Building Community Capacity: Celebrating the Power of Rural through Community Development

NOSORH Annual Meeting
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Brad Gibbens, Deputy Director and Assistant Professor

Connecting resources and knowledge to strengthen the health of people in rural communities.

Center for Rural Health

- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country’s most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Focus on:
  - Education, Training, an Resource Awareness
  - Community Development and Technical Assistance
  - Native American Health
  - Rural Health Workforce
  - Rural Health Research
  - Rural Health Policy
  - Program Evaluation
- Web site: ruralhealth.und.edu
Jonathan Swift once said:

“Vision is the art of seeing things invisible”
Rural Health Issues Shaping the Need for Community Development

- **Demographics** – population decrease or increase, change in ethnic composition
- **Economics**
- **Health Facility Stability and Viability**
  - Reimbursement and other financial factors
  - Volume
  - Federal and State Policy
- **Health Professional Workforce**
- **Technology**
- **Community Attitudes**
  - Sense of community – identity with others, history, culture
  - Rural fatalism “agrarian” – ability to adapt and change or not
  - My community vs. our region

Comparative Rural and Urban Strengths and Weaknesses

<table>
<thead>
<tr>
<th>Rural</th>
<th>Urban</th>
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<td>Strengths:</td>
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<tr>
<td>Strong informal support networks</td>
<td>More stable economy</td>
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<td>Fundraising</td>
<td>Availability of resources</td>
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<td>Cohesive – need to get along</td>
<td>Availability of professionals</td>
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<td>Stable institutions</td>
<td>Structure and process valued</td>
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<td>Established interdependence</td>
<td>Growing and diverse population</td>
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<td>Collaboration</td>
<td>Change is natural</td>
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| Weaknesses:                            |                               |
| Skewed population demographics         | Lack of cohesiveness          |
| Fluctuating economy                    | Limited informal support      |
| Resistance to change                   | Competition among providers   |
| Shortage of professionals              | Competition for fundraising   |
| Lack of resources                      | More contentious- independence|
| Nepotism over merit                    | Speed over reflection         |
Rural Community Sectors

• Education

• Business/Economic

• Government

• Faith Based

• Health Care

What Is Community Development?

• Process to facilitate the establishment and/or strengthening of the relationship of a health organization with its community

• Building community and/or organizational capacity – local control

• Community engagement is a closely related concept

• Identifying community input and creating involvement in local health decisions – EMPOWERMENT

• Listening to and acting upon the wants and desires of the public

• Two-way communication (inputs and outputs) – mutually beneficial

• Democratic and transparent

• Old fashioned marketing – finding out what people want and giving them more, finding out what they don’t want and giving them less

• KEY CONCEPTS: listening, awareness, responsiveness, input/output, working together, sharing, mutual respect, mutual benefit, interdependence
Why is community development important?

- Health organization cannot survive in isolation
- Health organizations are part of a complex and unpredictable environment
- Facilitate and manage change
- The community is a source of the following:
  - Ideas/expertise
  - Needs (current)
  - Wants (future)
- Community engagement creates new resources, new vitality, synergy
- Can create, build, and develop new leadership
- Community engagement should be democratic and can lessen the elitist tendencies that can come to control and dominate local decision making.
- Community development is necessary for organizational sustainability

Community Development Model

Environments Influence
- Demographics
- Economic Conditions
- Political Process
- Workforce
- Finance
- Technology
- Health Organizations
- Culture and Attitude

Action
- Assessment and Planning
- Community Forums
- Community Education
- Collaboration/Networking
- Regional Approach
- Community and Economic Development Integration
- Service Diversification
- Skill Development
- Advocacy

Community or Health Organization
- Plan for and Take Action
  - No Action
  - Delay Action

Source: Brad Gibbens, Deputy Director
UND Center for Rural Health
Why is Community Development not used or why is not always successful? (Barriers)

- Threatening to the way we are used to doing things
- Threatening to some who have power, influence, and status – “the powers-that-be”
- Challenges ideas, conventional wisdom, vested interests
- Work and time – no guarantee – not easy to do
- Can be co-opted – not sincere – appears open, benign, but is it?
- Existing relationships – history and trust

What is the Role for SORHs with Community Development? What to do?

- Can cover wide range or levels of service to communities – convey information (phone assistance, electronic) to direct community TA
- Direct Community Technical Assistance
  - Facilitate community forums/dialogues – work with local health organizations
  - Outreach, Network Planning, and Network Development grants - opportunities to build greater local capacity, partnerships, facilitation, assessment/planning, evaluation, sustainability
  - Partnership for Patients – linkage for SORH and Flex around quality
  - CDC Community Transformation Grants
- Techniques
  - Community forums
  - Community based workshops – grant writing involving numerous communities and organizations
  - Develop community work groups on health subjects – input to hospital/public health, local leadership
  - Community assessments
  - Community planning/organization strategic plan
  - Focus groups/key informant interviews
What are some Community Development Techniques or Tools?

- **Community Forum or Community Dialogue**
  - General Subject – “how to improve rural health in our community?”
    - or “how to build a regional health system?”
  - Specific Subject – “how to attract and retain rural health providers?”
    - or “what do we do to strengthen our hospital?”
  - Neutral outside facilitator
  - Promotion and advertising
  - General open audience or special invitation
  - Opening presentation on rural health issues and trends
  - Small discussion groups
  - Take notes – flip chart
  - Report back to community
  - Local media
  - Advantage – direct input, flexible, fast, educational
  - Disadvantage – not scientific, how to use the information, “smoke and mirrors”, gripe session, less representative of population
What are some Community Development Techniques or Tools?

- **Focus Groups**
  - Group interview process on specific subject with pre-determined questions (assessment)
  - 6-12 people in each group – group formed around similarities, but each group can be different
    - Age (seniors in one group, youth in a second, middle years in a third)
    - Employment (employer group, employee group, retired, skilled or unskilled)
    - Insurance (Medicare, Medicaid, insured through employer, self-ensured)
    - Health care (nurses, physicians, board members, department heads, administration)
  - Neutral facilitator
  - Qualitative analysis – thematic codes, patterns of thought
  - Used to populate planning process – can also be used to drill down on issues raised from a planning process; tool for assessment and evaluation process
  - Advantage – faster than survey, ability to probe with additional questions, more flexible
  - Disadvantage – lacks the scientific standards of a well implemented survey, group effect, difficulty in assembling the group, control by the organization

- **Key Informant Interviews**
  - One-on-one interviews with selected individuals
  - Neutral outside interviewer
  - Pre-determined questions – general and/or specific
  - Tool for planning, assessment, and evaluation
  - Advantages – anonymity to participant (organization may select, but do not review participants answers), participant when confident in process can be very forthcoming and honest, probative quality, flexible, fast, no group effect
  - Disadvantages – lacks scientific rigor, lose benefit of mutual discussions
What are some Community Development Techniques or Tools?

- Community survey
  - Sample of the population (e.g. service area) – most scientific (quantitative)
  - BUT can use less scientific and partner with local groups for dissemination
  - Typically a closed ended instrument (some open ended questions)
  - Comparison of responses more reliable than quantitative
  - Mailed, telephone, electronic
  - Good tool for measuring attitude (e.g., quality of hospital care, service need)
  - Advantages - most scientific and reliable, representative of the population, commonly used and accepted, most data
  - Disadvantages - most expensive, less flexible or probative, possibly over-used, response rates, not everyone has computers, phone numbers for cell phones (younger respondents)

What are some Community Development Techniques or Tools?

- Strategic Planning
  - Process to set a direction for an organization or a community
    - Relies on data
    - Data sources can be from a community survey, focus group, key informant interviews, secondary data (data that exists for another purpose)
    - Input from key constituents (e.g., community members/stakeholders, constituents, clients, patients)
    - Primary purpose is decision making – what are the issues? What do we do about the issues? What are our goals and objectives? Who is responsible for carrying out goals/objectives? What is our timeline?
  - Techniques
    - Strength, Weaknesses, Opportunities, Threats – (SWOT)
    - Agreement on values – respect of values
    - Mission and vision along with goals and objectives
    - T Chart (Advantages and disadvantages)
    - Balanced Score Card
Takeaways

• Flexibility in the process is essential (no one best way)
• Be aware of your audience (including partners) and the different actors, motives, and agendas that may be in play
• Determine commitment from participants (identify their roles)
• Encourage openness and participation
  – Elitism vs. Populism
• Don’t confuse tools with process and process with outcomes
• Community development is an on-going process

Takeaways

• Community development impacts individuals, organizations, and communities (are we developing communities or developing individuals within the community?)
• Use national resources as guiding principles (e.g., HP 2020, ORHP grants, CMS Center for Innovation, CDC Community Transformation)
  – serve as a focal point for community development activity
  – SORH can work with Flex, PCO, State Rural Health Association, PCA, others
  – Rural Assistance Center (www.raonline.org) – national rural health and human services resource center at the Center for Rural Health
• Practice what you preach (integration of community dialogue process into strategic planning)
• Community development process examines internal and external environments, increases awareness and involvement, helps to market the local health facility, and shapes the context for planning which can lead to a stronger and more viable system
Contact us for more information!

Center for Rural Health
501 North Columbia Road, Stop 9037
Grand Forks, ND 58202-9037

Phone: 701.777.2569 (direct)
Fax: 701.777.6779
Brad.Gibbens@med.und.edu
ruralhealth.und.edu