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Introduction to 'Down Home, Down the Street'

Examining Rural Health in the Rhetoric of Health and Medicine

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Attending to Myth and Monolith

The Centers for Medicare and Medicaid Services (2023) recognizes that more than 61 million Americans live in rural areas, which may include tribal, frontier, and geographically isolated territories. This figure accounts for about 20% of the United States population. While rural citizens make up a sizable chunk of the population, rurality in the U.S. is frequently forgotten or ignored; when rurality *is* considered, it is often only through harmful myths and monolithic thinking. These myths and monoliths are often related to misconceptions about rural citizens having low or no education, living unhealthy lifestyles, existing in cultures of poverty, and/or being a homogenized white population. These narratives misrepresent and misunderstand the intricacies and nuances of rurality in the U.S. According to the Urban Institute, a non-profit organization that conducts economic and social policy research, the idea of the "rural-urban divide," a term used to claim inherently divergent political views between rural and urban populations, only contributes to the misconceptions and misrepresentations of rurality in the U.S. (Urban Institute, n.d.). The rural-urban divide is an

outdated construction that ignores shared connections between rural and urban spaces and populations. Our special issue works to dispel misconceptions about rurality—especially as it relates to health and medicine—to challenge monolithic thinking about rural communities and to complicate the persistent idea of a rural-urban binary.

Since the 2016 presidential election, rurality in the U.S. has garnered increased attention. News media outlets, journalists, and political scientists have a fascination with rural communities, particularly in terms of how these communities vote in U.S. elections. And given the outcome of the 2024 presidential election, this discourse surrounding rural voters has once again resurfaced. In some ways, the focus on rural communities was more apparent than ever in the most recent presidential election due to both presidential candidates' running mates, with former Vice President Kamala Harris choosing Tim Walz and President Donald Trump choosing J.D. Vance. Both Walz and Vance have personal connections to rurality, which speaks to the attention people are paying to rural spaces on a national scale. But while there is much to be said about rurality and U.S. politics, our special issue is specifically concerned with the uptake of issues related to health and medicine in rural communities across the U.S. We argue that while rural health is difficult to define, rhetoric of health and medicine (RHM) scholars are well positioned to analyze its complex and multifaceted dimensions. To attend to some of the complexities of rural health in the U.S., our special issue aims to advance the visibility of rural communities and their relationships with health and medicine access by attending to one central question: How can RHM-focused rhetorical analyses of rural health topics contribute to the field of RHM in ways that benefit rural communities?

In this introduction, we first reflect on the journeys that led us to co-editing this special issue. We then emphasize the difficulty of defining rural health, ultimately calling for a malleable definition that recognizes the complexities of rural health. We follow our definitional work with an explanation of what it might mean to actively incorporate a rural health perspective to advance RHM research. Proposing a broad framework for conducting rhetorical analyses of rural health issues, we argue that scholars should center rural communities, recognize social justice imperatives, and advance theory-building in RHM. We then provide brief descriptions of the articles featured in this special issue and discuss how each of them connects to our proposed rural health framework. Finally, we

conclude our introduction with a call for more research in RHM dedicated to rural health.

Reflecting on our Interest in Rural Health

Like many rhetoric and technical communication scholars, we both became interested in our areas of research in RHM because of our own experiences. Here we reflect on those experiences and their relations to rural health topics.

Justiss's Experience with Queer Health and Rurality

For Justiss, growing up in rural Alabama, moving to a large city in Florida, and then moving back to a rural space in Texas has illustrated the differences and similarities between urban and rural medicine. In Alabama, his understanding and access to health was largely constrained due to lack of medical professionals; however, in Tampa, there were LGBTQ+ specialists and non-profit clinics that highlighted abundant healthcare access. In rural Texas, he experienced a rural health issue while trying to receive specialty medication from a requested queer physician. First, he couldn't get his medications because pharmacists wouldn't send the uncontrolled pills from Florida to Texas. It took four months to get a primary care the uncontrolled pills physician appointment in town, and there weren't any that specialized in LGBTQ+ health issues. He found a doctor in Dallas, about two hours away from his house. Next, the insurance company, Express Scripts, shipped medication via a parcel service, which took a substantial amount of time to arrive at his house. In the interim, he was out of medication. Although frustrated, during this time a positive experience happened—a rural doctor at a walk-in clinic 45 minutes away wrote Justiss a necessary prescription, but the doctor could have faced legal consequences for doing so since Justiss wasn't a current patient. In this way, the same rural medical desert he lived in also became his saving grace. Combined with his upbringing in rural Alabama, this new experience helped him realize the complexity of rurality.

Justiss holds that rural spaces are particularly tricky areas that have the power to advance community members' perceptions of important health studies (Fullenkamp et al., 2013). Access to medication and LGBTQ+ care is difficult in spaces that tend to offer limited care to begin with; however, as evidenced by the anecdote above, there is a kindness that exists in

the liminal health spaces of rurality. This special issue intends to further uncover some of these ideas.

Melissa's Experiences with Reproductive Justice and Rurality

Melissa's interest in rural health comes from growing up in rural areas of New York and North Carolina coupled with her academic focus on rhetorics of reproductive justice. She has always been struck by the lack of access to comprehensive reproductive care and inclusive sexual education in rural areas of the U.S. Having taken a keen interest in more inclusive examples of reproductive and sexual health education from an early age, Melissa was dissatisfied with the teaching of these health topics in middle and high school.

These interests have only expanded for Melissa in the wake of the Dobbs vs. Jackson Women's Health Organization decision that overturned Roe v. Wade in 2022. Since that decision, twelve states have banned abortion or are in the process of doing so, and pushing through a national abortion ban in the U.S. is a possibility for the Trump administration. This national anti-abortion movement is significant in regard to reproductive health access in rural areas because it means the potential closure of clinics where patients can seek a variety of reproductive health care services (not just abortion care). Put differently, some of the most recalcitrant issues and problems with the U.S. healthcare system are magnified and exacerbated in rural spaces. With this in mind, Melissa believes that thinking about rural health in and alongside reproductive justice is integral to positive advancements that support the wellbeing of all citizens in our health care systems.

The personal experiences that led us to co-edit this special issue on rural health contribute to our desire to balance a simplified definition of rural with recognizing the many nuances of what it means to navigate health systems as a rural citizen. We turn to this complicated dynamic in the next section.

Defining Rural Health

Much of the existing work that defines rural health comes from strictly scientific medical fields. For example, one medical definition explains that "[r]ural health is the study of healthcare systems in rural settings" (Bacha, 2022); however, we argue that rural health is often more complex than this

tautological definition leads people to believe. Another example comes from the Centers for Disease and Prevention and the U.S. Food and Drug Administration, which positions rural citizens as being at a higher risk for many diseases (CDC; 2024; FDA, 2021). We find that rural health is often defined in these negative terms, and we are rarely shown positive or successful aspects of rural health. While it is true that empowering health knowledge in rural communities starts with recognizing the existing disparities, rural health need not always be defined by a deficit model.

Thinking through these concepts led us to consider how we can complicate the idea of rural health to illuminate the health injustices that occur in rural areas while also highlighting empowering moments of rural health. Given the complexities of defining rural health, we believe that scholars interested in RHM are well positioned to "redraw the boundaries of the field" to include rural health topics (Molloy and Hensley Owens, 2022, p. 3).

Rural Health as a Framework for Rhetorical Analysis

As we worked on this special issue, we had many conversations regarding definitional questions, as well as questions about how rural health relates to rhetorical studies and its adjacent field of technical communication. In our conversations, we consistently wondered how we might intervene in rural health infrastructure as technical rhetoricians (Frost & Eble, 2015). With these questions in mind, we theorize a framework for rural health rhetorics. Our rural health framework is intentionally broad to allow RHM scholars to adapt it for their specific research projects. However, we argue that no matter the research project, a rural health framework should 1) center rural communities; 2) acknowledge social justice imperatives; and 3) advance theory-building and rhetorical inquiry in RHM.

Our framework is inspired by the work of Black feminist scholar Loretta Ross and the many other Black women who built the reproductive justice movement. *Reproductive justice* is defined by SisterSong—a coalition of women of color activists—as "the human right to maintain personal bodily autonomy, have children, not have children, and parent [the] children [we have] in safe and sustainable communities" (SisterSong Women of Color Reproductive Justice Collective, n.d.). The formation of this framework is important for challenging the easily co-opted

pro-choice rhetorics born from second wave feminist movements. Rhetorics of choice are both appealing and powerful in the context of reproductive freedom, however, these rhetorics tend to discount the inequitable distribution of accessible reproductive healthcare; rhetorics of choice also fail to recognize how intersecting social factors like race, class, gender identities, and sexuality can limit accessible and reliable reproductive healthcare. We see some of these same sentiments mirrored in negative positionings of rural health. The stereotypes and monolithic thinking related to rurality in the U.S. are also appealing and powerful. This positioning of rurality is due in part to how rural communities are represented in news media and journalism. It is easy to find evidence that "proves" the many negative stereotypes true or shows that all rural communities are "the same," as negative rural experiences are the ones most often identified and covered in media. But the reality is that not all rural spaces are the same, and not all rural citizens experience their rural positionings in the same way. With these representations in mind, we theorize our rural health framework to resist negative misconceptions about rural citizens and communities in the U.S.

Our framework is further inspired by rhetoric and technical communication scholars who have taken up the reproductive justice movement as the base for the newly emerging subfield of rhetorics of reproductive justice (RRJ). In particular, Sharon Yam (2020) posed a model for rhetorical analysis that is informed by the intersectional work of the reproductive justice movement. Yam explained that this model for rhetorical analysis allows scholars to pay attention to the intersecting power dynamics that accompany reproductive politics but wrote that this sort of model also allows scholars to "foster spaces for coalition-building and inclusion across difference outside of institutional contexts" (pp. 19). Furthermore, Maria Novotny and Lori Beth De Hertogh (2022) published a dialogue in this journal with several rhetoric and technical communication scholars who focus their work on reproductive and sexual health. In this dialogue, Novotny, de Hertogh, et al. further established reproductive justice as a framework in rhetorical studies. Specifically, Novnotny and de Hertogh stated, "We see RRJ as a concept that can be deployed by rhetorical scholars as a theoretical framework, as a guiding methodology, and/or as a form of social activism" (pp. 375). Like the RRJ model, we see ours as a theoretical framework, a guiding methodology, and a critical pedagogical approach for community building (Novotny & de Hertogh, 2022; Adams, 2022).

For the remainder of this introduction, we further theorize rural health as a framework for rhetorical analysis.

Centering Community in Rural Health

We argue that a rural health framework for rhetorical analysis must center and actively benefit rural communities. Ideally, rural communities should be active participants in the research and writing process, with their voices, values, and knowledge driving the work. This approach ensures that rhetorical analyses reflect the realities of rural life and avoids imposing external perspectives that lead to monolithic thinking or reinforced stereotypes. However, we are attentive to the fact that this kind of community-engaged work is not always possible due to time constraints, abilities to secure funding, and the possible lack of institutional or rural members' support for RHM community engagement outreach. We are particularly attentive to this point because we are both teacher-scholars who want to engage in more community-based work at our rural universities but struggle to do so because of the many realities that accompany working at our respective R2 institutions. Therefore, we suggest that RHM scholars can still center rural communities and ethically represent these communities in their work in a number of ways including but not limited to 1) designing pedagogical material for RHM-oriented courses to include rural health topics; 2) engaging in critical theory research and writing that works to make rural communities more visible in RHM; and 3) supporting rural health projects through community service, student mentorship, and/or departmental, university, or field-specific service work.

Acknowledging the Social Justice Imperative of Rural Health

We see intervention in rural health as a social justice imperative. Equal access to health care regardless of interlocking social and cultural factors is essential for living a life of dignity. Therefore, we argue that a rural health framework for rhetorical analysis should be attentive to the possible social justice imperatives related to rural health, which means simultaneously recognizing the structural barriers that rural citizens struggle with while also not positioning them as helpless and/or not wanting help. Some ways that RHM scholars might responsibly engage with the social justice imperatives of rural health are by 1) highlighting successful examples of health campaigns in rural

communities; 2) reframing negative narratives of rural communities by avoiding the use of deficit models for describing rural communities; and 3) showcasing the diverse and intersectional realities of rural life.

Advance Theory-Building and Rhetorical Inquiry in RHM

One of the strengths of the RHM field is its ability to incorporate theory-building and promote a "methodological mutability," or "willingness and even obligation to pragmatically and ethically adjust aspects of methodology to changing exigencies, conditions, and relationships" (Scott & Melonçon, 2018, p. 5). RHM scholars have consistently been innovative in their approaches and methodologies, which not only produces strong scholarship but also contributes to advancement of the field's identity. We hold that by developing new theories and methodologies for the field, RHM researchers benefit from the field's commitment to expand rhetorical theory while developing new opportunities for invention and discovery. It is our hope that the rural health framework we pose in this special issue contributes to the field's theoretical and methodological innovation.

Advancing Rural Health in RHM

In this section, we connect our rural health framework to the articles that appear in this special issue. In doing so, we want to make clear that many of the articles in the special issue exemplify all three tenets, but we highlight each in connection to a specific tenet to provide specific examples of what this work might look like.

How to Center Community in Rural Health

As an example of centering community in rural health frameworks for rhetorical analysis we highlight the co-authored work of Sarah Ryan and Sarah Evans that explores libraries and librarians as vital actors in rural health settings. We also call attention to Cynthia Ryan's autoethnographic work about the construct of the "good farmer" and the challenges of industrialized agriculture. Taken together, these articles show what community-driven work might look like for rhetorically analyzing rural health issues.

Ryan and Evans emphasize the important roles librarians play in rural community spaces and argue for greater recognition of rural libraries as

indispensable community hubs in public health efforts. Through interviews with eleven librarians across nine U.S. states, the study examines how librarians leverage *kairotic* opportunities—moments for timely action—to provide health resources, facilitate telehealth services, and promote mental health awareness. The authors argue that librarians navigate barriers such as digital inequities and stigma while addressing diverse community needs, from technology training for seniors to multilingual health materials for immigrant populations. Ryan and Evans further contend that by fostering trust through everyday interactions and strategic initiatives, rural librarians emerge as vital connectors between underserved populations and healthcare systems.

In her autoethnography, Ryan explores multigenerational mental health disparities between families who own farms and the construct of the "good farmer." By analyzing "agographies"—narratives shaped by industrial agricultural perspectives—she investigates how these narratives influence farmers' mental health and their understanding of what it means to be a farmer. Ryan further examines ideological and historical factors contributing to the high suicide rates in rural U.S., critiquing mental health resources within her Illinois Corn Belt farming community. Ultimately, Ryan advocates for greater recognition of the complexities of farmer identities and the pressures of productivist agriculture and community reflection.

How to Highlight Social Justice Imperatives in Rural Health

Two other articles in this special issue give scholars strong examples of what it looks like to acknowledge the social justice imperative in rural health frameworks for rhetorical analysis. Eva Marshall and Allison Rowland explore the intersection of reproductive justice and digital coercion through crisis pregnancy centers in rural U.S. spaces, revealing how these organizations exploit search engine optimization to mislead abortion care seekers. Relatedly, Rebecca Kuehl, Jennifer Anderson, and Stephanie Hanson examine rural U.S. communication strategies for addressing perinatal mental health disorders. These articles suggest that social justice is an imperative aspect of rural health research.

By analyzing crisis pregnancy centers' marketing documents and Google search results across seven states with large rural populations,

Marshall and Rowland demonstrate that restrictive abortion laws and the lack of local abortion clinics disproportionately advance crisis pregnancy center visibility in rural search results. They also argue that crisis pregnancy centers deploy deceptive tactics, including offering free ultrasounds and manipulating search terms, to intercept vulnerable individuals while perpetuating misinformation. Ultimately, the authors call for expanded reproductive health search engine strategies to combat crisis pregnancy center influence.

Kuehl, et al. advance social justice issues for perinatal mental health disorders by demonstrating the barriers posed by poverty, geographic isolation, and healthcare shortages. Their work calls for further research into perinatal mental health disorder communication in rural contexts, emphasizing the need for critical, narrative, and stigma-focused approaches to improve public discourse and support for affected individuals. The authors situate perinatal mental health disorders within the broader context of mental health rhetoric and public health, focusing on narrative and social support as key tools for communication. They also discuss the influence of societal master narratives about motherhood, which often stigmatize or silence diverse perinatal mental health disorder experiences. Overall, the authors propose shifting these narratives to include more inclusive perspectives on mental healthcare.

How to Advance Theory-Building and Rhetorical Inquiry in RHM

The dialogue for this special issue, facilitated by Kari Lundgren, offers a tangible example of theory-building practices in RHM. This dialogue attempts to close the research gap in rural health studies by putting rural health practitioners and rhetoric scholars in direct conversation with one another. Additionally, William Ordeman examines issues associated with disease and U.S.-Mexico border towns through a rhetorical-materialist perspective. Together, these articles illustrate the need for continued theory-building in RHM.

Lundgren, et al. bring together rhetoric scholars and rural health practitioners to explore the intersections of rural healthcare. The dialogue participants discuss four key themes: 1) the lack of access to healthcare and resources in rural areas, highlighting inequities such as limited specialists, broadband, and affordable healthcare; 2) systemic neglect and exploitation

of rural communities by industries and government, leading to persistent health disparities; 3) the resilience, creativity, and community-oriented nature of rural populations, which challenge deficit-based narratives; and 4) opportunities for RHM scholars to support rural healthcare through collaborations like grant writing, data collection, and amplifying community voices. This dialogue underscores the value of interdisciplinary approaches and the potential for RHM scholars to drive positive change in rural health contexts.

Finally, using a rhetorical-materialist framework, Ordeman examines the vulnerabilities of *colonias*—the unincorporated rural communities along the U.S.-Mexico border—and infectious diseases, particularly in Hidalgo County, Texas. This article analyzes the material-discursive factors, including environmental changes and socio-political dynamics, that have entrenched health disparities in *colonias* communities. By tracing the interactions between the Rio Grande River's ecology, colonial labor systems, and neoliberal policies, Ordeman reveals how Latinx/a/o bodies are displaced into precarious living conditions.

Future Opportunities for Advancing Rural Health in RHM

We end with a reminder that RHM scholars are well poised to investigate rural health topics through holistic rhetorical analyses that benefit rural community members. We encourage other scholars interested in rural health and rhetoric to continue to build a robust corpus of research that advances community-based research and work in rural health settings. We are expressly interested in further promoting RHM rural health frameworks in ways that advance diversity both in terms of the kind of rural health stories that are told and who is able to tell these stories. We are excited to continue our lines of inquiry and examine the efficacy of our proposed framework beyond this special issue. Finally, we hope this special issue on rural health continues to move the RHM field forward by offering meaningful contributions to both academic and rural communities.

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