Improving Population Health: The Challenge in Rural Communities

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The National Academy of Medicine
Washington, DC
May 17, 2018
Learning Objectives

• Understand the population health challenges facing rural communities
• Explore the rural health care and public health infrastructure in rural areas
• Identify the challenges to undertaking strategies to improve population health
• Review the role of rural hospitals in leading collaborative population health improvement strategies
Population Health – A Unifying Link

Population Health

Community Benefit

Hospital Accountability

Accountable Care
Limited Pathways and Resources

• Roots of rural poverty – Cynthia Duncan 1999
  • Chronic poverty represents long term neglect and a lack of investment in rural people and communities
  • Deliberate effort to hold people back to control workers and keep them powerless, exclusion from having aspirations of getting beyond their situations
  • Examples – Appalachian coal industry/Southern plantations

• Key pathways out of poverty – education, mentoring, examples of pathways out, day to day relationships,
  • Example – Northern New England paper companies
Disparities Experienced by Rural Areas

- Rural areas suffer from a variety of health and socio-economic disparities
  - Greater sense of stigma
  - Higher sense of isolation and hopelessness
  - Lower education rates
  - Higher rates of poverty
  - Fewer opportunities for employment
  - Higher rates of chronic illnesses
- Influence of cultural, ethnic, religious differences
Burdens of Rural Illness

• High mortality rates: infants, children/young adults, working age adults
• Condition-specific mortality often significantly higher
• Chronic conditions
• Functional status
• Accidents
• Mental health issues
• Behaviors: smoking, alcohol, drugs (including opioids)
• Environment and occupation
• Access to insurance, healthcare, preventive services, and public health

Source: M. Meit et al. The 2014 Update of the Rural-Urban Chartbook, NORC
 Infrastructure Challenges of Rural Areas

• Sparsely populated rural areas isolated from population centers and services create challenges in providing access to health care and public health services

• Rural providers face higher costs than urban providers, due to the lower volume of patients served

• Significant challenges in recruiting/retaining providers and other qualified staff

• High rates of staff and leadership turnover

• Declining population growth

• Infrastructure and resource issues
Barriers

- Volume-based reimbursement system does not provide funding for population health initiatives
- Transition from volume-based to population health reimbursement – taking place very slowly
- Determining which population health factors hospitals can address with their limited resources
- Limited financial, technical, human, and data resources
- Lack of collaborative partnerships with community organizations and providers
Provider/Hospital Accountability

• Shifting focus from volume to value encourages hospitals to re-conceptualize their missions:
  • Transformation programs - hospitals assume risk for the health and health care costs of an enrolled population
  • Evolution of traditional community benefit programs into strategies for improving community health
  • If integrated and aligned, the two paths to hospital accountability can build on and support each other
HRET: Community Responsive Hospital

• Expanding from delivery of medical care to role of hospital in the following:
  • Community issues (substance abuse, domestic violence)
  • Critical health issues (oral health, mental health, obesity)
  • Health care equity (barriers to access, health disparities)
  • System barriers (limited public health infrastructure)
  • Community's role in process (involve residents in addressing above issues, reducing risky behaviors)

From: Where Do We Go from Here? The Hospital Leader’s Role in Community Engagement (2007) by the Health Research and Educational Trust.
Health Partners Drivers Program

Redefining the Blue H – 2014

• Washington Department of Health and Washington State Hospital Association

• Objectives:
  • Ensure access to prevention, 24/7 ER, primary care, behavioral health, oral health, long term care, home care, hospice, social services
  • Enable aging in place
  • Address rural health disparities
  • Achieve the triple aim in rural communities
What Hospitals Put Into and Get Out of Community Engagement

- Increased Utilization of Services
- Buy-In
- Community Engagement Strategy
- Solid Base for Advocacy
- Alignment with New Payment Incentives
- Strong Partnerships

Better Community Health
Redefining the Blue H – Strategies

• Promote comprehensive local community assessment, planning, and system development
  • Traditional health care and “non-traditional partners – schools, employers, economic development agencies
  • Align incentives and plans
  • Develop tools for community engagement and planning
  • Incorporate patient navigator concepts
  • Require joint assessment and planning for DOH programs
Rural Hospital and Community Strategies

• Build on Access Initiatives
• Coordinate and health prevention initiatives
• Share relationships
• Address determinants of health
• Exchange and use information for CHNAs
Recommendations

• Adopt a more holistic approach
  • Not all population health activities must be charitable or community benefit activities

• Target essential services needed in community
  • Mental health, primary care, oral health

• Develop program targeting hospital employees
  • Expand to other local employers

• Address needs of uninsured patients
  • Improve access to services, improve care management, link to primary care, revise financial eligibility standards to align with local needs
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