

POLICY FORUM

“Going Down to the Country”

Introduction

If you are a boomer of the Woodstock Nation, then you know that “going down to the country” was a romantic dream that allowed you to leave the city and its formality behind. Wooden shacks, no running water or indoor plumbing, large gardens and fields, and some livestock seemed just fine. In this dream, little attention was paid to employment, schools, shopping, and health care.

The idea of rural life may be romantic, but where are we now? In North Carolina, immigration is not to the country but to the city. Half of North Carolinians live in only 13 of the state’s 100 counties. More astonishing, 10% of North Carolinians are sparsely spread across 80 counties. This issue of the NCMJ describes the challenges of providing quality health care across this still rural state.

However, rural life also offers opportunities. Having practiced in a town of 500 people (in a county of 14,000), I can say that everyone knew me, and I knew almost everyone who introduced themselves to me—in the office, on the unpaved gravel streets, and in the small store that passed for a grocery. We were friendly and neighborly. We were in a relationship.

For all their yearning for the simple life, most baby boomers proved to be more organizational than relational. However, millennials are more about relationships that transcend the organization. As a result, we are seeing a new generation of health care providers who are committed to practicing in rural primary care medical homes. These providers seem to be committed to relationships more than comforts, although the amenities of rural living continue to advance in this digital age.

In addition to providing opportunity for relationships, today’s rural life also allows for connectivity beyond the town’s borders. The Internet promotes online communities that have no geographic boundaries, not to mention online shopping (which, even in our cities, is replacing a trip to the store). Technology also offers physicians the option of online and video consultations and interactive continuing education.

Rural health can and will improve as we invest in primary care and connectivity and work to find creative social and economic solutions that create opportunity and livelihood for rural residents. The refrain of “going down to the country” might well return as a reality, not just a romantic dream. NCMJ

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