



Rural Health Resources

About Rural Health

Perhaps going to the doctor or a hospital nearby is a cause for concern, but for **one in five people in the United States**, it would be a luxury. Over 46 million people in the US live in a rural area, meaning healthcare facilities and related services are at a greater distance than for those in urban areas.

This population tends to be

- older
- may live with a disability
- may be a veteran
- more likely to be uninsured
- more likely to have multiple health conditions (stroke, diabetes, heart disease, hypertension, arthritis)

In addition to the burden of traveling to access healthcare, medical centers are closing in rural areas.

Those in rural areas are at greater risk for poor health with higher likelihood of disease or death. Cancer, chronic lower respiratory disease and unintentional injury (motor vehicle, opioid overdose and substance abuse) are more common. Further, these risks are even higher for racial/ethnic minorities, tribal, and other diverse groups in rural areas. These risk differences, or **rural health disparities**, may be due to factors already mentioned and include higher rates of smoking, exposure to environmental hazards, lack of seatbelt use, food deserts (lack of access to healthy foods) and poverty.

[US Food & Drug Administration](#)

Intersectionality with Brain Injury

People living in rural areas are more likely to sustain a traumatic brain injury and are more likely to have worse outcomes, including higher death rates compared to those living in urban areas. Rural areas typically provide less access to TBI pre-hospital services, high-level trauma units, neurosurgical interventions and rehabilitation services. Functional outcomes also tend to be worse. Additional barriers people with TBI face in rural areas include: lack of access to transportation, difficulties with cost and insurance and denial about the seriousness of the injury. Providers noted that people in rural areas would benefit from education about common symptoms following brain injury and the need for evaluation after an injury.

People should be evaluated for brain injury following an injury and appropriate referrals should be made. However, given the higher incidence of brain injury in rural areas and the lower likelihood to seek services, screening for prior history of brain injury should be conducted during each yearly routine visit and sports physicals. When an injury is found, cognitive screening should be conducted and customized accommodations should be provided. Referrals to further services, including telehealth, should be made as needed.

Screening Tools

Substance Abuse Screenings in Tennessee (SBIRT-TN) Screening, Brief Intervention, and Referral to Treatment: SBIRT is a substance abuse screening and referral to treatment initiative. It is patient-centered and offers education and early intervention to identify and address substance misuse in primary care settings. Patients are asked about their substance use confidentially.

Instrument	Population(s)	Description
Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)	Adults, Adolescents	An 8-item screening tool developed for the World Health Organization (WHO) by an international group of substance abuse researchers to detect and manage substance use and related problems in primary and general medical care settings. Includes a patient feedback report card. Available in several languages.
Alcohol Use Disorders Identification Test (AUDIT)	Adults, Adolescents	A 10-item screening tool developed by WHO to identify persons whose alcohol consumption has become hazardous or harmful to their health. Available in English-, Spanish-, and Slovenian-language versions.
AUDIT-C	Adults	The first 3 questions of AUDIT (those that focus on alcohol consumption).
Brief Alcohol Screening Instrument for Medical Care (BASIC)	Adults	This very brief questionnaire (6 items) screens for alcohol use disorders and for at-risk drinking. Self-administered questionnaire.
CAGE (Cut down, Annoyed, Guilty, Eyeopener)	Adults (people older than age 16)	A 4-item, nonconfrontational questionnaire for detecting alcohol problems. Questions are usually phrased as “have you ever” but may also focus on present alcohol problems.
CRAFFT (Car, Relax, Alone, Forget, Family or Friends, Trouble)	Adolescents	A 6-item screening instrument. Test covers alcohol and drugs and situations that are relevant to adolescents.
Drug Abuse Screening Test (DAST)	Adults	A 20- and 28-item adaptation of the Michigan Alcohol Screening Test (MAST) to detect consequences related to drug abuse without being specific about the drug, thus alleviating the necessity of using different instruments specific to each drug.
DAST-A	Adolescents	A 28-item DAST for adolescents

Fagerstrom Test for Nicotine Dependence	Adults	A 6-item test evaluating cigarette consumption, the compulsion to use, and dependence. Screens for nicotine dependence. Severity rating can be used for treatment planning.
Michigan Alcohol Screening Test (MAST)	Adults, Adolescents, Seniors	A 25-item instrument providing a general measure of lifetime alcohol problem severity that can be used for choosing treatment intensity and guiding inquiry into alcohol-related problems. A 13-item version (Short MAST) and geriatric version (MAST-G) are available.
NIDA Drug Use Screening Tool	Adults	A 1- to 7-question screening tool adapted by the National Institute on Drug Abuse from the WHO's ASSIST.
TWEAK (Tolerance, Worried, Eye-openers, Amnesia, [K] Cut down)	Adults, Pregnant women	A 5-item scale to screen for risky drinking.

Institute for Research, Education & Training in Addictions (IRETA) SBIRT Toolkit:
<https://ireta.org/resources/sbirt-toolkit/#screening>

University of Washington Substance Use Screening & Assessments Instrument Database:
<http://lib.adai.washington.edu/instruments/>

[NASHIA's OBISSS](#) (Online Brain Injury Screening and Support System)

[Ohio State University TBI Identification Method](#) - a screening tool for Brain Injury

Crisis Intervention Tools

988 Suicide & Crisis Lifeline or you can **text to 988**; 988lifeline.org to chat with someone

Veterans Crisis Line: **Dial 988, then Press 1**; or **text 838255**

[NAMI Blog: How to Help Someone in Crisis](#)
[Warning Signs and Symptoms](#)

[211 Helpline | Get Connected. Get Help. \(unitedwaygreaternashville.org\)](#): 211 Helpline is a 24/7 365-day information & referral help line that provides individuals in need with help in times of crisis and beyond.

SAMHSA National Helpline: Confidential free help, from public health agencies, to find substance use treatment and information. **1-800-662-4357**

Tennessee REDLINE: 24/7/365 resource for substance abuse treatment referrals. Anyone can call or text **800-889-9789** for confidential referrals.

TN Statewide Crisis Phone Line: 24 hours/365 days; a free resource for anyone experiencing a mental health crisis; provides support, guidance and appropriate community supports. **(855-274-7471)**

National Websites

[Top Seven Tips for Telehealth](#) (for the healthcare provider)

[Neverusealone.com](#) - A substance use harm reduction method. Provides a person to be on the phone with someone who is using for safety.

[Federal Office of Rural Health Policy](#)

[Rural Hospital Programs](#)

[Frame Works: Talking About Health Disparities in Rural Context](#)

[American Psychological Association \(APA\)'s Equity, Diversity, and Inclusion Language Guide.](#)

State Websites

[County Data Packages, TN Department of Health](#) - Data Packages include the most current information on county demographics, morbidity and mortality rates, key social drivers of health, and more.

[Health Disparities in Tennessee 2024](#) – Report

Tennessee Council on Children and Youth 2024 [County Profiles of Child Well-Being in Tennessee](#)

[Rural Health Association of Tennessee](#)

[Rural Health Information Hub](#) [search for brain injury Hub](#) search for brain injury

[Rural Health Equity Toolkit](#)

[Insurance Enrollment Assistance](#)

[Tennessee State Loan Repayment Program](#) TSLRP provides educational loan repayment to qualified primary care practitioners in exchange for an initial 2-year service obligation to practice full-time or part-time at an ambulatory public, non-profit or private non-profit primary care site located in a federally designated Health Professional Shortage Area (HPSA).

[Tennessee Charitable Care Network](#)

[Remote Area Medical Volunteer Corps](#) a national non-profit organization that provides free healthcare services to people in need. Telehealth, Mobile and Pop-Up Clinics [Schedule](#)

TN Department of Health, [Federal Shortage Areas](#) for Healthcare, Dental, Mental Health

TN Department of Health, [Office of Health Disparities Elimination](#)

[GetCoveredTenn](#): ACA, TennCare & Healthcare Marketplace in Tennessee

Infographics

NIHCM [Addressing Barriers to Care](#)

[What is Rural Health?](#) Infographic

FDA [Rural Health Fact sheet](#)

Trainings

[Rural Health of TN webinars](#) by topic: Age and Ability, LGBTQ+ Communities, Body Size and Weight, Substance Use Disorder, Race and Ethnicity, Domestic Violence Survivors. See Upcoming Events on right hand side of this page.

[Rural Health Association of Tennessee's \(RHA\) Community Health Worker Training](#) contains learning modules designed to prepare individuals to begin a career as a Community Health Worker (CHW) and/or gain new knowledge and skills in their existing role. Each module will cover various aspects of the CHW role, which can vary significantly depending on the employer.

Support Groups

Tennessee Brain Injury Virtual Support Group Zoom meetings – held on the 1st and 3rd Tuesday each month. Phone in 309-205-332. Meeting ID: 999 1559 1619, Passcode: 257220

TN Brighter Futures groups that are a part of this System of Care

Rural Health Association of Tennessee

Tennessee Charitable Care Network

Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Office of Rural Health

