A Contextual Frame for Understanding Rural Health

UND College of Nursing & Professional Disciplines

N548 Advanced Public Health Nursing

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• 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
• Home to seven national programs
• Recipient of the UND Award for Departmental Excellence in Research

Focus on
• Educating and Informing
• Policy
• Research and Evaluation
• Working with Communities
• American Indians
• Health Workforce
• Hospitals and Facilities

ruralhealth.und.edu
Today’s Objectives/Questions

- What is rural health?
- What are the rural health issues and conditions?
- How are rural health and rural communities intertwined?
  - Strengths and weaknesses of rural and urban communities
  - Rural Community Health Equity Model
  - Building healthier communities
  - A health community is....
  - Catalysis’s for a healthy community
  - Resources for building healthy communities
- What is community engagement and how do we do it?

Our Values as a Society Shape Our Approach to Health

“It is not what we have that will make us a great nation. It is how we decide to use it.”

Theodore Roosevelt

“Vision is the art of seeing things invisible”

Jonathan Swift

“Americans can always be relied upon to do the right thing... after they have exhausted all the other possibilities”

Sir Winston Churchill
What is Rural Health?

- Rural health focuses on **population health and improving health status**
  - Quality improvement, access to care and services, availability of care and services, cost of care, ability to afford care, health promotion and disease prevention, care coordination, financing, health system performance and viability – **“drivers” of health policy**

- Rural health relies on **infrastructure**: facilities, providers, services, and programs available to the public (all with quality, access, and cost implications)
  - HRSA (ORHP, SORH, Flex, NHSC) – Federal bureaucracy orientation
  - Infrastructure improvement - health orgs, systems, payment structures
  - More and more health networks – independence with collaboration
  - Delivery systems: CAH, clinics, public health, EMS, nursing homes/aging services, home health, mental health, dental, pharmacy, and others

What is Rural Health?

- **Philosophy**: rural people have the **same right** to expect healthy lives and access to care as do urban people – **fairness frame**
  - Access essential services locally or regionally
  - Access to specialty services through network arrangements
  - Health outcomes should be comparable
  - Quality of care on par with urban
  - Availability of technology

- **Rural health is very community focused** – **interdependence frame**
  - Integral part of what a community is and how people see themselves
  - Community engagement – public input is fundamental
  - Sectors: Economic/business, public/government, education, faith/church, and health/human services
  - Direct services provided to the public and secondary impact for other sectors
  - Major employer
What are the rural health issues and conditions?

What are Some Important Rural Health Issues? (Version I)

• Access to and availability of care
• Financial concerns facing rural hospitals and health systems
• Health disparities (inclusive of health conditions and behavioral risks)
• Health workforce
• Quality of Care (inclusive of patient safety)
• Health Information Technology/Tele-health
• Networks – rural/urban, primary care/public health, acute/public health
• Emergency Medical Services – EMS, ambulance, quick response units
• Community and Economic Development – community viability
• Health Reform (cost, insurance, how we access care, community role)

Sources: 2008 Flex Rural Health Plan, 2009 Environmental Scan, and community presentation feedback surveys 2008-2015
What are Some Important Rural Health Issues? (Version II)

- Health care workforce shortages (28 of 39)
- Obesity and physical inactivity (16 of 39)
- Mental health (inc. substance abuse) (15)
- Chronic disease management (12)
- Higher costs of health care for consumers (11)
- Financial viability of the hospital (10)
- Aging population services (9)
- Excessive drinking (7)
- Uninsured adults (6)
- Maintaining EMS (6)
- Emphasis on wellness, education, & prevention (6)
- Access to needed equipment/facility update (6)
- Marketing and promotion of hospital services (5)
- Violence, traffic safety, elevated rate of adult smoking, lack of community collaboration, and cancer tied with (3) – lack of day care/housing (2)

Source: CHNA conducted 2011-2013 (39 of 41 ND hospitals)

Rural Health and Rural Community are Intertwined

- Strengths and Weaknesses of Rural and Urban Communities
- Rural Community Health Equity Model
- Building Healthier Rural Communities
- A Healthy Community is....
- Catalysis's for a Healthy Community
- Resources for Building Healthy Communities
Rural and Urban
Strengths and Weaknesses

Rural

Strengths
• Strong informal support network
• Fundraising
• Cohesive
• Established interdependence
• Collaboration

Weaknesses
• Skewed population demographics
• Fluctuating economy
• Resistance to change
• Shortage of professionals
• Lack of resources
• Overtapped staff

Urban

Strengths
• More stable/diversified economy
• Availability of resources
• Availability of professionals
• Growing and diverse population
• Change is natural

Weaknesses
• Limited informal support
• Competition among providers
• Competition for fundraising
• More contentious factions
• Less sense of “community”

Rural Community Health Equity Model

Environmental Conditions
• Demographics
• Economics
• Policy
• Health Status
• Workforce
• Finance
• Technology
• Health System Change
• Rural Community Culture & Dynamics

Impact on Community or Health Organization
• Threat to survival
• Growth/Decline
• Identity
• Perception towards change
• Perception towards opportunity
• How we respond

Community Action
• What do people think, want, or need?
  • Assessments
  • Forums-Discussions
  • Interviews
• Community Ownership (not health system ownership)
  • Collaboration
  • Inclusion
  • Participation
  • Interdependence
• Community Capacity
  • Skills and knowledge
  • Leadership development
  • Planning and advocacy
  • Manage change—non reactive

Source: Brad Gibbens, Deputy Director
UND Center for Rural Health
Building Healthier Rural Communities Means What?

- Healthier population/clients/patients
- Underlying goal within health reform of the delivery system
- Sense of interdependency and equity
- Local leadership from health sector and other community sectors – partnerships and community coalitions
- Requires sincere community engagement
- Greater individual responsibility within the community for one’s health but with community structures for support and guidance


A healthy community is a
- dynamic community
- changing community
- fair community
- engaged community

In a healthy community,
- diversity is valued
- people feel included, respected, and trusted
- people work together
- assets are valued
- the goal is the overall health of the community

What Can Act as Catalysts for Building a Healthy Community

- **Community Health Needs Assessment (CHNA) and Implementation Plan**
  - Function within the ACA – understanding community needs and meeting those needs
  - Fosters a level of community engagement – needs assessment, key informant, and focus groups, CHNA team, individual committees
  - Collaboration between hospitals and public health (required) and other community groups (health, civic, business, school, faith-based)
  - Opportunity for community collaboration to develop an implementation plan for community health improvement
  - Follow through is imperative
  - What are the goals, objectives, time frame, and ultimately outcomes (how to measure the outcomes)?

Resources to Aid in Building a Healthier Rural Community

- **CHNA** – process and platform that can lead to a Healthier Community
- **Community Health Improvement Plan** – results from the CHNA and is a road map to build a healthier community
- A Healthier Community comes from the dedication and hard work of the people who take responsibility and provide leadership
  - Workgroups and committees – diversity, build leadership, build confidence
Resources to Aid in Building a Healthier Rural Community

- **General Advice: Think Team – Remember Values and Common Beliefs**
  - A team, a coalition of committed people working together
  - Many hours of work over time (but think of eating an elephant 😊)
  - Compromise – don’t expect to get everything you want
  - Flexibility – listen, adjust, try/fail, and keep moving
  - Big picture – what is needed for the community (common good)
  - Methodical small steps to get there – goals, objectives, action steps

- **CDC Healthy Communities Program**
  (http://www.cdc.gov/healthycommunitiesprogram/success_stories/)

- **Building Healthier Communities Key Resource List**
  (http://www.muskegonhealth.net/programs/educational/building_healthy_communities_resources.pdf)

- **Rural Assistance Center**
  (http://www.raonline.org/)
  - Mental and behavioral health (http://wwwraonline.org/topics/mental-health/)
  - Rural obesity prevention toolkit (http://wwwraonline.org/communityhealth/obesity/)
  - Obesity (http://wwwraonline.org/topics/obesity-and-weight-control/)
  - Children’s Health and Welfare (http://wwwraonline.org/topics/childrens-health-and-welfare/)
Rural Assistance Center (continued)

- Aging ([http://www.raconline.org/topics/aging/] )
- Caregiving ([http://www.raconline.org/topics/informal-caregiving/] )
- Job Training ([http://www.raconline.org/topics/job-training-and-adult-education/] )
- Health Disparities ([http://www.raconline.org/topics/rural-health-disparities/] )
- Healthcare Workforce ([http://www.raconline.org/topics/health-care-workforce/] )
- Medical Homes ([http://www.raconline.org/topics/medical-homes/] )
- Chronic Disease ([http://www.raconline.org/search/search_results.php?keyword=Chronic+Disease+Management&Submit2=Search] )

What is Community Engagement and How do We do it?
Why is Community Engagement Important to Rural Health?

- Health care providers and organizations cannot operate in isolation.
- Community engagement is even more important now as we redesign the U.S. health delivery system – re-focus on population health, providers are to be assessed and reimbursed on outcomes and patient satisfaction, re-designing the delivery system with alternative payment options (e.g., ACO).
- Community ownership – identify needs and work for solutions – community focused.
- Building local capacity and leadership – think of the next generation of community leadership.
- Communication and shared understanding, shared values.

Community Engagement Toolkit!

- Original concept out of the Community Transformation Grant (end 9/2014).
- UND – Center for Rural Health believed in the potential, so it has been finished and “branded”.
- It’s set up in 5 Modules, and meant for the user to go from the beginning to the end.
  - Module 1: Finding a Common Mission
  - Module 2: Assessment (Defining the Problem)
  - Module 3: Planning
  - Module 4: Implementation & Evaluation
  - Module 5: Sustainability
- Includes a variety of tools, tips, and tricks, to help any community or group through the process.
Community Engagement Continuum

Things to think about when considering a Community Engagement process ...

**Considerations:***
- The process can be lengthier due to consensus building.
- Maintaining excitement can be difficult if the process is too slow.
- Gaining the involvement of the key players or unusual suspects is important, but at times difficult.
- Overcoming differences to find a common vision or goal.

**Results:**
- The results will be longer lasting due to a larger invested interest.
- Small, easy wins can build a great amount of momentum.
- Connections and trust is built among organizations/individuals.
- New leaders can be developed.
- Change is stronger and more powerful with invested interest from the community.

Source: Brad Gibbens, Deputy Director, Center for Rural Health, UND School of Medicine and Health Sciences
Module 1: Finding a Common Mission
The Foundation

Step 1: Organize your Community Engagement Process
Step 2: Assess and Develop your Partnership Network
Step 3: First full group meeting
Step 4: Setting Goals and Creating Vision
Step 5: Assess Resource Needs
Step 6: Going public!

Module 2: Assessment and Data Collection

Step 1: Gaps in Analysis and/or Knowledge
Step 2: Defining the Problem/Need
Module 2: Tools and Samples

Module 3: Community Planning

Step 1: Different Types of Plans

Step 2: Understanding the CHIP

Step 3: How to Run a Planning Meeting

Step 4: Resources

Step 5: Budget, Timeline and Delegation
Module 3: Tools and Samples

When writing your goal statement it should really have, at minimum, five (5) parts:
Reduce youth misuse of prescription drugs/alcohol in Greene County by 2016.

- Measurement
- Target Population
- Issue area/problem
- Location
- Time frame

Module 4: Implementation and Evaluation

Step 1: Who is Responsible?

Step 2: Where to begin?

Step 3: The START button!

Step 4: Tracking Evaluation
Module 5: Sustainability

Step 1: What does Sustainability really mean?

Step 2: Why does Sustainability matter?

Step 3: Who should be involved?

Step 4: Developing your Sustainability Plan

Let’s recap!

- Sustainability
- Evaluation
- Implementation
- Planning
- Assessment
- Foundation
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