule of law is one of the key urban governance challenges facing African countries. In many instances, crime and violence act as a significant deterrent to investment and in some cities

large areas have become literally ungovernable. Although provision of security is one of the fundamental responsibilities of the state, this aspect has not always received sufficient political attention. Prior to democratisation, the protection of citizens was not a high priority for the majority of authoritarian governments. Over the years, the incidences of crime and the degree of violence have increased tremendously in a number of African cities. Crime and violence increasingly accompany deprivation Kessides Therefore, the general problems of poverty and social exclusion within urban areas, extreme weaknesses of national police and justice systems and absence of trust between communities and local governments compound the challenge of increasing insecurity. Many cities experience a wide range of criminal activities ranging from the petty to the armed and organized. Theft is the most common crime, but some criminal gangs have graduated to drug trafficking and money laundering. Crime is also facilitated by the anonymous character of the big city, and by such institutional weaknesses as poor pay and inadequate training of police, and by deficiencies in essential infrastructure such as streetlights. Women, the elderly and the weak are easy victims of all kinds of crime. Urban insecurity is, however, not limited to these vulnerable groups. Insecurity is widespread and felt by a high proportion of citizens. In response to the growing threat of armed robbery and the inability of the police to provide adequate protection, relatively well-to-do individuals and many businesses are engaging private security firms. In some cities, citizens are organising themselves into neighborhood self-protection groups, and in extreme cases, as vigilantes. These vigilante groups and private security firms sometimes replace the law and authority of government agencies both at the municipal and national levels. In addition to the direct effects of insecurity on people, crime and insecurity hamper new investment and expansion of existing business. In order for African cities to be able to attract new investment and retain existing businesses, it is imperative that crime be combated, and overall safety and public security be restored. Infrastructure and services Amidst widespread threat of crime, many of the urban poor are forced to live in situations of extreme human insecurity, sheltered in informal settlements usually on the outskirts of cities, as a result of the shortage of affordable housing. Cognizant of the fact that these settlements are usually illegal, the official response has often been to try to destroy them or force inhabitants to leave. This operation began in the capital, Harare, but quickly developed into a deliberate nationwide campaign, destroying what the government termed illegal vending sites, structures and other informal business premises and homes, resulting in the displacement of hundreds of people UN-HABITAT The operation involved the bulldozing, smashing and burning of structures housing thousands of poor urban dwellers. This example must be understood within the broader context of the urbanisation crisis in Africa. The social, economic and political circumstances in which the operation took place were not specific to Zimbabwe. They share many common aspects with historical and present trends of the rapid and chaotic urbanisation occurring in many African countries and cities Obeng-Odoom To maximise the benefits of urban life, as well as to minimize the adverse effects of living in close proximity to and in slums, adequate and efficient essential services must be assured. Urban planning must determine the appropriate separation of residential from industrial quarters. It must also incorporate infrastructure for transport, communication, and other essential utilities including the supply of electricity, water, and the disposal of sewage and other waste. On the social side, municipalities need to provide facilities for various levels of education and health services. While some services such as telecommunications and utilities may be more efficiently provided by private enterprises, social services in particular will continue to be the responsibility of public authorities. In theory, the concentration of urban settlements should make it more economical and feasible to provide all these essential services. In practice however, due to financial limitations and capacity constraints, most African cities are incapable of providing basic services to their citizens. Responsibility for some of these services is either shared or exclusively the preserve of central governments. Problems of inadequacy, inefficiency and deterioration of services are rampant. With regard to transport, communications and other utilities, the gap between demand and supply is widening in many cities. Existing facilities are poorly maintained, and investments in expanded service delivery are constrained by lack of financing. As a result, traffic congestion, inadequate public transport, crumbling roads, intermittent and unreliable electricity, poor telecommunications and insufficient water supply are becoming the norm rather than the exception, even in affluent areas of cities. In some cities, bribery has become commonplace as a

means to forestall arbitrary interruption of utility services Newsday In general, lack of adequate infrastructure ranks high among the most basic impediments to economic growth in most Sub-Saharan African countries United Nations However, poor infrastructure in cities affects the economic performance of the private sector as well as the living conditions of citizens. The increase of slums means that hundreds of thousands of people live in appalling housing structures and without facilities like sewerage, electricity, water or paved roads World Bank For example, in Harare the influx of people exerted mounting pressure on the Harare Municipality for the supply of amenities such as housing, clinics, transport, health facilities and water and sewage infrastructure. The shortage of housing compelled impoverished urban arrivals to construct illegal shelters leading to increasing shanty dwellings in the city Colquhoun Emblematic of these challenges are other cities such as Lagos, Nairobi, Kumasi, Maputo and Luanda, amongst others. The continuance of rural habits by large numbers of people unaccustomed to living in an urban environment, together with lack of maintenance, has further contributed to the decay of physical infrastructure in cities. This has undermined overall human security and the attainment of sustainable development. The picture with respect to social services is not much different. The high rate of growth of urban settlements has had many consequences for social services such as education, health and care for the poor and elderly. In many countries, governments have been unable to cope with the rising demand for social services. The basic cause of this inability is often the disparity between the growth of the urban population and the availability of public resources. In some countries, the consequences of this mismatch have been exacerbated by policy choices, which give low priority to the social sectors as compared to other areas of public expenditure, including national security. In most instances, funds are lacking for new investments in schools and medical facilities. Often, sufficient funds are not allocated for the necessary maintenance and running of existing facilities. The overall result is overcrowded classrooms, lack of educational materials, poorly trained and poorly paid teachers, and lack of medicines and other medical supplies. The quality of service continues to decline in many countries, further exacerbating the breakdown of social capital and overall human security. Furthermore, the HIV-AIDS epidemic increases health expenditures at the individual, municipal and national levels, thereby diverting resources that could have been used for industrial investment. Social services are further affected as many health personnel, teachers and students comprise a significant proportion of those who are infected and dying in increasing numbers. Additionally, many of these professionals enjoy extended leave or give up work to care for the infected family members. HIV-AIDS is a major killer, reducing life expectancy, leaving orphans and generally eroding traditional mechanisms of social protection. It is also reducing productivity and incomes, hence affecting overall sustainable economic development capability. Prospects and opportunities There exist many opportunities for countries in Sub-Saharan Africa to strengthen service delivery and thereby redress the challenge of human insecurity. Developing employment options High rates of unemployment and limited economic opportunities have created a potentially explosive social problem in many African cities, especially given the particularly high levels of youth unemployment Eguavoen As a consequence, generating economic growth and employment have become development imperatives for urban areas throughout the continent. To accomplish this will require significant expansion of the formal private sector, which remains underdeveloped in most African countries. It will also require the encouragement and facilitation of much higher levels of private investment.

Chapter 3 : Inside South Africaâ€™s Rural Healthcare Crisis

The rural South's invisible public health crisis. Poverty, poor sewage infrastructure have led to a surge in tropical diseases typically found in developing countries.

Thembinkosi Motlhabane is waiting anxiously for an ambulance to rush one of his critically ill HIV-infected patients to a bigger medical facility in Mthatha, a city more than 60 miles away. Liz Gatley, said it often takes days for an ambulance to collect seriously ill patients. It was recently almost completely refurbished. It has a full staff complement. Its health workers are leaders in the field of rural medicine. Most of the patients I see are infected. South Africa has more HIV-infected people than any other country â€" an estimated 5. The state is providing life-saving antiretroviral ARV treatment to more than a million of them. People with weaker immune systems are much more susceptible to TB. In Oliver Tambo District, the TB rate is exacerbated by a high rate of silicosis â€" a respiratory illness that destroys lungs and is often contracted by miners who breathe in silica dust. Many men in the region work, or once worked, in gold mines in the northern parts of South Africa. People are fetching water from the river. They just go and fetch and drink, without boiling the water. We use our own cars and petrol to visit patients who are too disabled to come here. State health facilities in South Africa often run out of basic medical equipment, such as surgical masks Rural health specialist Dr. Compassion fatigue is a huge part of public service. I have felt close to burn-out at times, and I think a lot of people here have as well. The toilet is outside. When they go out there on rainy days, they become wet. It terrifies them, but all we can do is to cover the body and waitâ€¦. Aaron Motsoaledi, has won praise for acknowledging the chaotic state of the public health sector and pledging to do his best to remedy the situation.

Chapter 4 : Two years after demonetisation, crisis in rural India | Southasian Monitor

Solutions Series: Wastewater and public health in the rural South. A four-part series examining a wastewater infrastructure crisis and the people searching for solutions.

In economically distressed regions like Lowndes County in Alabama, this lack has led to a surge in poverty-related tropical diseases often found in developing countries. Doctors and researchers have evidence of parasitic infections like hookworm and toxocara and conditions for mosquito-borne illnesses like Zika and West Nile. But down on the Alabama coast, a new breed of oysterman â€" a farmer, not a tonger â€" is rising. In the land of boeuf bourguignon and steak-frites, eating meat is turning controversial. Even selling it is becoming dangerous. This followed incidents in April when some meat-selling shops were doused in fake blood. Supermarket chains in the United Kingdom, including Tesco , Lidl , Aldi , Waitrose and Iceland, have removed dozens of items from sale because of a deadly outbreak of Listeria in Europe. States such as Washington and California are increasing their scrutiny of chemicals in food packaging, pursuing a next-generation examination of earlier federal initiatives to limit or ban their use. A few years ago, two researchers took the 50 most-used ingredients in a cook book and studied how many had been linked with a cancer risk or benefit, based on a variety of studies published in scientific journals. Forty out of 50, including salt, flour, parsley and sugar. Their investigation touched on a known but persistent problem in the research world: Oregon farmers had objected to the proposed rules that required the evacuation of workers within feet of where trucks and planes are spraying pesticides; fruit growers in the Columbia River Gorge, in particular, spray in the early morning and would have had to wake farmworkers up to comply. The Baltimore City Fire Department investigated the accidental release of a small amount of frozen tuberculosis in a bridge between the two buildings in the block of Orleans Street, said Kim Hoppe, a spokeswoman for the hospital, in a statement. Southern California simmered Thursday in the early stages of a potentially dangerous heat wave that forecasters predicted would send temperatures soaring to record levels and create conditions that could readily cause wildfires to spread. A massive dome of high pressure building in from the east began pressing down on the region, pushing away the cooling influence of the Pacific Ocean and setting the stage for widespread triple-digit temperatures Friday and into the weekend, even in some coastal areas. Hundreds of thousands of people across a wide swathe of western and central Japan were evacuated from their homes on Friday as torrential rain flooded rivers and set off landslides, killing at least four people. Shocked and dazed from the bullets that just entered his body, a young black man was carried into an ambulance on a stretcher. The window of the sub shop he walked past exploded. Everyone inside the shop was fine, because employees are protected by a thick bulletproof glass, and exchange food for money with a revolving bulletproof glass door. There is nowhere to sit in the shop. These sub shops are everywhere on the West Side, a constant reminder in an already economically depressed neighborhood that normal commerce is just too dangerous here. The food service industry has historically relied on immigrants, mainly Latino and often undocumented, for its labor force. Immigration and Customs Enforcement agency focused its efforts on food service, with sweeping, large-scale raids concentrated on restaurant kitchens, farms and food processing plants across the country. Mic spoke to three Atlanta restaurant owners about what it means run a business at this time. There is no cash in the country, only barter, people say. In , she was a divorced mother of three looking for a way to make ends meet. So she started making chicken salad in her kitchen and selling it out of a basket, door-to-door. And it all started with an ice cream sandwich. The agent has not been definitively identified. British officials claimed the responsible agent was the same as used in the previous attack on a former Soviet intelligence officer that had defected to the UK, although some doubt has emerged about the identification of the agent and the exact nature of the events. An alternative hypothesis involves an illicit drugs cocktail including an opiate such as fentanyl.

Chapter 5 : The Urban Crisis in Sub-Saharan Africa: A Threat to Human Security and Sustainable Develop

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How can our school take action to prevent suicides? Where can I find mental health statistics for rural populations? The Substance Abuse and Mental Health Services Administration SAMHSA is the primary source of information on behavioral health and provides an annual survey of detailed data by geographic location on the prevalence of several behavioral health measures in their annual Results from the National Survey on Drug Use and Health: Topics with data applicable to rural mental health include: Mental illness in the past year Co-occurring mental illness with substance use disorder Serious mental illness Unmet mental health treatment Serious thoughts of suicide The data for these topics are available by age, geographic characteristics and socioeconomic characteristics. The geographic characteristics are detailed by geographic region of the U. County type is divided into population data classes: Large metro â€" population of 1 million or more Small metro â€" population of 50, â€" , Nonmetro â€" includes subcategories: What are the workforce challenges in providing rural mental health services? Challenges and Opportunities Caring for the Country , the most significant challenge preventing rural Americans from receiving care is the lack of mental health professionals providing mental health services in rural and frontier areas. To further complicate the challenges of providing mental health services, the most disadvantaged and under-resourced communities are often those with the most severe need for mental healthcare providers. County-Level Estimates of Mental Health Professional Shortage in the United States reports that higher levels of unmet need for mental health professionals exist in counties that were more rural and had lower income levels. As of September 4, , HRSA had designated 2, mental health professional shortage areas in rural areas. It is estimated that it would take 1, practitioners to remove the designations. What other challenges affect access and the provision of mental health services in rural areas? Travel distance, lack of public transportation, and uninsurance are commonly identified as challenges to accessing healthcare in rural areas. Reimbursement issues and the social stigma of needing mental health services are also identified as significant challenges that affect access and the provision of mental health services in rural areas. Reimbursement The reimbursement offered by payers such as Medicaid, Medicare, and private insurers has a significant impact on the ability of rural providers to offer mental health services. What are the Options? In addition, high no-show rates among mental health clients and high numbers of uninsured patients further exacerbate the issue of low reimbursement rates paid by Medicaid and others. Providing mental health services via telehealth, sometimes referred to as telemental health or telebehavioral health, has shown promise in helping to alleviate the lack of mental health services in rural areas. However, reimbursement is also a challenge for telehealth services. Stigma Nearly 1 in 5 adults in the U. Yet, the misconceptions, myths, and cultural stigma associated with mental illness are significant barriers that keep people with mental disorders from seeking and receiving treatment in rural areas. Factors that may influence rural residents to avoid seeking care include such issues as: Lack of understanding and knowledge of mental illness, sometimes even among healthcare staff Prejudice or stigma towards people with mental health disorders, often based on fear and unease Secrecy about mental illness in the community and general hesitancy to seek care Perception of a lack of confidentiality and privacy in small towns with closely-tied social networks While there are drawbacks to small communities when it comes to mental health, there are positives as well. The close-knit nature of rural communities can also mean that residents are more likely to rally around each other and provide community support in times of need. What can a rural community or healthcare facility do to minimize the challenges of accessing and providing mental health services in a rural area? There are several approaches that can be tried in rural communities to minimize the challenges of providing mental health services and expanding the mental health workforce. Some of the most commonly used practices to deal with workforce issues include: Expanding the use of telemental health services Offering loan repayment programs and state tax waivers Providing clinical rotations in a rural setting to grow-your-own workforce

Another approach to improving access and providing mental health services is the School-Based Health Center SBHC model for children in rural areas. Services may range from wellness exams to mental health services. In addition, education and awareness efforts targeted toward rural residents have been used to increase familiarity and comfort with mental health issues. An example of this is the Mental Health First Aid public education program. This program helps laypeople identify, understand and thereby reduce the stigma , and respond to signs of mental illnesses and substance use disorders. What are some of the benefits of integration of mental health services into primary care in a rural community? In recent years, health policy experts and healthcare providers have begun to encourage closer integration of mental or behavioral health and primary care services. It is assumed that integration will increase access to mental healthcare services, particularly in rural communities, as well as increase quality of care through enhanced coordination of services. In rural areas, where behavioral health workers and primary care providers are in short supply, integration is vitally important. Integration of these services is an effective strategy for maximizing the use of scarce rural healthcare resources and improving the quality of care for both behavioral health and primary care patients. Numerous studies, including this Maine Rural Health Research Center report , have shown that patients in rural areas who need mental health services typically see their primary care provider first. Often it is the primary care provider who initially diagnoses the need for mental health services. In addition, a high percentage of mental healthcare for rural patients is already provided by primary care providers, so integrating the services of a mental healthcare provider into the primary care setting can expand on what is already being done. Efficiency of service and ease of use also create a level of coordinated care and access that benefits both the patient and the provider. The integration, or even the co-location, of mental health services with primary care services can also help to reduce or eliminate the effects of the powerful social stigma associated with mental illness in many rural areas. Social stigma prevents many rural citizens from obtaining needed services, but it is less of a deterrent when behavioral health professionals see patients in primary care settings. The integration of behavioral health and primary care services also reduces the challenge of maintaining anonymity. Rural patients may be reluctant to be seen in settings where their privacy might be compromised but more willing to seek mental healthcare from the more common and accepted primary care clinic. Primary Care, Behavioral Health, Provider Colocation, and Rurality discusses how co-location, although different from integration, offers the potential of future collaboration with primary care providers, as well as opportunities for care coordination. Is there a resource for rural primary care providers and other healthcare professionals that can connect patients to mental health services and treatment? When there are few resources to provide direct mental health services in a community, local healthcare professionals may need to refer patients to facilities outside of the community. Where can rural veterans and rural healthcare providers assisting veterans find information about mental health services in their rural areas? Rural healthcare providers and veterans can find information about mental health services for veterans in their area by contacting either their closest VA medical center or community-based outpatient clinic CBOC. See the VA Mental Health website for a broad overview of mental health programs available to veterans. What is the impact of suicide in rural America? Suicide is a major public health concern across the U. According to Understanding the Impact of Suicide in Rural America , suicide continues to be higher in rural counties and the gap between rural and urban suicides has widened over time. Included in the report is this chart showing how the disparity has widened in recent years: In , the suicide rate in rural counties was

Chapter 6 : Water Access in South Africa | Water for all

*The Rural South In Crisis: Challenges For The Future (RURAL STUDIES SERIES OF THE RURAL SOCIOLOGICAL SOCIETY) [Lionel J Beaulieu] on www.nxgvision.com *FREE* shipping on qualifying offers.*

Water Access in South Africa Background: Currently, South Africa has access to surface water 77 percent of total use , groundwater 9 percent of total use , and recycled water 14 percent of total use [1]. Due to a lack of water infrastructure in rural settlements, 74 percent of all rural people are entirely dependent upon groundwater i. On the other hand, cities with universal water distribution systems get most of their water from surface sources like the Limpopo and Komati rivers [1]. Currently, 19 percent of the rural population lacks access to a reliable water supply and 33 percent do not have basic sanitation services [1]. While rural citizens suffer the most, over 26 percent of all schools urban or rural , and 45 percent of clinics, have no water access either [1]. In fact, the National Water Act was created in to stop the extensive pollution from mine runoff that severely contaminated South African water supplies [1]. The first part is to find a way to physically get water to people who need it. The second part is to find an available water source from which water can be given. According to the South African Constitution every citizen is entitled to a certain amount of water regardless of his ability to pay for it; this policy defines the amount of entitlement be liters per household per month [5]. However, the organization in charge of water allocation, the South African Department of Water Affairs and Forestry SADWAF , is ineffective at determining what amount of water people use per month in rural areas where there is a lack monitoring devices [5]. By not monitoring water usage, SADWAF is unable to determine when a waterline has broken or how much to charge water-users when they go beyond litres a month. A nationwide installment of water meters, or a device that measures water flow into a household, would help account for missing water. Upon realizing this petrols would be sent out to fix the break and ensure that rural areas have continued access to water. Even though purchasing meters and installing them would cost the South African government money, this money could be raised from the personal income tax [10]. Truthfully, the source of the money does not matter because the cost would be offset by correctly charging for water purchases. The next step is establishing access for people without water. An estimated 7 million people that live in rural settlements do not have access to water [1]. To do this the SADWAF would set up a registration system where government officials identify and sign up each rural community for a water delivery schedule based on the amount of people living there. Because the standard is liters for a family of 4 per month [3], trucks would supply each individual with liters of water each week to ensure that quota is met. Not only would this solve the issue of monitoring the amount of water each person has access to but it would also provide the necessary immediate water relief which will saves lives. The long term solution within 20 years would be building a communal tap-water system that could make use of groundwater i. Communal tap systems would be constructed uniquely for each village but they can be as simple as a series of water storage tanks that feed into households or a communal faucet located at the center of the village. Money would be required to build communal systems but there are various routes for this. Unfortunately, they are not using it efficiently. In addition to the stolen or lost water, South Africa is also losing over 1. Ideally, broken pipes would be replaced and updated as necessary. However, funds may not be available for this all at once. In this strategy, the South African government would give out several small contracts to local construction companies and have each company replace the pipes in a given region. To ensure that the pipes are replaced quickly incentives can be used that allow the government to pay the company less if they finish beyond a given deadline. With multiple groups working on the project and each group having a small region, the pipes would be replaced faster. Mission believes that the solutions outlined above, including the use of water meters and truck delivery routes, will greatly reduce the amount of water being wasted or lost. Though this particular composition of solutions may be unique to South Africa, there are several other countries around the globe that are suffering from similar or related issues to the same or worse extents. Mission believes it can combat the water issues of any given country by applying the appropriate combination and scale of their solutions. Water a Shared Responsibility National Water Resource Strategy. National Development Plan Department of Water and

Forestry. Water in Crisis â€" South Africa Personal Income Tax Centers for Disease Control and Prevention. South Africa an Overview

Chapter 7 : Rural Mental Health Introduction - Rural Health Information Hub

While the so-called "rural crisis" in the South has been an outgrowth of the changed economic conditions of the s, it also has been based on deep-seated problems that have existed in the region for decades.