



Healthcare and social services in rural communities as infrastructure and incubator of development

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INTRODUCTION



- We live in an era of ever increasing expectations: people demand the services they want, when they want them and where they want them
- Anything short of meeting those expectations means people can and will move
- So if we are supporting policies to *build* and then *sustain* rural areas, we must assure the services are available and coordinated
- While still including services for long time residents
- And meeting the needs of the service delivery sector

THE OLD WAY



- Doctor with horse and buggy
- Small hospital where doctor could see patients
- Volunteer associations providing support services
- People and neighbors found their way to the institutions of care



AN INTERMEDIATE CHANGE



- Growth in physician practices
- Hospitals become more technologically advanced
- Payment systems in US changed to support small rural providers
- EMS becomes available and transitions to clinical service
- Spread of public health departments
- Health care emerges as a sustainable economic engine

EMERGING IN THE 21ST CENTURY



- A national focus on rural health issues
- With an important twist provided by the Institute of Medicine to focus on community health
- A backdrop of dual policy pressures related to evidence of high quality care and reductions in health care expenditures
- Recognition of economic contribution: Rural Health Works projects

SPECIFIC ANALYSIS: RURAL HEALTH WORKS PROJECTS



- National program support
- Local analysis
- State analysis
- More than documenting the obvious



EXAMPLES OF RURAL HEALTH WORKS ANALYSIS



The obvious (hopefully) – Economic vitality

- Health care contributes jobs

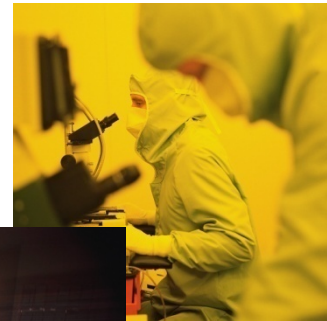
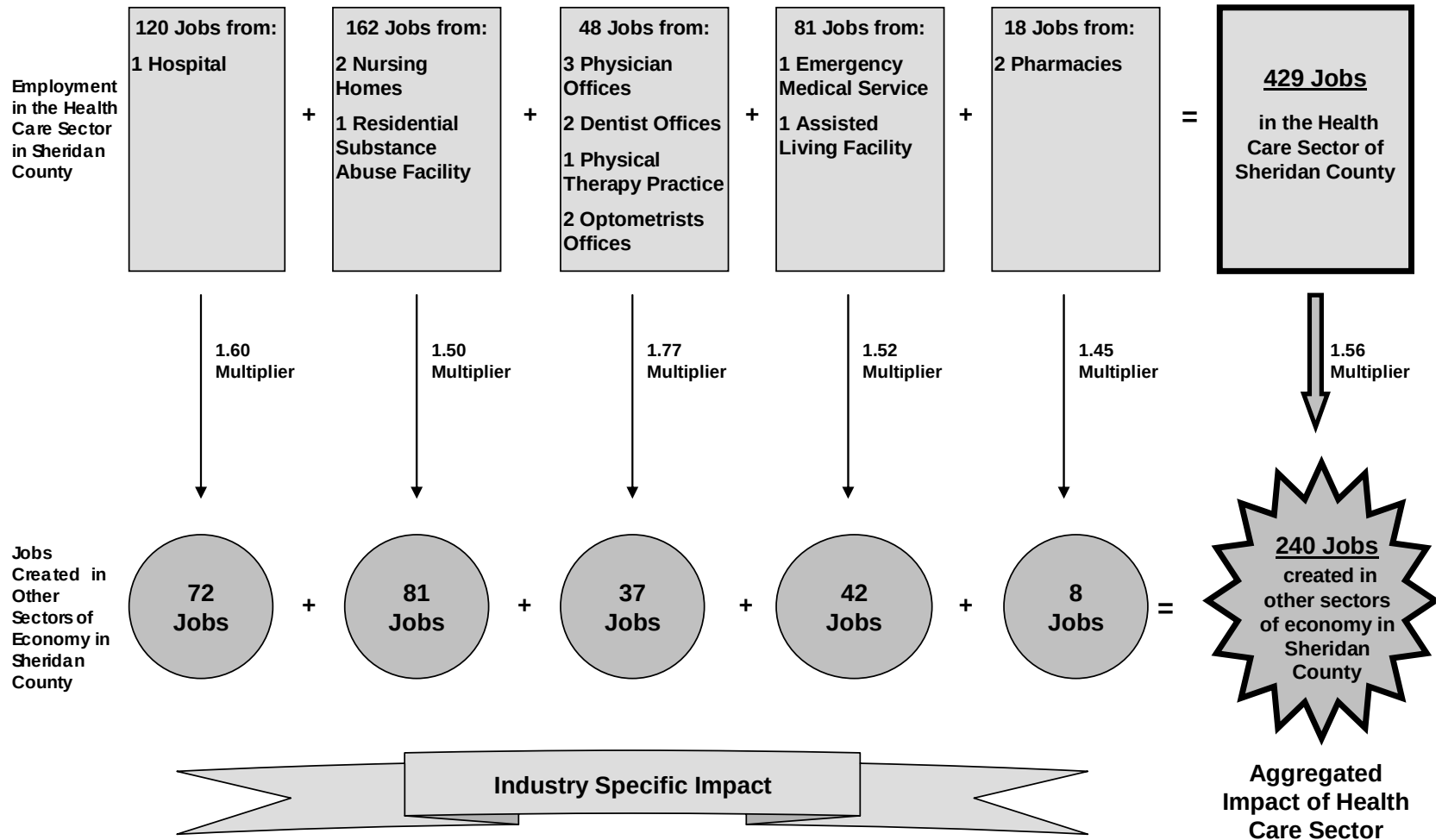
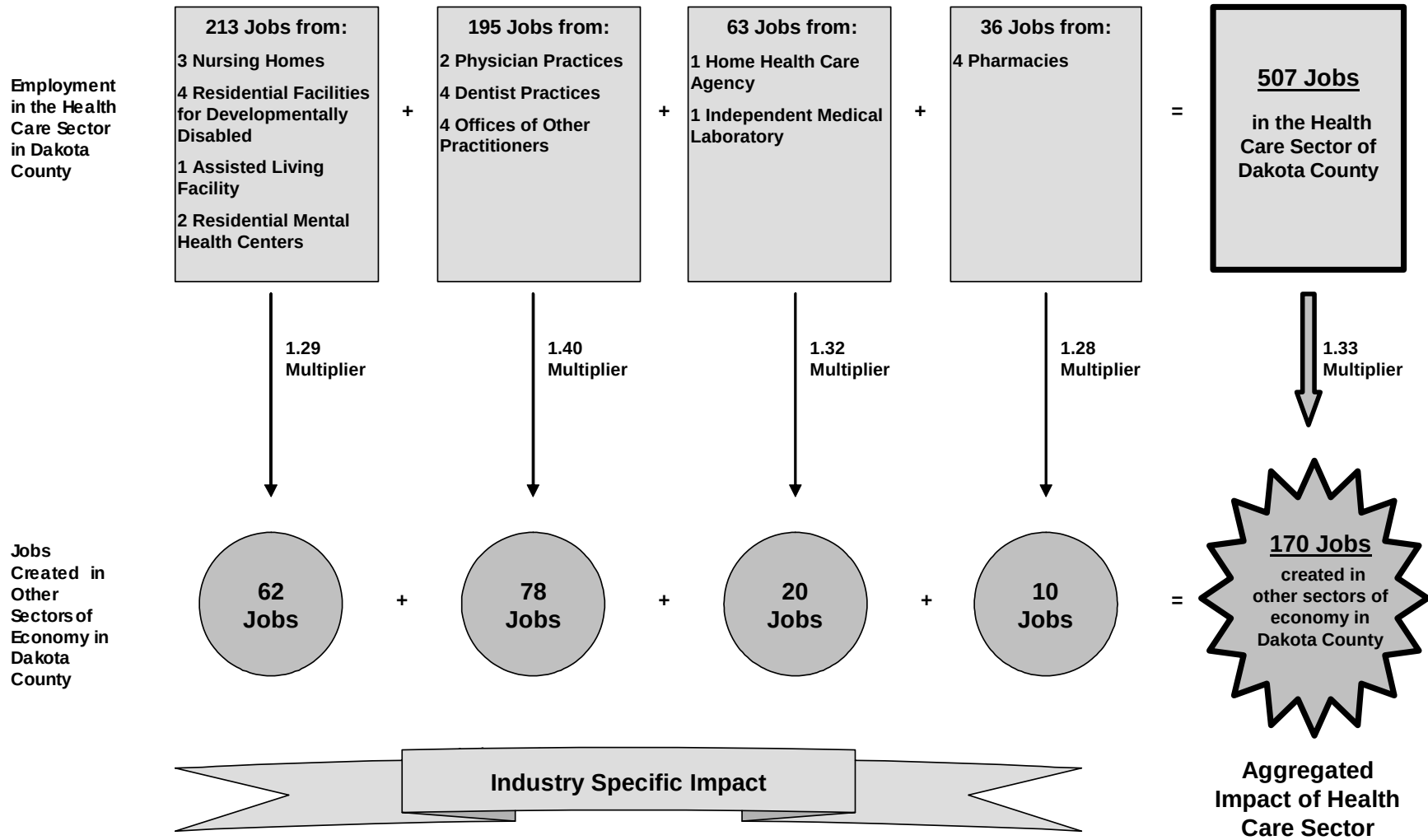


Figure 2. The Economic Impact of the Health Care Sector on Employment in Sheridan County, Nebraska



Sources: IMPLAN Data 2000. Minnesota IMPLAN Group, Inc. 2003. U.S. Census Bureau County Business Patterns, 2000. <http://www.census.gov/prod/www/abs/cbptotal.html>. Community Health System Assessment Survey, Nebraska Center for Rural Health Research, UNMC, July, 2002.

Figure 2. The Economic Impact of the Health Care Sector on Employment in Dakota County, Nebraska



EXAMPLES OF RURAL HEALTH WORKS ANALYSIS



The obvious (hopefully) – Economic vitality

- Health care contributes jobs
- Health care contributes dollars



Figure 4. The Impact of the Health Care Sector on Economic Output in Seward County, Nebraska

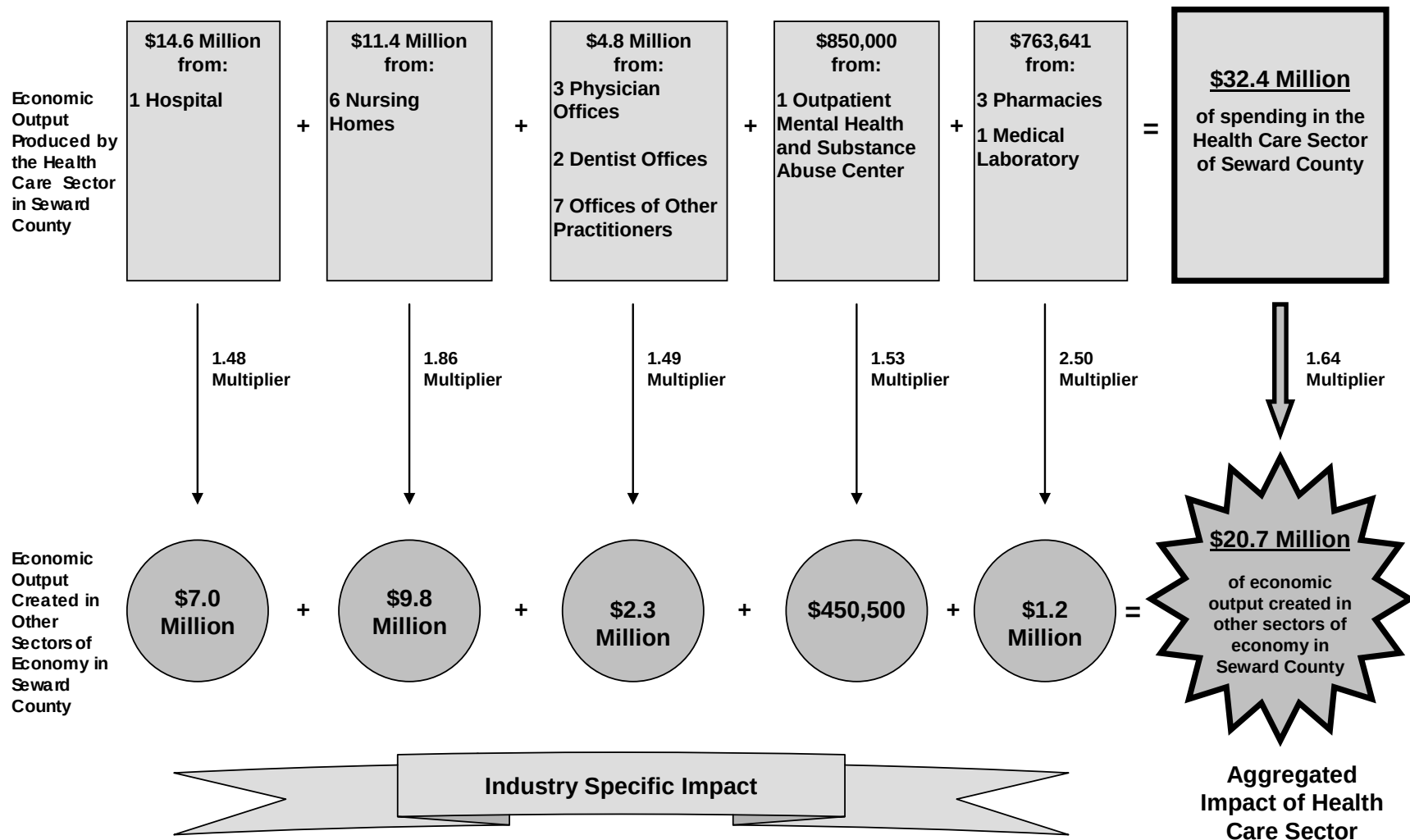
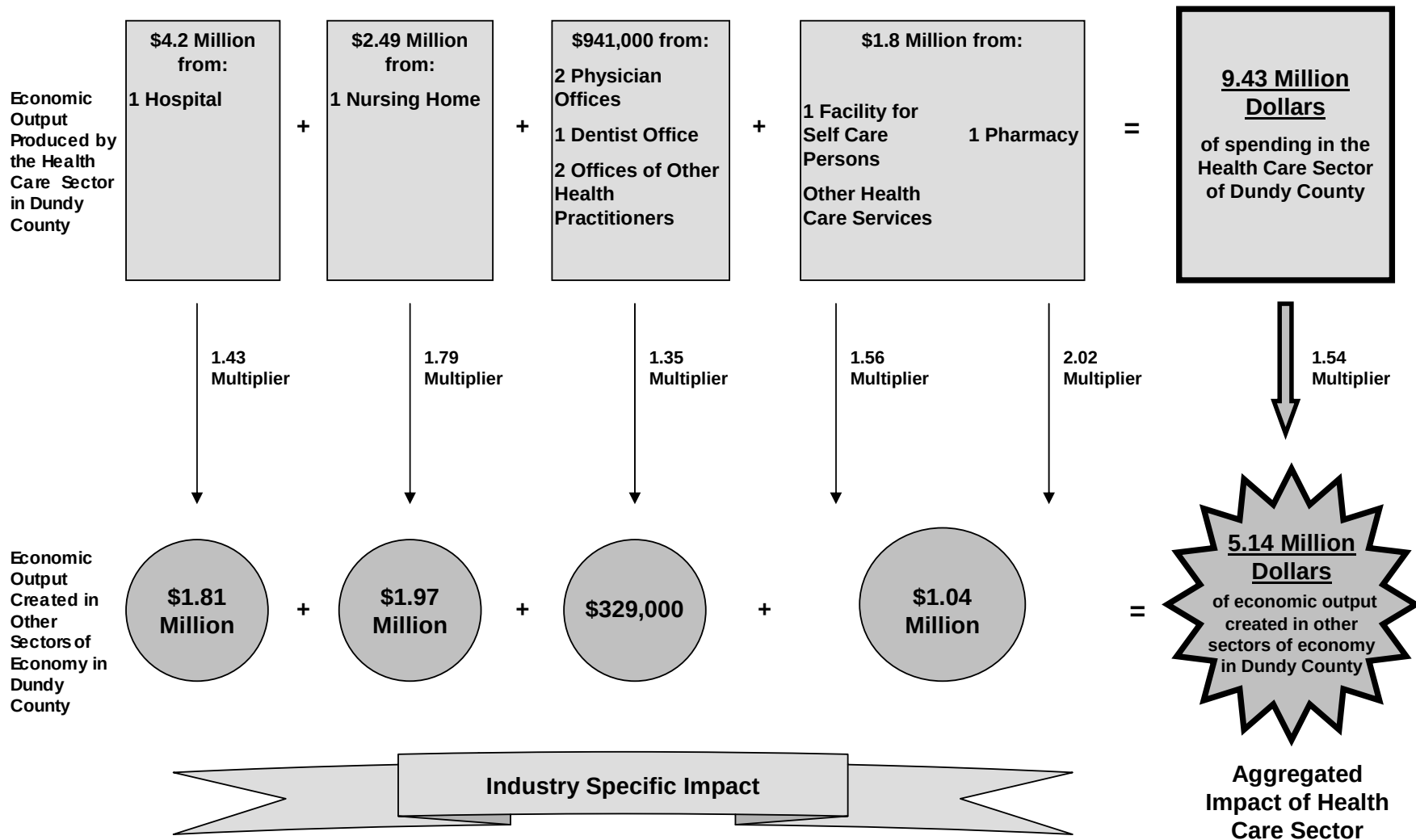
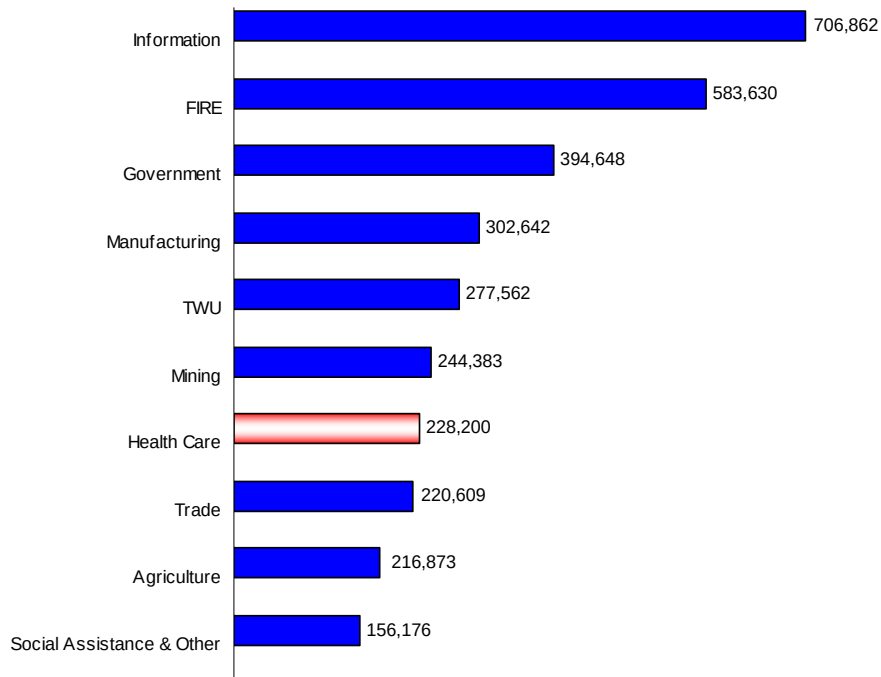


**Figure 4. The Impact of the Health Care Sector on Economic Output in
Dundy County, Nebraska**



Statewide analysis of the impact of health care: jobs

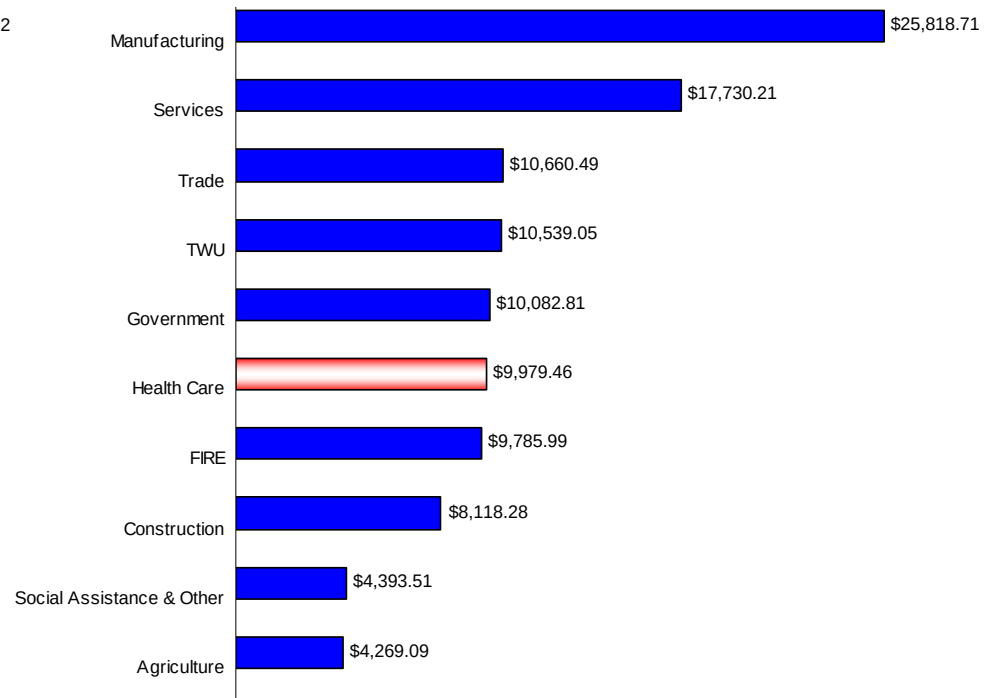
Figure 1. Overall Job Creation, Nebraska 2002
(Direct and Indirect Impact)



TWU: Transportation, Warehousing, and Utilities

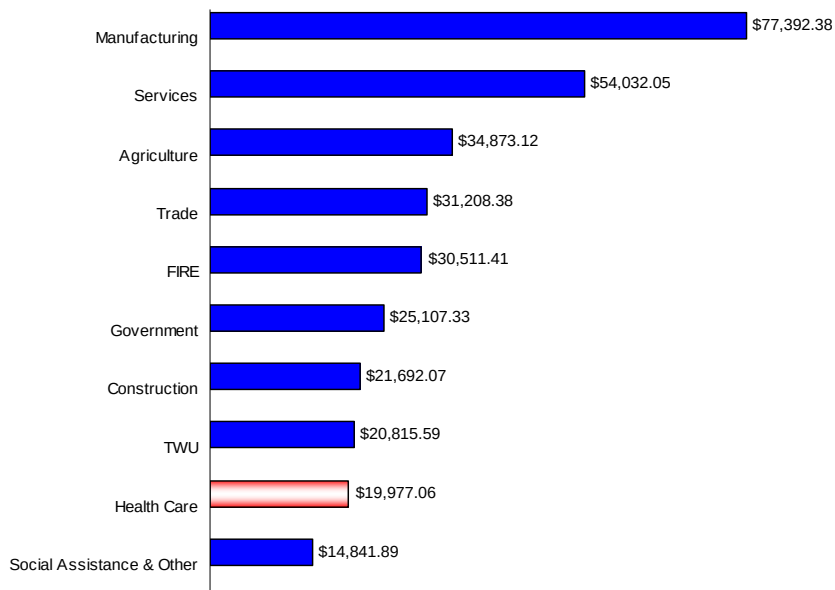
FIRE: Financial, Insurance, Real Estate

Figure 2. Overall Income Earned, Nebraska 2002
(Direct and Indirect Impact, in Millions)



Statewide analysis of the impact of health care: dollars

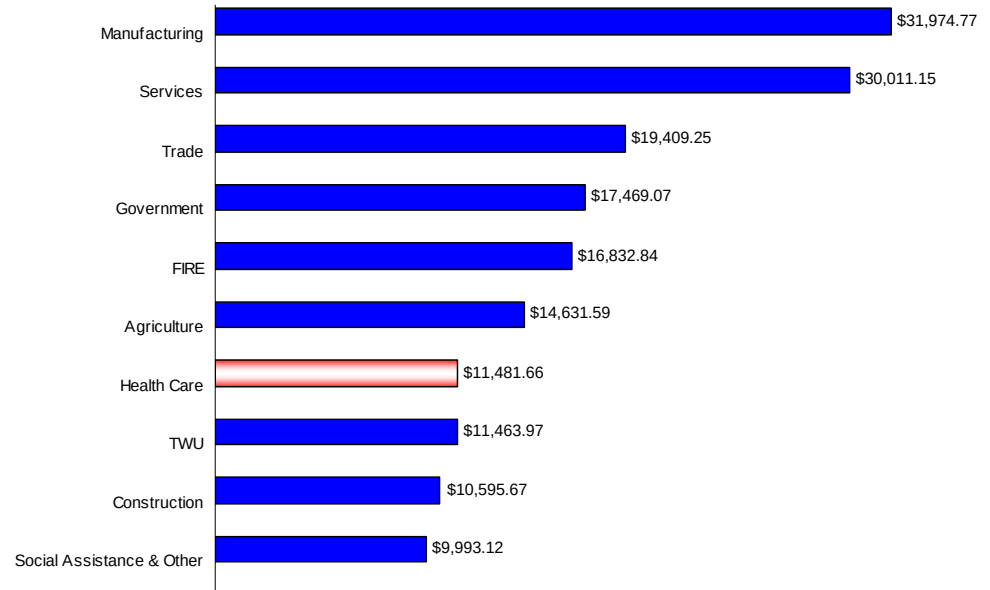
Figure 3. Output Produced by Industry, Nebraska 2002
(Direct and Indirect Impact, in Millions)



TWU: Transportation, Warehousing, and Utilities

FIRE: Financial, Insurance, Real Estate

Figure 4. Overall Contribution to the Gross State Product, Nebraska 2002
(Direct and Indirect Impact, in Millions)



BUT HEALTH CARE IS MORE THAN AN EMPLOYER AND PURCHASER



- *Who* the sector employers
- *What* the sector delivers
- *Role* of sector and employees in social capital
- *Integration* of health care and social services into total planning process

STILL NEEDED FOR THE 21ST CENTURY



- New thinking about who is being served
- Linkages within regions to provide service in competitive posture
- Effective use of new technologies
- Providing services
- Integration of rural services with services across the continuum elsewhere

CONCEPT OF CONTINUUM OF CARE AND IMPLICATIONS FOR LOCAL SERVICES

Care across the continuum

Stage 1
***Personal
Behavior***

Stage 2
***Emergency
Primary
Care***

Stage 3
***Routine
Specialty
Care***

Stage 4
***Inpatient
Care***

Stage 5
***Rehabilitative
Services***

Stage 6
***Long-term
Care***

Stage 7
***Palliative
Care***

General rules in using the continuum



- Not linear
- Not all local
- Not exclusively clinical care, nor even health care services
- Hence multiple responsibilities of multiple parties



Overview of how to conceptualize stages



- Timeliness
- Place
- Provider



Importance of creativity



- Broad circle of providers
- Overlapping circles of others in the community, such as housing advocates, education, human services
- Changes over time because of changes in service delivery modalities
- Roles of patients and providers shift across the continuum

The stages of the continuum



- | | |
|----------|----------------------------|
| Stage 1: | Personal Behavior |
| Stage 2: | Emergency and Primary Care |
| Stage 3: | Routine Specialty Care |
| Stage 4: | Inpatient hospital care |
| Stage 5: | Rehabilitative Services |
| Stage 6: | Long-term care |
| Stage 7: | Palliative care |

Can it be Done?



- Is in Whatcom County, Washington
 - Pursuing Perfection Initiative project
 - Patient-centered system
 - Breaks down boundaries between stages
 - Teams that include patients
 - Care-coordination through agreed-upon protocols
 - Health information to support clinical decision-making
 - Patient self-management

Continued



- If undertaken LOCALLY
- If there is STAKEHOLDER BUY-IN
- If there is COMMITMENT TO PROCESS
- If there is COMMUNITY ENGAGEMENT
 - Commitment to using services



OPPORTUNITY: 21ST CENTURY TECHNOLOGY MEETS NEEDS OF 21ST CENTURY RURAL RESIDENTS

- Telecommunications: remote pharmacy, radiology, dermatology, mental health and substance abuse
- Information systems: integrated care (complete care in Thayer County, NE)
- High quality care: monitoring, improving and proving
- Diffusion of knowledge and teams of experts

REQUIRES NEW APPROACHES

Within the health care sector



- Patient as customer
- Patient-centered care
- Integrated care across the continuum
- Responsibility beyond treatment of individual patients



In US the Rural Flex Program facilitates change



- Anchor is sustainable rural hospitals
- Cooperation across government and private sector (especially for nonprofits)
- Focus on policy issues: quality of care, sustainable systems of care, emergency medical services
- Can contribute to development if integrated with other policies

Health and social service policy as quality of life policy



- Local view of quality of life: cost of living, safety, peace of mind, time to enjoy life, local collaborations to deal with local problems, education system, and health care (often last, sometimes needs prompting)
- Health care conceptualized in terms of providing a sense of security
- But should be much more: talented people recruited to community, promotes jobs in the community, visible contribution to the community

REQUIRES NEW APPROACHES

Integrating across sectors



- Education without health care?
- Workforce without education and health care?
- Desirable environment without public health and economic security?
- Health care without considerations of housing and environment?

Contribution of health and human services to economic development



- Jobs
- Income
- Quality of life
- Direct attraction for some – can't do destination planning related to retirement and recreation without health and social service available and of demonstrable quality



CONSISTENCY OF SECTOR-SPECIFIC POLICIES WITH REGIONAL VISION



- Case example of Medicare policy in the US
- Impacts on local hospitals
- Impacts on local pharmacies
- Impacts on ability to integrate services

Continued



- Case example of health professions training programs
- Who, where and how to train

SUMMARY OF THE APPROACH



- Thinking of health care and social service delivery in the context of rural development strategies
- Services for people where they live, work, play and pray
- Regional systems can be rural service delivery systems
- Meeting needs of the population requires meeting all their needs
- Designing service delivery that contributes directly to development

OBSERVING AND PROMOTING LOCAL CHANGE LEVERAGED BY REGIONAL, STATE AND NATIONAL POLICIES

Vision



The vision of the Sentinel Communities Project is sustainable, healthy rural communities achieved through wise rural policy and decision-making (local, regional and federal).



Mission



To improve rural community vitality by:

- Improving our understanding of the interactions between multiple organized activities (e.g., education, economic investments, health care delivery, housing) that contribute to the quality of life and vitality of rural communities
- Measuring the impacts of public policies on rural places
- Providing analysis to identify priorities for policy interventions
- Evaluating local, regional, and national initiatives as they are implemented
- Communicating research results to policy makers at all levels of the federal system and to private sector-based supporters of rural life
- Identifying and explaining similarities and differences across sites

Goals



1. Elevate the rural voice in national policy discussions
2. Strengthen community development planning and policy
3. Enhance rural community living
4. Create a spirit of lifelong learning and improvement among rural leaders
5. Improve techniques used in field research

Thank you



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The Nebraska Center for Rural Health Research

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