

COMMENTARY

Promoting Provider Understanding of Rural Health and Farming

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Rural populations in the United States face persistent health disparities driven by provider shortages, limited access to specialty services, and structural barriers to care. Within these communities, agricultural families face additional occupational and cultural stressors often overlooked in traditional clinical training. While rural health education commonly emphasizes geographic isolation and telehealth logistics, less attention is given to the agricultural identity that shapes many patients' lived experiences. To address this gap, Mississippi State University (MSU) Extension, in collaboration with community partners and funding from the U.S. Department of Agriculture, developed the Agriculture Family-Friendly Training and Designation (AFTD) Program. This continuing education initiative equips healthcare professionals with the contextual knowledge to deliver culturally responsive, patient-centered care to farm families.

Based on the Health Equity and Well-Being Framework, the AFTD curriculum integrates adult learning theory and public health systems thinking across five modules. Content addresses occupational stressors, including weather-dependent income, market volatility, physically demanding labor, and the psychosocial "farmer–land bond." Participants engage in case-based learning and structured reflection to strengthen communication strategies that respect autonomy, pride, and the cyclical rhythms of agricultural life. The program offers continuing education credits and is open to interdisciplinary healthcare providers.

From January to August 2025, 44 participants enrolled in the inaugural offering, including physicians, nurses, social workers, community health workers, and mental health practitioners. Early feedback indicates increased awareness of agricultural routines, improved framing of care conversations, and enhanced understanding of rural patient decision-making processes. Participants reported greater confidence in aligning care plans with farming schedules and family obligations.

The AFTD program will relaunch in March–June 2026 with expanded continuing education credits and additional applied scenarios informed by partner feedback. This model demonstrates a scalable approach to integrating occupational context into rural health workforce development and advancing culturally responsive care for agricultural communities.

Rural America continues to experience disproportionate health risks driven by long-standing barriers such as provider shortages, limited access to specialty care, and gaps in mental health and social services.¹ These challenges are especially pronounced among agricultural families, whose daily lives are closely tied to farm work and rural economies. While cultural competence training in healthcare often emphasizes race, ethnicity, and language, far less attention has been paid to the occupational and cultural realities of rural and agricultural life.^{2,3}

To address this unmet need, Mississippi State University Extension launched the Agriculture Family-Friendly Training and Designation (AFTD) Program, a continuing education initiative to increase healthcare professionals' understanding of the agricultural context of rural health. Developed in partnership with the Mississippi Medical Association and other stakeholders and funded by the U.S. Department of Agriculture, AFTD equips practitioners with the cultural and contextual knowledge to engage agricultural families with empathy, respect, and practical awareness.

The Agricultural Context of Rural Health

Traditional clinical training often frames rural health primarily in terms of geographic distance, workforce shortages, or infrastructure limitations, while giving less attention to the agricultural and occupational identities that shape how many rural patients experience stress, illness, and decisions about seeking care.^{1,4-6} Farmers and farmworkers face a distinct constellation of stressors, including weather volatility, fluctuating markets, physical labor demands, and deep emotional ties to land and livelihood. These factors accumulate over time and directly affect mental and physical health.^{7,8}

Research has linked chronic and occupational stress to poorer health outcomes, including cardiovascular disease, depression, and cognitive decline.^{9,10} In agricultural communities, these pressures are further compounded by elevated suicide risk and hazardous working conditions.¹¹ Concepts such as the “agrarian imperative”, which is the deep psychological and cultural bond between farming families and their land, help explain why standard clinical recommendations may feel misaligned or even alienating to rural patients.¹²

The AFTD program introduces these realities as essential components of patient-centered care. Through communication strategies and case-based examples, the training helps clinicians recognize how autonomy, pride, and routine shape health decisions in farming communities, enabling more effective and respectful care interactions.^{13,14}

A Curriculum Rooted in Experience and Evidence

Grounded in Cooperative Extension's Framework for Health Equity and Well-Being, AFTD applies systems thinking to address rural health disparities at the individual, community, and institutional levels.¹⁵⁻¹⁷ The curriculum also incorporates adult learning theory, recognizing that healthcare professionals bring prior experience, professional identity, and practical motivations into learning environments.¹⁸

Across five modules, participants engage with reflective exercises, applied scenarios, and evidence-informed content addressing rurality, agricultural stress, safety, and access to care. This approach aligns with research showing that culturally competent and context-aware training improves provider readiness, communication, and perceived effectiveness in rural settings.^{19, 20} The program also offers continuing education credits as a professional development incentive.

Early Outcomes and Lessons Learned

Since its launch in early 2025, AFTD has demonstrated a promising early impact. Between January and August 2025, the program enrolled 44 participants, with increased participation following outreach through partner organizations. Participants represented a diverse range of roles, including physicians, nurses, social workers, community health workers, and mental health practitioners, reflecting the interdisciplinary nature of rural care systems.

Participant feedback highlighted the immediate applicability of the training. Many noted a clearer understanding of rural patient decision-making and the importance of framing care discussions around agricultural routines and seasonal demands. Others emphasized how the modules humanized rural experiences, transforming what might otherwise be viewed as logistical barriers into opportunities for stronger therapeutic relationships. An outcome closely aligned with patient-centered care research.¹³

Encouraged by these early results, MSU Extension will relaunch the AFTD program between March and June 2026. The updated offering will expand continuing education credits and incorporate additional applied scenarios informed by participant and partner feedback, consistent with best practices for sustaining community-based health programs.²¹

We welcome continued dialogue on opportunities to strengthen the program and better understand how training influences provider practice over time.

For more information, visit the program webpage at <https://extension.msstate.edu/food-and-health/rural-health/engaging-agricultural-and-rural-communities-for-better-health>.

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