Community Development
Tools for Decision Making

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MHCH Foundation – Chamberlain, SD

Center for Rural Health

- Established in 1980, at the University of North Dakota School of Medicine and Health Sciences in Grand Forks, ND
- Six core areas of focus:
  - Education, Training, & Resource Awareness
  - Community Development & Technical Assistance
  - Native American Health
  - Rural Health Workforce
  - Rural Health Research
  - Rural Health Policy
  - Program Evaluation
  - A UND Center of Excellence in Research, Scholarship, and Creative Activity
- Web site: http://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
- Economics
- Health Facility Stability and Viability
  - Reimbursement
  - Volume
  - Federal and State Policy
- Health Professional Workforce
- Technology
- Community Attitudes
  - Sense of community – identity with others, history, culture
  - Agrarian Fatalism – acceptance of events
  - My community vs. our region

Comparative Rural and Urban Strengths and Weaknesses

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<thead>
<tr>
<th>Rural Strengths:</th>
<th>Urban Strengths:</th>
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<tbody>
<tr>
<td>Strong informal support network</td>
<td>More stable economy</td>
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<tr>
<td>Fundraising</td>
<td>Availability of resources</td>
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<td>Cohesive</td>
<td>Availability of professionals</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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<table>
<thead>
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<th>Rural Weaknesses:</th>
<th>Urban Weaknesses:</th>
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<tr>
<td>Skewed population demographics</td>
<td>Lack of cohesiveness</td>
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<tr>
<td>Fluctuating economy</td>
<td>Limited informal support</td>
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<td>Resistance to change</td>
<td>Competition among providers</td>
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<td>Shortage of professionals</td>
<td>Competition for fundraising</td>
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<td>Lack of resources</td>
<td>More contentious-fragmentized</td>
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Community Development Model

Environmental Impacts
- Demographics
- Economic Conditions
- Political Process
- Workforce
- Finance
- Technology
- Health Organizations
- Culture and Attitude

Community or Health Organization
- Take Action
- No Action
- Delay Action

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

Source: Brad Gibbens, Associate Director
UND Center for Rural Health

Community Development
Purpose: To assess community health needs

1) Internal Engagement
- Initiate ideas – brainstorming
- Identify champions
- Informal assessment of current services and gaps in services
- Development of consortium/network of stakeholders

2) Community Development
- Community Engagement (Forum, Focus Groups, Survey)
- Formal assessment of needs
- Identify resources
- Develop plan (goals, action steps, time frame, responsible parties, resources)

Implementation
- Adopt proposed action steps
- Conduct ongoing process evaluation
- Redirect as needed
- Develop program report
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
• Community engagement is a closely related concept
• Identifying community input and creating involvement in local health decisions
• Listening to and acting upon the wants and desires of the public
• Two-way communication (inputs and outputs) – mutually beneficial
• Democratic and transparent
• KEY CONCEPTS: listening, awareness, responsiveness, input/output, working together, sharing, mutual respect, mutual benefit, interdependence
• Old fashioned marketing – finding out what people want and giving them more, finding out what they don’t want and giving them less

Why is community development important?

• Health organization cannot survive in isolation
• Health organizations are part of a complex and unpredictable environment
• Facilitate and possibly manage change
• The community is a source of the following:
  o Ideas/expertise Workforce (employees) volunteers/clients
  o Needs (current) Funding - donations/planned giving/ payment for services
  o Wants (future) Physical resources – mortar and brick
• 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.
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 are mistrustful – history

What are some Community Development Techniques or Tools?

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

Participants: 325  
Rural Communities visited: 11  
Tribal Communities visited: 5  
Miles traveled: 4565

Rural Health Dialogue Process

- Follow Up
  - Technical Assistance
  - Surveys and Dialogue Analyzed
  - Work Groups Formed
  - Work Plans integrated into Strategic Plan
  - Follow Up Reports Generated
  - Reports Disseminated to Participants
  - Manuscript
Rural Health Dialogues in Harvey, ND
• Co-hosted by the Center for Rural Health and St. Aloisius Medical Center

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
What are some Community Development Techniques or Tools?

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

Community survey
- Sample of the population (e.g. service area) – most scientific (quantitative)
- 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)
Internal Personnel Audit

Measures the difference between how staff feel it *actual* is vs. how they feel it *should* be.

http://www.med.und.nodak.edu/depts/rural/cah/rhta/ipa_survey.html
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

**Strategic Planning Process**

**Purpose:** To generate ideas - new programs, services, organizational relationships, grant development, etc.

1) Community leaders, board members, health organizations from one or more towns recognize the need to develop a plan for future direction.

2) A strategic planning session is scheduled which includes decision makers from the organization/community.

3) Identify areas of interest, prioritize and set goals through Nominal group process or SWOT (Strengths, Weaknesses, Opportunities, Threats).

4) Develop Action Plan Timeline Who is Responsible?

5) Goals achieved Ongoing assessment of progress
St. Aloisius Medical Center has:

- Provided community education
- Developed a cardiac rehab center
- Developed wellness center
- Expanded emergency room services (raised $1.2 million)
- Developed on-site daycare center for employees
- Increased its collaborative efforts with local school health occupations initiatives
- Athletic trainer attends all sporting events
Factors for Successful Community Building

- Community awareness of an issue
- Motivation from within the community
- Flexibility and adaptability
- Small geographical area
- Pre-existing social cohesion
- Ability to discuss, reach consensus, and cooperate
- Existing identifiable leadership
- Prior success with community building
- Widespread participation
- Minimal competition in pursuit of goals
- Benefits accrue to many residents
- Focus on the process and the product concurrently

Source: Fieldstone Alliance (http://www.fieldstonealliance.org/client/client_pages/tools_you_can_use/04-06-06_cmty_bldg_wmiw.cfm)

Factors for Successful Community Building

- Linkage to organizations outside the community
- Systematic gathering of information and analysis of community issues
- Training to gain community skill building
- Use of technical assistance
- Continual emergence of leaders, as needed
- Community control over decision making
- Sincerity of commitment
- Understanding of the community
- Relationship of trust
- Flexible and adaptive

Source: Fieldstone Alliance (http://www.fieldstonealliance.org/client/client_pages/tools_you_can_use/04-06-06_cmty_bldg_wmiw.cfm)
Strategies for Rural Health System Survival

- Community involvement and support
- Strategic Planning, reliable data, analysis
- Diversification and/or redefinition of services
- More inclusive, redefinition of community, regional perspective
- Use of external resources (SORH, Flex, RAC, IOM, HP2010/2020)
- Progressive healthcare leadership – youth, new community members
- Collaboration – provider-to-provider, community-to-community
- Emphasis on quality
- Advocacy and involvement

Community Cooperation

“We are seeing greater cooperation between communities in the education field and in healthcare. The times are forcing those of us in small towns to work together, to find common ground. We've competed for years in basketball and football but now people are realizing what is good for one town can be good for its neighbor. This started to evolve first in education with school consolidation – painful at times, but necessary because we now see the benefit of sharing classes, sharing teachers. We're seeing this in healthcare now. Sharing and cooperative effort is banding together for the common good.”

Les Wietstock
CFO, West River Regional Medical Center
Hettinger, ND
Phone interview, February - 1996
Community Health Care & Needs Assessment

IN DEVELOPMENT

Evaluate how local residents view the hospital, providers, overall system

Services

Attitudes

Health Status

Utilization

Insurance

COMMUNITY

Assists in planning & decision making

Used to gain needed input from service area

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National Conditions

A glance at rural and urban America

- Percentage of U.S. population: Rural 20% Urban 80%
- Population aged 65 and older: Rural 18% Urban 15%
- Population that is white: Rural 83% Urban 69%
- Private insurance: Rural 64% Urban 69%
- Medicare beneficiaries: Rural 23% Urban 20%
- Medicare hospital payment to cost ratio: Rural 90% Urban 100%

Source: NRHA web page
MN, ND, SD Conditions

- During the 1990’s 70% of rural counties gained population
  - MN 71% of Counties (62/87)
  - SD 52% of Counties (34/66)
  - ND 12% of Counties (6/53)

Source: US Census

Projected Percent Change in Total Population in the Great Plains States by County: 2000 to 2020

Note: For purposes of this study, the Great Plains is defined as all counties in Colorado, Iowa, Kansas, Minnesota, Montana, Nebraska, North Dakota, South Dakota, and Wyoming.

Source: U.S. Census Bureau, Decennial Censuses; Individual state agencies providing population projections.
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Source: U.S. Census Bureau, Decennial Censuses; Individual state agencies providing population projections.

Projected Percent Change in Persons 65 and Older in the Great Plains States by County: 2000 to 2020

The Elderly – 85 plus

Persons Age 85 and Older as a Percentage of Total Persons by State: 2000
Rural Economics and Health Care

- Health Sector as part of GDP (2007) – SD (8.7%); ND (8.6%); western states (18 states = 6.4%); US (7.0%)

- Comparison: Agriculture as part of GDP (2007) – SD (6.0%) and ND (7.7%)

- Health care accounts for about 10-15% of a rural communities economy

- Rural hospital is typically the largest or second largest employer

- Rural physician (office of 7) generates about $232,000 in additional income

- Multiplier effect - $1.00 rolls over 1.5 times (1.2 – 2.0) – primary and secondary impact

Rural Economics and Health Care

What is the relationship between Rural Health and Economic Development?

- Attracting and retaining local residents for business and public sector

- Generating local/area investment funds

- Enhancing local leadership capacity

- Building skills and commitment – civic responsibility – catalyst

- Linkage to external resources and knowledge
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., Institute of Medicine’s work on quality and HP 2010/2020)
  - serve as a focal point for community development activity
  - work with SORH and Flex for ideas
  - Rural Assistance Center (www.raconline.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
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Connecting resources and knowledge to strengthen the health of people in rural communities.