



Rural America is large and diverse, covering approximately 75% of the US. In all geographical regions of the US, rural residents face increased health disparities compared to their urban counterparts. One method of increasing the reach of public health in rural areas is to partner with trusted rural organizations to help disseminate important health information.

National Grange of the Patrons of Husbandry was one of the first organizations to be founded specifically for rural populations. The Grange and public health have much in common, including a dedication to evidence-based solutions. The Grange historically:

- Seeks the greatest good for the greatest number.
- Provides resources to individuals in crisis.
- Strives to advance the case of education by all just means.

American Association of Public Health combines a 150-year perspective, a broad-based members community and the ability to influence policy to improve the public's health by:

- Working to advance the health of all people and communities.
- Seeks to achieve equity in health status of all Americans.
- Provides a science-based voice in policy debate and reform.

How the Grange is the Perfect Partner to Increase the Reach of Public Health Efforts in Rural Areas

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ABSTRACT:

Rural residents face increased health disparities compared to urban residents. These disparities lead to increased rates of premature deaths, all-cause mortality and poor health outcomes. Several factors may contribute to higher excess mortality in rural areas, including differences in health-related behaviors, access to healthcare services and environmental conditions. Grange activities and interests closely align with the goals and objectives of public health agencies and would make excellent partners for public health agencies, benefiting both organization.

The purpose of this summary is to examine research findings regarding the impact and potential benefits of public health agencies partnering with the Oregon State Grange in order to increase public health outreach in rural areas. We examine both public health and the Grange for “good fit” and compare our different missions and objectives. We also look at Health in All Policy for guidance confronting issues with multiple and serious health effects.

The Grange Demonstrates a Rich History Promoting Activities Related to Education and Well-Being

In January of 1866, Oliver Hudson Kelley was tasked with breathing new life into the war ravaged, depressed and debt-ridden rural South¹. As Kelley toured the southern states, he quickly realized it was his standing as a Mason that gave him entry to the various social circles and Kelley determined that if this scarred landscape was to be repaired, it would best be accomplished through acts of fraternity rather than acts of politics². Most historians and Grange chroniclers have interpreted Kelley's original concept of the Grange as an educational and social organization based loosely on the

fraternal framework of the Masons^{3,4}. The final piece to the puzzle was supplied by Kelley's niece, Caroline Hall. She understood that if an infant rural organization were to flourish in an already taxed and isolated environment, it would require the effort of all members and so, unlike any other fraternal organizations, women were invested with full and equal membership and rights¹.

The Granger movement was primarily, a rural organization for the advancement of the welfare of farmers, with concentrated effort to increase education and social well-being. These two factors became the bone and sinew of the Grange and while some thought teaching farmers to read was a frivolous waste of time and energy, Kelley knew that without education, most rural families would continue to drift into further isolation from mainstream American life¹. They needed an organization that would broaden their members' perspective and dispel fears of the unknown. After a slow start, the new organization began to experience unbelievable success. Within eight years some 24,000 charters were granted and membership was pushing one million⁴. The Grange had hit upon a magic three-part formula: (1) economic self-organization, cooperation and mutual aid; (2) a ban on electoral and divisive politics but continued involvement with politics that impacted social and economic issues; and finally, (3) plenty of picnics, outings and celebrations, all based on ceremony rich in farming symbolism and culture.

In the beginning, the main educational activity of the Grange was the adult literacy program and their steadfast encouragement of farmers to learn to read. To do this, the Grange developed home study courses. In the first year, 600 patrons completed the course with classes on the Origins of Soil, Botany, Plant Growth, Entomology, Political Economy and Parliamentary Law¹. The Grange reading courses eventually disappeared when land grant institutions began providing extension services. The Grange's interest in education and self-improvement evolved into increased involvement with the public school system and the Grange was a potent force that shaped the educational history of these institutions⁵.

The Grange also took steps to safeguard and assess the use of lands and funds assigned to the state colleges of agriculture, and it was largely through the Grange's influence that the Department of Agriculture was raised to cabinet status. The Grange encouraged and supported farmer's institutes, advocated the teaching of agriculture in public schools, and helped to obtain the establishment of state agriculture experiment stations⁴. In addition to the Grange's staunch support and promotion of education, the social activity fostered by the Grange has been of immeasurable value to the quality of life in rural communities.

What Are the Healthy People 2020 Social Determinants of Health (SDOH) and How Has the Grange Participated in These Areas?

For over twenty years researchers have presented evidence that indicates medical care contributes relatively little to health when compared to social, societal and environmental factors. Some experts estimate that the portion of medical care contributes to be as little as 3.5% of our

health⁶. In addition, true health is more than simply the lack of disease or infirmity. For people to achieve true and complete health they must achieve a state of physical, mental and social well-being.

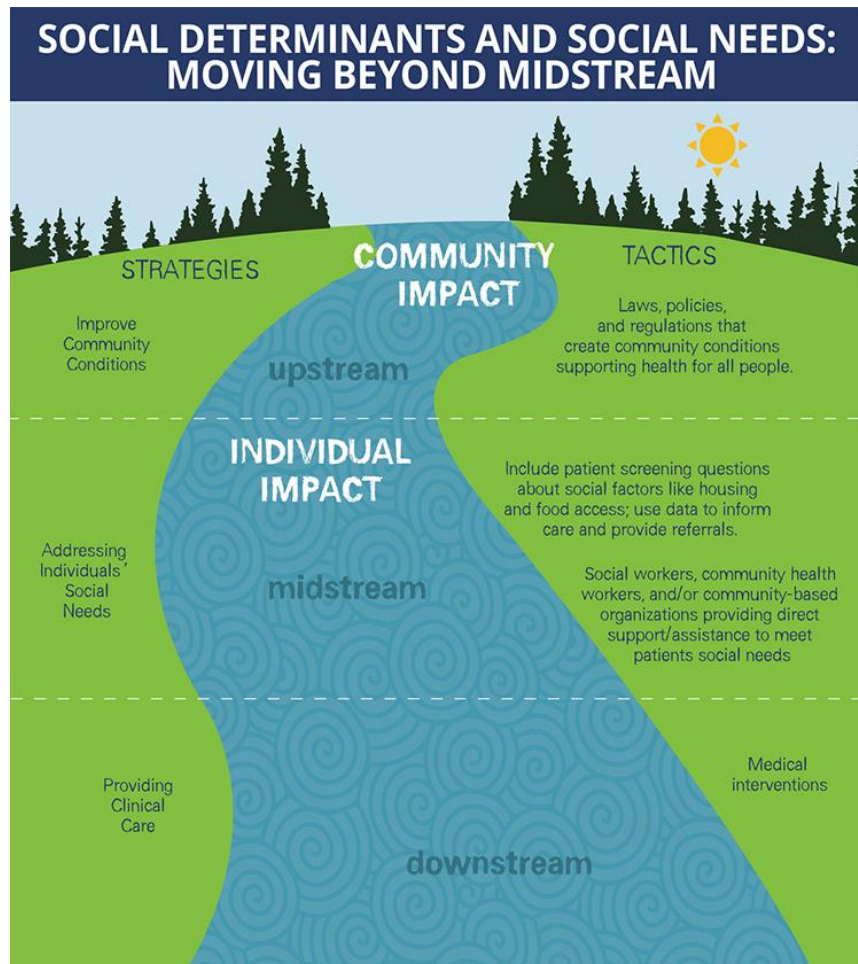
Health disparities are specific types of health differences that are closely linked to the social, economical or environmental factors of an area. These disparities, or differences, adversely affect groups of people who are systemically and routinely experience greater obstacles to health. The more disparities a community faces the greater the obstacles to their health. Health disparities are based on many factors, such as geographic location, race or ethnicity, socioeconomic status, gender, age, mental health, physical disability, and sexual orientation.

Rural areas and the people who live in them, frequently experience multiple disparities simultaneously such as:

- Higher rates of unemployment.
- Higher rates of high school drop-outs.
- Fewer employment and educational opportunities for youth.
- Decreased access to healthy foods and safe areas for physical activity.
- Higher number of individuals lacking or putting off medical care.
- Decreased access to healthcare, decreased internet and broadband connectivity, decreased Telehealth opportunities.

Because of these factors, many rural residents need to drive further, often through worse road conditions to obtain medical help and necessary services. Additionally, many rural residents are also older adults living with multiple chronic health conditions.

The Social Determinants of Health (SDOH) examines both upstream and downstream factors or determinants that affect public health; there are five main categories: (1) health and health care;



(2) social and community context; (3) education; (4) economic stability; and (5) the neighborhood and built environment. **Investigations into Grange activities shows active and continued engagement and community participation in all five determinant areas.**

Public health research supports health interventions that target the social determinants including those that address education, community development and poverty relief. The Oregon State Grange has been fully engaged in activities designed to increase health equity and well-being for rural residents for over 150 years.

SDOH Area #1: Health & Healthcare Access: Grange activities in this area have been prolific and wide reaching, including:

- Health screenings & immunizations.
- Fund raising for emergency services.
- Providing physical activity classes.
- Disseminating health information on oral health, mental health, depression and anxiety relief.
- Providing migrant farmworker health clinics.
- Promotion of Telehealth services.
- Promotion of service and therapy dogs.



St Marys River Grange Farmworker Health Clinic

SDOH Area #2: Social & Community Context: this area focuses on topics that center around increasing social cohesion, civic participation and battling divisive factors such as racism and discrimination. In this area the Grange has developed a wide variety of programs and projects including:

- Hosting Urban vs. Rural Tension Workshops.
- Keep Oregon Warm, a warm clothing resource drive.
- Providing prevention efforts on domestic violence, child, elder and animal abuse.
- Conducting anti-bullying activities.
- Multiple programs supporting cultural awareness and celebration.

SDOH Area #3: Education: this area is engrained in Granger philosophy and history, and this is evident in the great abundance of activities, classes and support for early childhood development, high school graduation and higher educational attainment and community education. Granges offer educational programs such as:

- Sustainable food practices.
- Nutrition science.
- Gardening education.
- Words for Thirds.
- Ag in the Classroom

SDOH Area #4: Economic Stability: this area often takes the form of both program development and direct financial support. Activities include:

- Constructing homes for the homeless.
- Hosting, staffing and contributing to food pantries.
- Promoting veteran’s home foreclosure protection and priority housing.
- Teaching economical food production, preparation and consumption practices.



SDOH Area #5: Neighborhood and Built Environment: in this area the Grange demonstrates active participation and interest in environmental conditions and reduced rural services. There is a special focus on aging in place and activities include:

- Environmental clean-ups and toxin reduction.
- Honeybee health promotion.
- Promotion of more thorough assessment of rural transportation issues and other forms of connectedness to urban centers and resources.
- Programs supporting emergency preparedness and community resilience.
- Increasing opportunities and support for Farmer’s Markets and local food systems.

Sticky harvest from *rooftop* hives



Putting It All Together: What Does This Mean to the Grange?

Grange activities and interests closely align with the goals and objectives of public health. This should not be surprising. The Grange began as an organization devoted to educational activities and self-improvement and quickly placed the health and well-being of the community as one of its highest priorities³ (Barns, 1967).

While the Grange has continued with these activities throughout the years, it is also an underused and often unknown resource in the public health world. The complexity of health disparities in rural areas has long demanded that public health agencies look for innovative methods to increase promotion efforts. Partnerships with established community organizations have the potential to strengthen and further public health promotion programs.

The Grange represents an enormous opportunity for partnership with public health agencies seeking to increase their disease prevention efforts in rural areas. This partnership will also benefit the Grange in numerous ways, including an infusion of attention and new membership.

References:

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