

# *Improving Population Health: The Challenge in Rural Communities*

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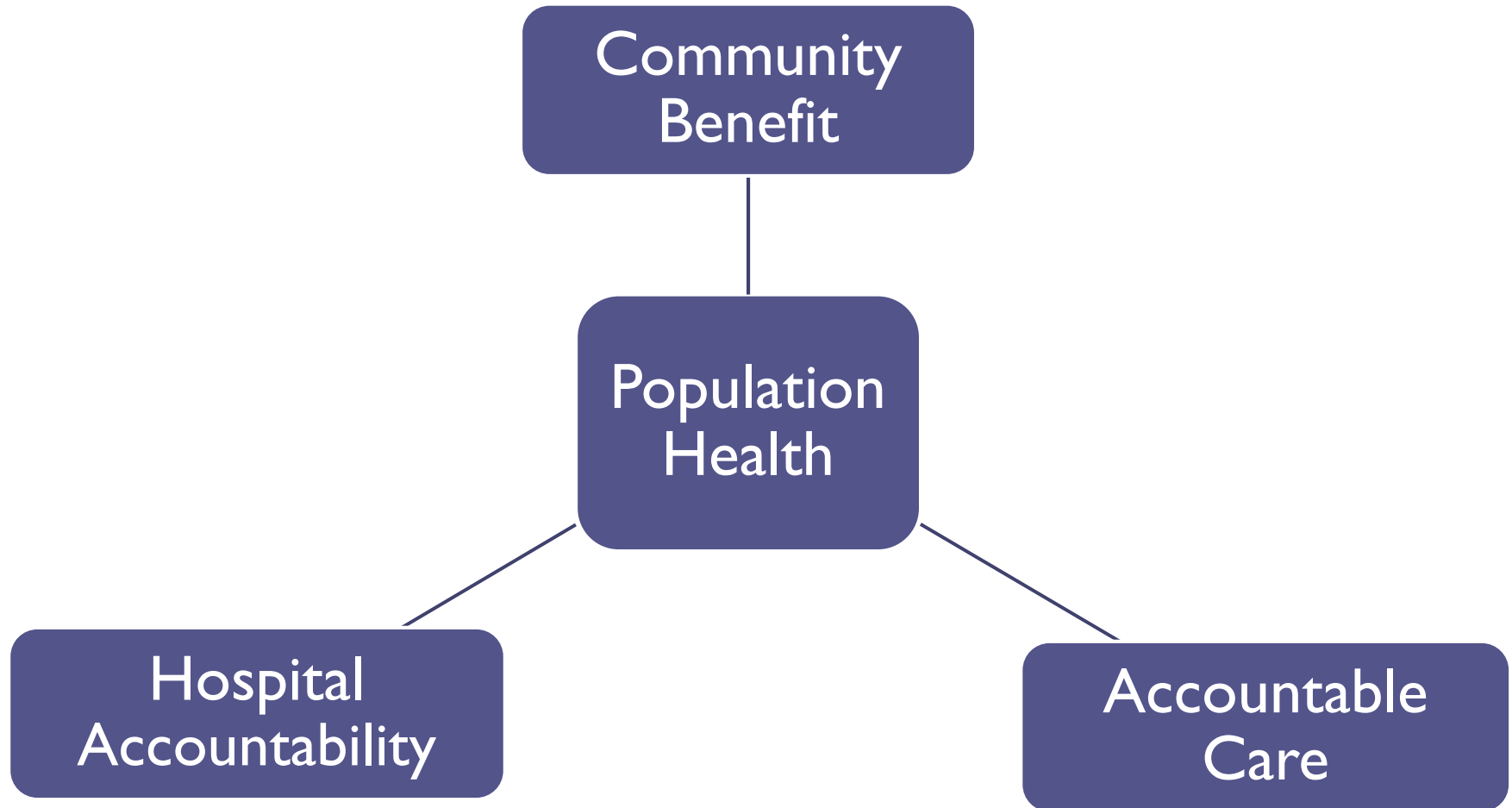
Muskie School of Public Service



# 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



# 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

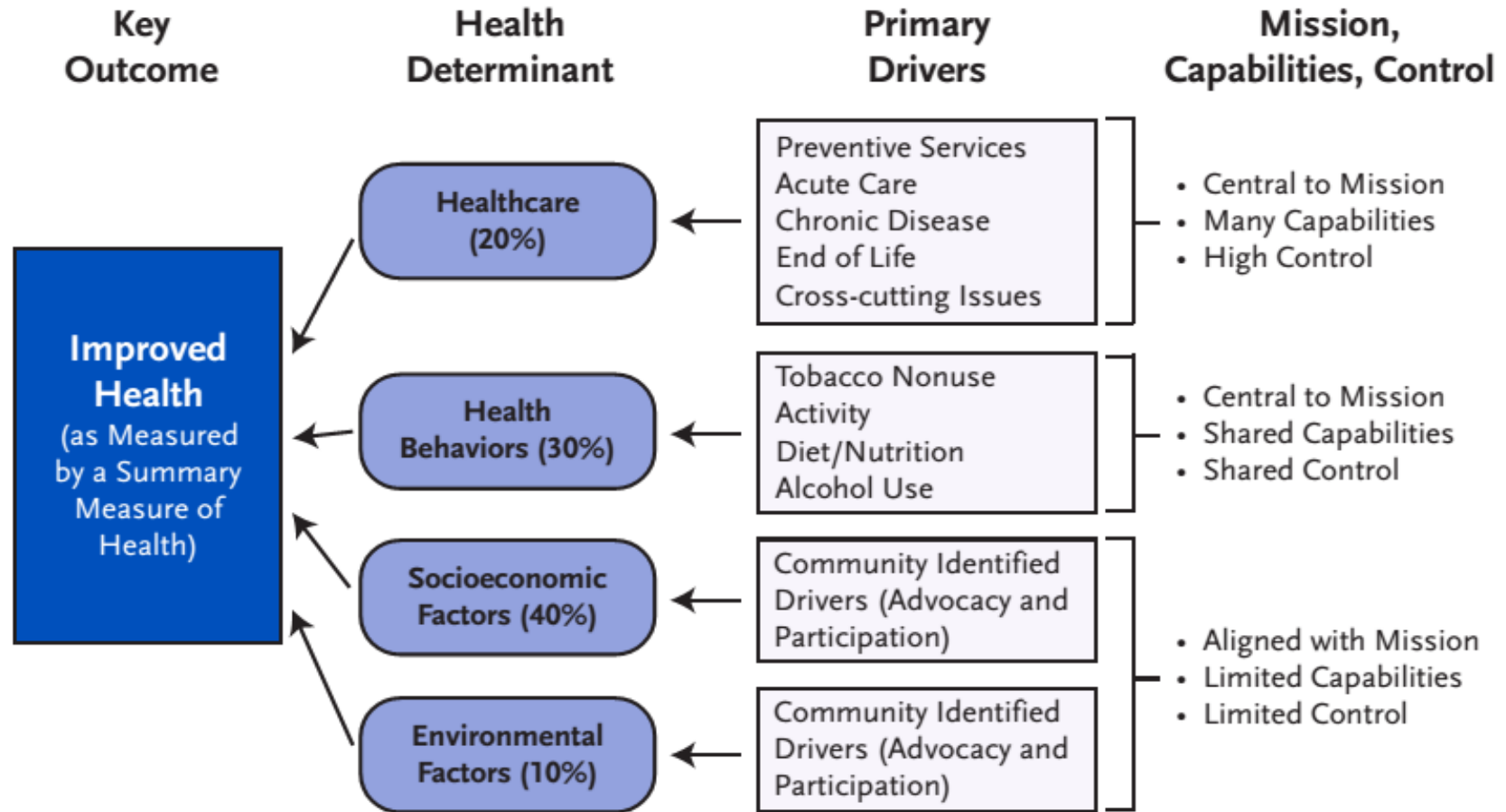
- Shifting focus from volume to value encourages hospitals to re-conceptualize their missions:
  - Transformation programs - hospitals assume risk for the health and health care costs of an enrolled population
  - Evolution of traditional community benefit programs into strategies for improving community 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.

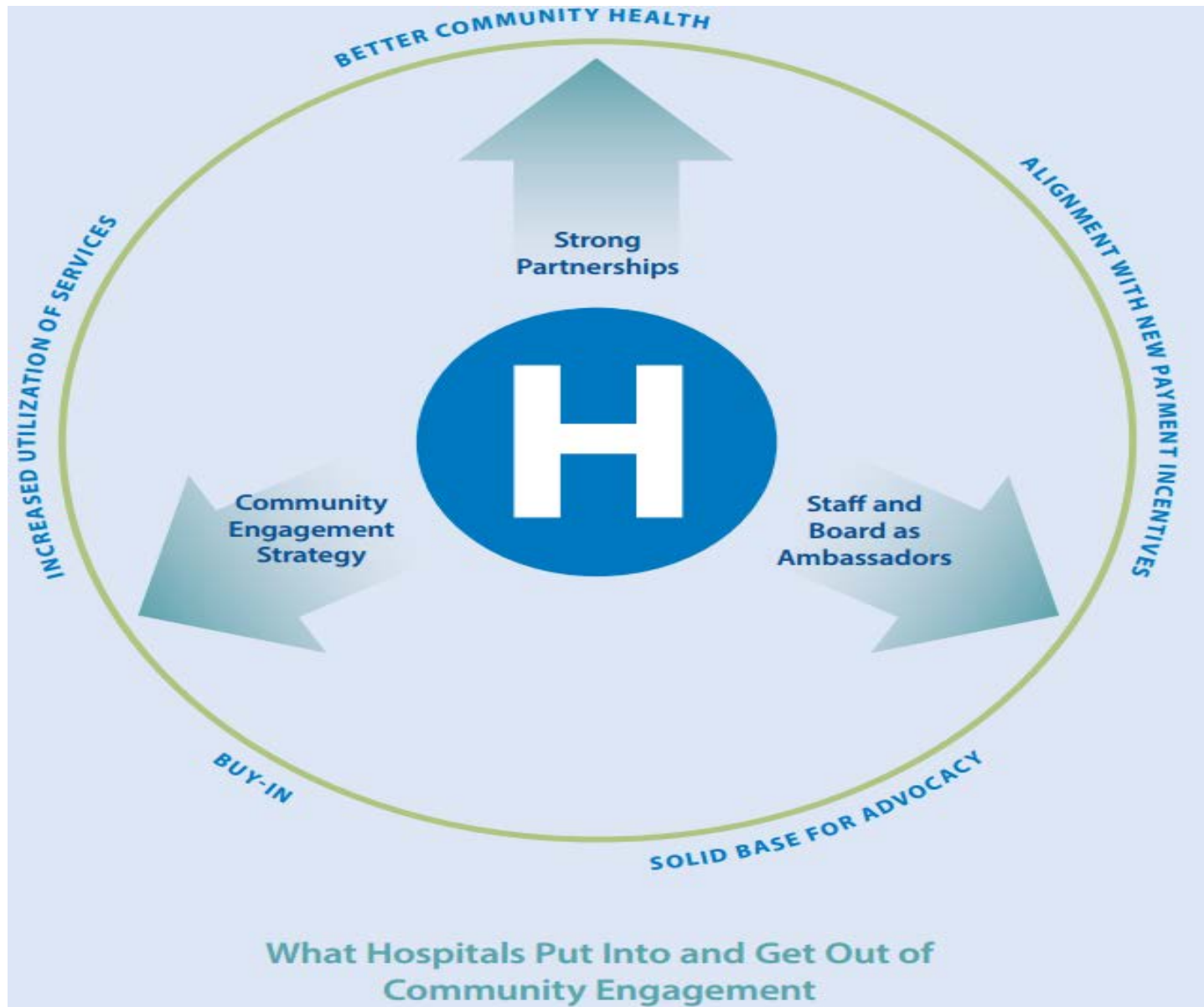
# Health Partners Drivers Program



**Source:** Kindig, D.A., & Isham, G. (2014). Population health improvement: A community health business model that engages partners in all sectors. *Frontiers of Health Services Management*, 30(4), 3-20.

# 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



# 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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