Understanding the Drivers of Health in Rural Communities to Strengthen Rural Relevance of Programs, Policies, and Research

Communities Joined in Action Annual Conference April 24, 2019





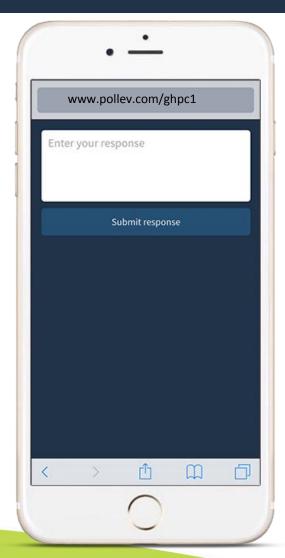
Today's Objectives

- Build a shared understanding of drivers associated with rural health challenges
- Reflect on how representatives from local, state, and regional levels can fully engage rural communities in the design of program, policy, and research initiatives
- Consider approaches used by rural communities to adapt and tailor efforts to fit local context and needs
- Identify opportunities to be leveraged to impact rural health





Participating with Poll Everywhere

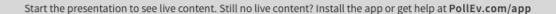


www.pollev.com/ghpc1
Or
Text GHPC1 to 22333 to join





One word that comes to mind when you think of rural.



Content Background

- GHPC's 20 years of rural experience
- Review of work of Rural Research Centers
- Topical research in the areas of:
 - Health Disparities
 - Economic Trends
 - Insurance Coverage
 - Healthcare Access
 - Rural Culture
 - Built environment
 - Education
 - Technology





Content Background

- **Jim Macrae**, Former Acting Administrator, U.S. Department of Health and Human Services, HRSA
- Judy Monroe, CEO, CDC Foundation
- Alan Morgan, Former CEO, National Rural Health Association
- **Tom Morris**, Associate Administrator, Federal Office of Rural Health Policy
- Gary Nelson, Executive Director, Healthcare Georgia Foundation
- George Pink, Professor and Sr Research Fellow, Sheps Center, UNC at Chapel Hill
- Rick Wilk, Regional Administrator HRSA Region V, Office of Regional Operations





GEORGIA HEALTH POLICY CENTER

Integrating research, policy, and programs to advance health and well-being

- Research center Andrew Young School of Policy Studies, Georgia State University
- Provides evidence-based research, program development, and policy guidance locally, statewide, and nationally
- Celebrated 20th anniversary in 2015
- Worked with over 1,000 community initiatives across U.S





GHPC Support to Communities

- Federal Office of Rural Health Policy
 - Tailored technical assistance provided to improve program strategies, build local system capacity, and sustain collaboratives and services
- National Coordinating Center: RWJF Bridging for Health
 - Financing innovations for population health
- Center of Excellence in Child and Adolescent Behavioral Health
 - Workforce development, data utilization, evaluation
- SCALE Initiative
 - Support communities to develop capability to improve health and spread effective community-driven approaches to build a Culture of Health
- Georgia SHAPE Program
 - Sustainability of school physical activity and nutrition programming
- Georgia APEX Program
 - School-based mental health programs







Where we work





FEATURED

Rural Texas hospitals closures a rising concern

From Staff Reports Aug 19, 2017



Daily Sun FILE photo



Members of Arizona's Sonoito Eigin Fire Department participate is a training exercise in the desert. Photo via the University of Arizon Center for Rural Healt

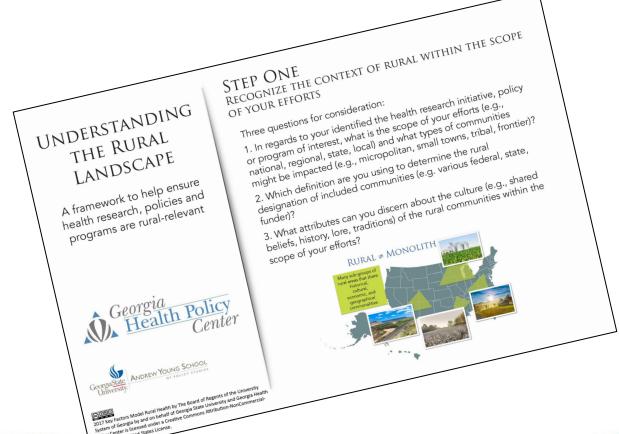
WHILE LOWER IN HEALTH RANKINGS, RURAL COUNTIES STILL HAVE ADVANTAGES

By Tim Marema | November 15, 2017 | Print article

The annual County Health Rankings show that smaller communities are more likely to score near the bottom of the pack in certain health measurements. But small communities' personal relationships and informal structures can be a strength when it comes to working on health policy, says a community health organizer.

MISSING THE MARK: THE NEED FOR RURAL-RELEVANT PROGRAMS, POLICIES AND RESEARCH

A Framework for Understanding the Rural Landscape



3 Step Process

- 1. Recognize context of rural within scope of efforts
- 2. Consider influence of key rural factors in planning
- 3. Consider impact of macro-trends, system strengths and challenges





Rural Assets

- There are important strengths that lead to innovation in rural settings. These include:
 - The resilience of rural communities as they work hard to solve their own problems.
 - While they may have fewer people in numbers, the community often has a collaborative, multidisciplinary approach to solutions.
 - Learning lab for translating evidence-based practices into rural settings and for cultivating approaches that work in lower-resourced communities





Is this Rural?







Pop. 196,741 (2014)

Pop. 5,331 (2014)

Pop. 19,211 (2015)

No

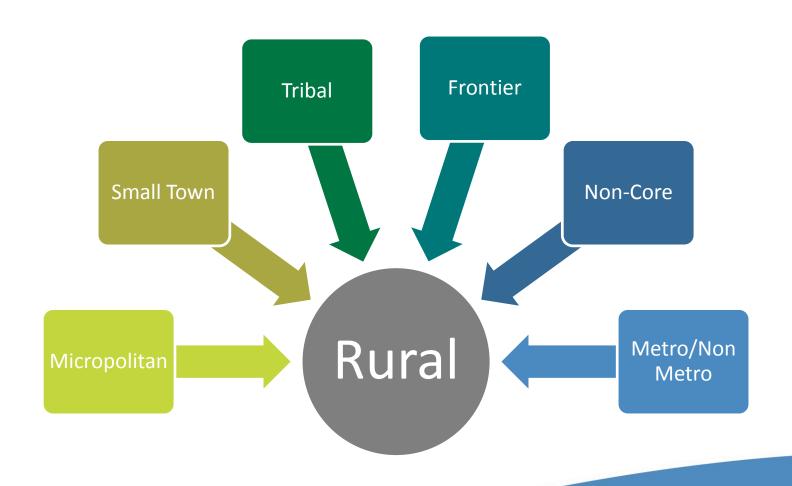
Yes

It Depends





CLASSIFICATION TYPES







Rural ≠ Monolith

Many sub-groups of rural areas that share historical, cultural, economic, and geographical commonalities



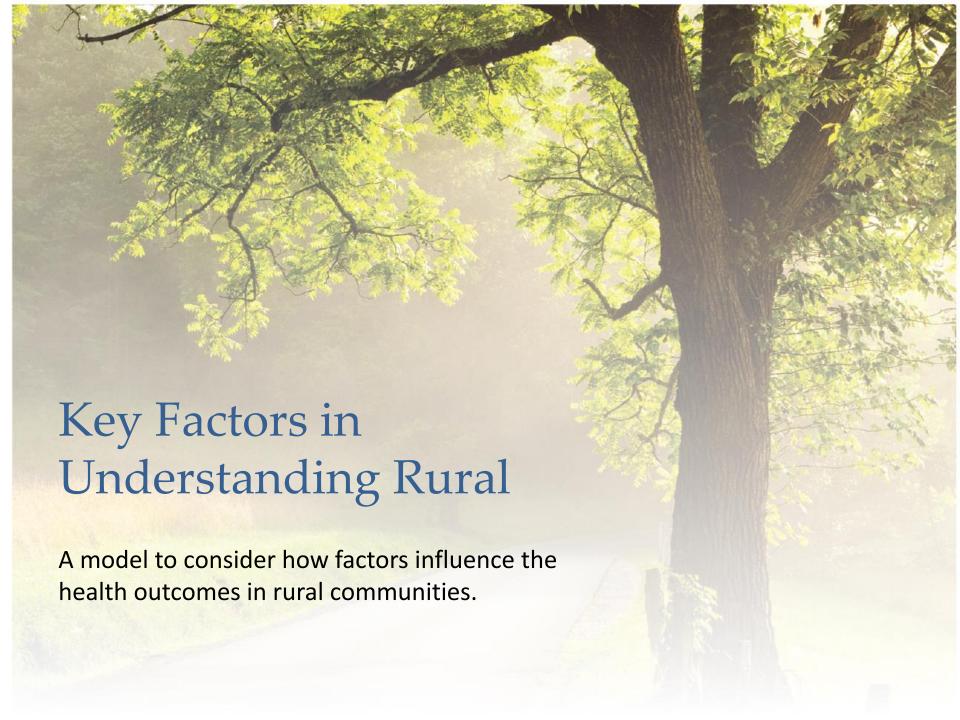




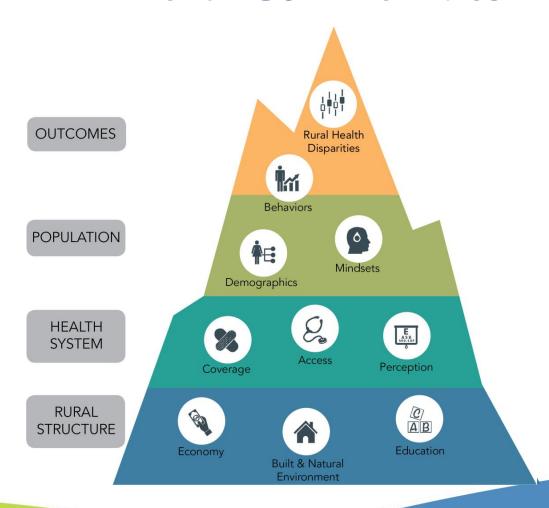








A Model Of Key Factors Affecting Rural Communities

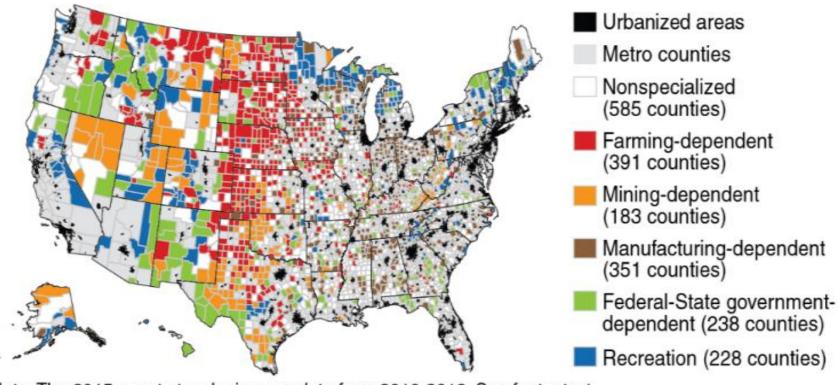






The Economy

Rural counties vary in their economic structure with marked regional differences



Note: The 2015 county typologies use data from 2010-2012. See footnote 1.

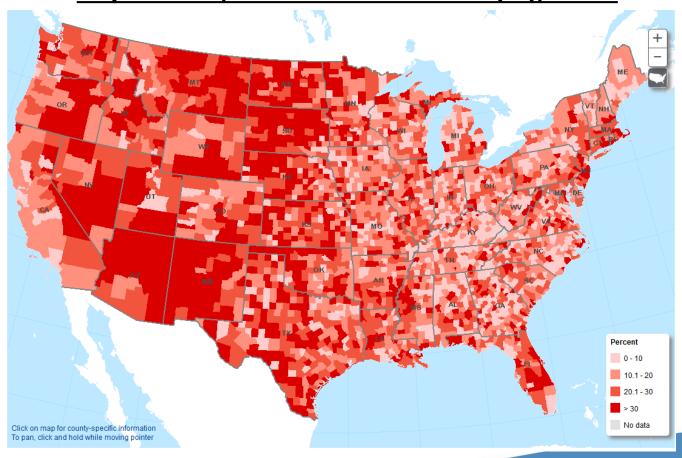
Source: USDA, Economic Research Service using data from the Bureau of Economic Analysis.





Built & Natural Environment

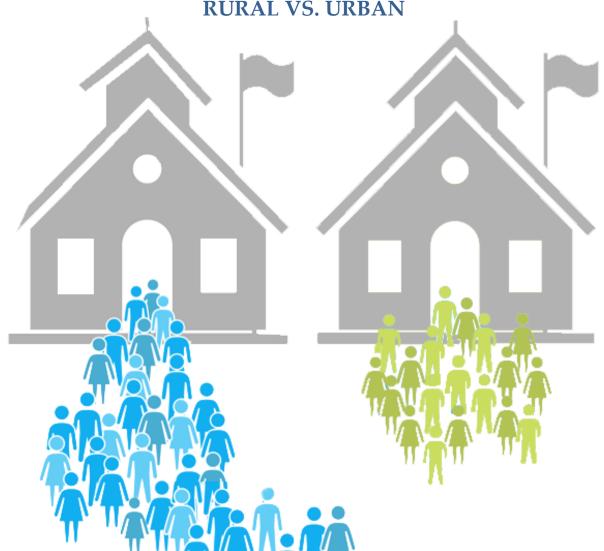
Population, low access to store (%), 2015





EDUCATION

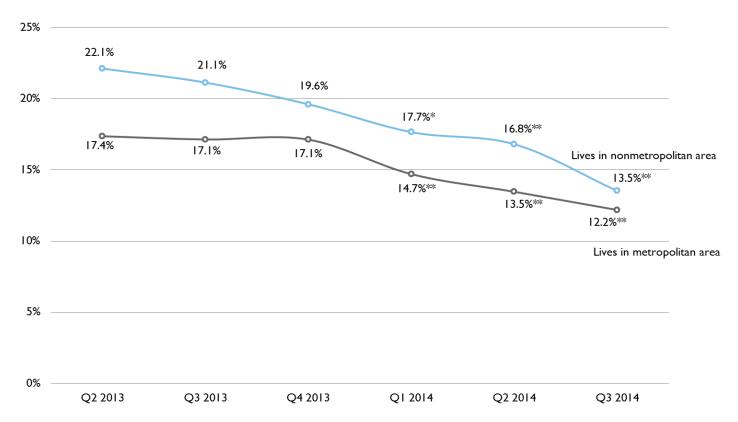
U.S. COLLEGE COMPLETION GAP, RURAL VS. URBAN



Marré, A. (2017). Rural education at a glance, 2017 edition. *Economic Information Bulletin*, 171, 1-6.

Health Care Coverage

Figure 1. Trends in Uninsurance for Adults Ages 18 to 64, by Residence in a Metropolitan Area, from Quarter 2 2013 to Quarter 3 2014



 ${\it Source: Health \ Reform \ Monitoring \ Survey, quarter \ 2\ 2013\ through\ quarter \ 3\ 2014.}$

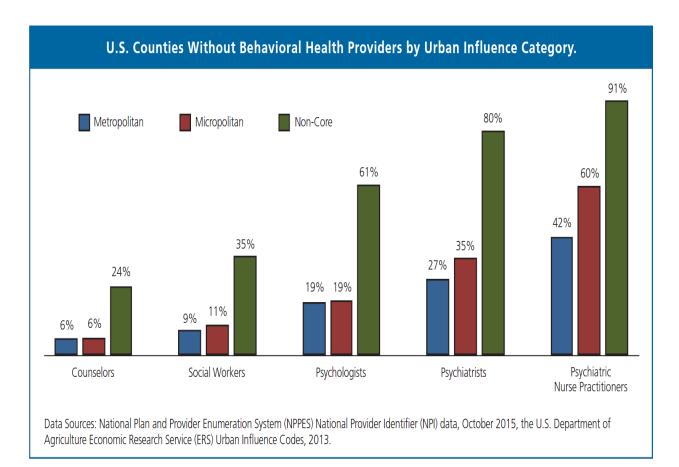
Note: Estimates are regression adjusted.

*/** Estimate differs significantly from quarter 3 2013 at the 0.05/0.01 levels, using two-tailed tests.





Access to Health Care



Source: WWAMI Rural Health Research Center. Supply and Distribution of the Behavioral Health Workforce in Rural America. Data Brief #160, September 2016.





Perception versus Reality

- Perceptions of:
 - Rural setting
 - Rural health care system







Demographics

- Rural residents on average:
 - Older
 - Higher poverty
 - Less diverse
 - Lower educational attainment (post-HS)
 - Lower earning potential





Mindset

"mindset" {noun}

a set of beliefs or a way of thinking that determines one's behavior, outlook and mental attitude.

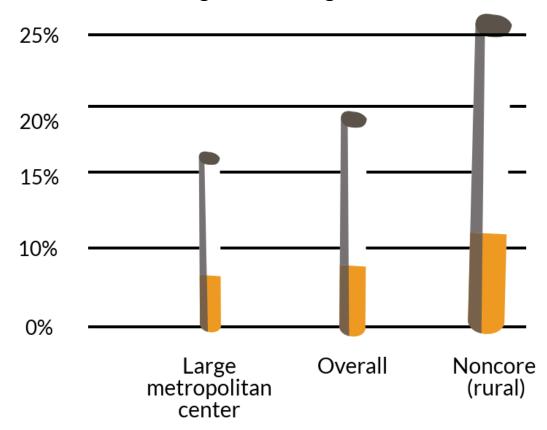
- Shared values and culture
- Self-reliant
- Community oriented
- Cautious of outsiders





BEHAVIORS

Smoking rates are higher in rural areas.

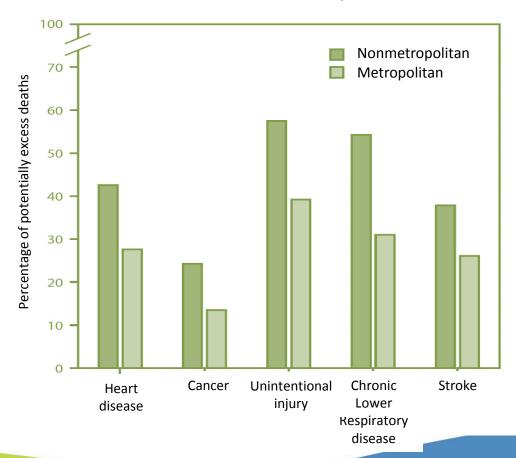






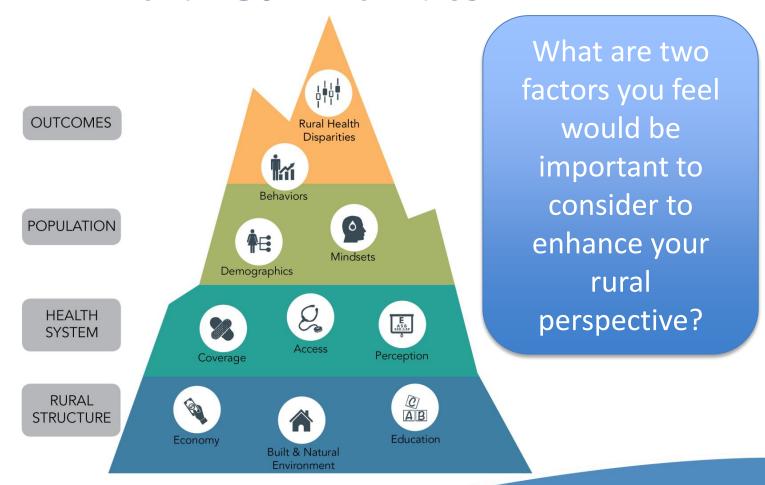
RURAL HEALTH DISPARITIES

Percentage of potentially preventable deaths for the five leading causes of death in rural and urban areas, United States in 2014.





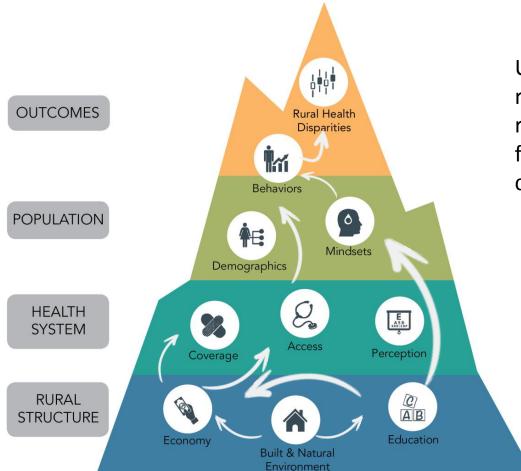
A Model Of Key Factors Affecting Rural Communities







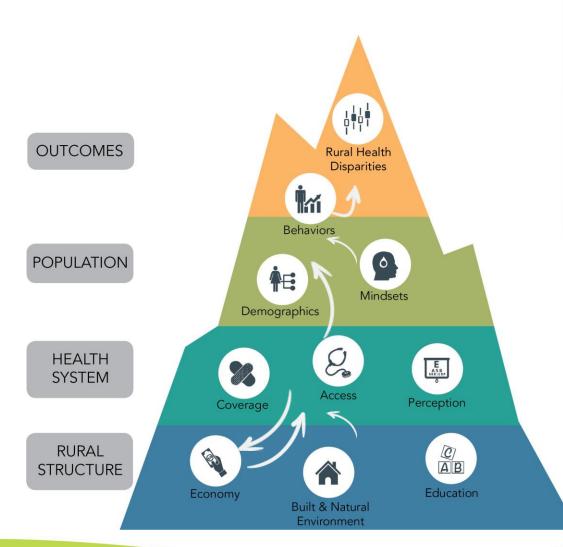
Interconnectivity



Understanding the rural landscape requires the ability to recognize the relationships among the key factors for the given scope of rural communities.





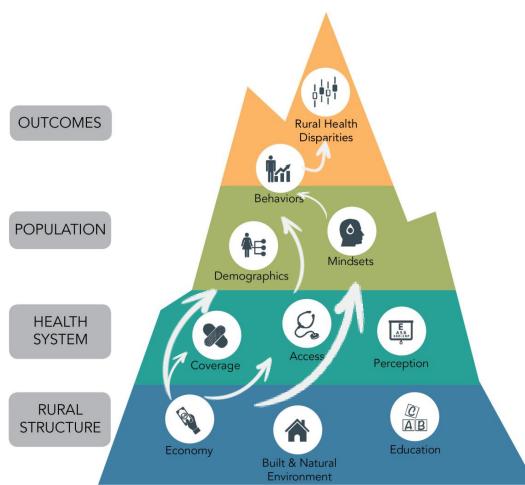




"Feedback Loop"









"Time to Impact"







Macro-Trends in Rural America

Shortage of skilled workers

Technological
Advances
and
Disruptions

Perceptions

Impact of
Federal
Policies
and
Programs

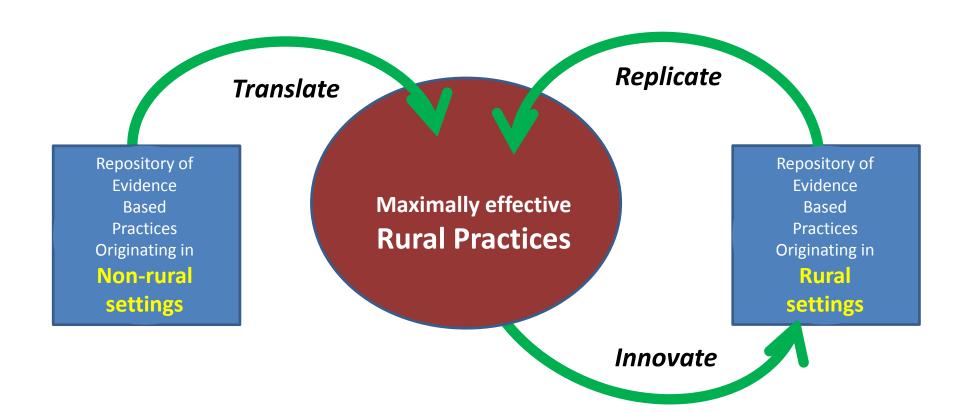




Innovating in Rural

Types of Adaptations	Examples
Program Content	Adjustments to time period to increase participation and retention
	Additional focus areas/ services added to existing program to maximize impact
	Alignment of approach/strategies with federal/state policies
Modes and Setting	Delivery of programs/services
	Location of where services received
Addition of Wrap-around Components	Convening of collaborative cross/sector partnerships
	Focus on coordination and follow-up tailored to individual needs

Three critical pipelines...







3 Step Framework

UNDERSTANDING THE RURAL LANDSCAPE

A framework to help ensure health research, policies and programs are rural-relevant





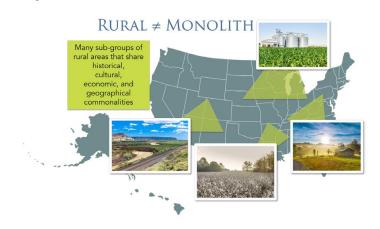
2017 Key Factors Model Rural Health by The Board of Regents of the University System of Georgia by and on behalf of Georgia State University and Georgia Health Policy Center is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 3.0 United States License.

STEP ONE

RECOGNIZE THE CONTEXT OF RURAL WITHIN THE SCOPE OF YOUR EFFORTS

Three questions for consideration:

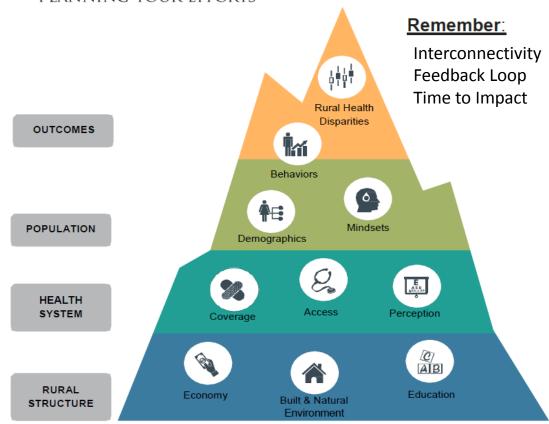
- 1. In regards to your identified the health research initiative, policy or program of interest, what is the scope of your efforts (e.g., national, regional, state, local) and what types of communities might be impacted (e.g., micropolitan, small towns, tribal, frontier)?
- 2. Which definition are you using to determine the rural designation of included communities (e.g. various federal, state, funder)?
- 3. What attributes can you discern about the culture (e.g., shared beliefs, history, lore, traditions) of the rural communities within the scope of your efforts?



3 Step Framework

STEP TWO

CONSIDER THE INFLUENCE OF RURAL KEY FACTORS IN PLANNING YOUR EFFORTS



STEP THREE

CONSIDER THE IMPACT OF MACRO-TRENDS, SYSTEM STRENGTHS AND CHALLENGES

1. How are macro-trends shaping key factors in rural communities and how might that impact the design of your research, policy or programs?

Macro-trends:

- Shortage of skilled workers
- Perceptions of rural communities
- Disruptive technology
- · Impact of federal programs
- 2. How do system strengths and challenges of rural communities impact the design of your research, policy or programs?



Reflection

Given your particular vantage point, what does this content spark for you as you think about ensuring the rural relevance of your work?

- Implementer?
- Researcher?
- Policymaker?
- Funder?





Questions/Comments?







THANK YOU!

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