Purpose: This three paper panel (1 & 1/2 hours with 2 moderators for introduction and conclusions), based on our forthcoming book: Nursing Rural America, Perspectives from the Early 20th Century, 1900-1950 (Springer Publishing), will address the multiple factors that influenced how and why nurses responded as they did to the healthcare needs of rural residents in the first half of the 20th century. Public health nurses have always understood the importance of comprehending the unique culture of specific regions and the unique characteristics of different populations. Case studies describing nurses’ work in providing care to citizens in remote mountain regions of Appalachia, Texas oil fields, and on the Navajo reservation in the American southwest (abstracts attached) will be presented to illustrate how nurses, working to the full extent of their training, crossed geographic, cultural and economic boundaries to provide quality health care to the nation’s rural citizens.

Rationale: In the current health care environment the Patient Protection and Affordable Care Act (ACA) offers the opportunity to address health care disparities in rural America. Despite the anticipated improvement in economic access to care for many uninsured citizens, those living in the nation’s rural regions will continue to face challenges in accessing health care. By virtue of place, geographic access to care will continue to be a challenge. Rural culture will continue to exist and those who are a part of the culture will continue to desire care from those who respect their culture and understand their beliefs. Identifying, describing, and analyzing nurses’ work in the past shapes the narrative about health policy today and may influence current actions.

Methods: These investigations used traditional historical methods with a social history framework to explore the work of rural nurses during the early-20th century and the factors that challenged rural health care delivery. Each used primary source data from oral histories (Texas), the National Archives Record A administration (Navajo), and the Frontier Nursing Service archives at the University of Kentucky.

Results: Each of the populations described in these three case studies had their own unique culture and traditions, including health care beliefs and practices. Nurses took all of these factors into consideration as they began to introduce scientific health care practices to men and women who were proud of their self-reliance, hardiness, and sense of community. Nurses, working in the borderlands of race, class and ethnic boundaries, broke geographic, cultural and economic barriers. Working with a heterogeneous population that included children, women, and the rural poor in very diverse regions of the nation, nurses used the full extent of their education and training to provide access to care to those to whom it was often denied.

Implications for Rural Health and Rural Practice: Today the United States continues to deal with the problems of health disparities in quality and access to healthcare in rural areas. Lessons from the past can be used to inform health policy decisions. Solutions used in the past may be “recycled” as innovative solutions for today.