Outreach Grantees

The Federal Office of Rural Health Policy’s Rural Health Care Services Outreach Program is a community-based program targeted to improve outreach and service delivery in local and regional rural communities by expanding the delivery of health care services to include new and enhanced services exclusively in rural communities through strong partnerships.

Outreach grantees implement initiatives that are based on and/or adapted from evidence-based or promising practice models that have been shown to be effective and produce intended health improvements in rural and frontier communities.

This poster explores how three rural community-based programs are implementing various innovative program models found to be effective in alleviating some of the health care delivery barriers and challenges faced by rural communities.

**Outreach Grantees by Geography**

**Common Project Focus Areas**

**Oral Health**

**Behavioral Health**

**Chronic Disease**

**Other**

**Rural Health Care Services Outreach Program 2015-2018**

The authors reviewed the projects of 60 Outreach grantees and selected three to demonstrate the range of program approaches, evidence-based models and promising practices adopted to meet rural health care needs.

### Methodology

#### PROMISING PRACTICE

**GRANTEE HIGHLIGHT I**

Community Paramedicine | Rio Rico, AZ

A new model of community-based care in which paramedics function outside of their usual emergency response and transport scope of work.

- The community paramedicine model helps to alleviate both the economic burden of emergency services usage and the underlying public health issues, such as lack of access to primary care services and lack of education on disease management.

- The purpose of the program is to improve mental health/behavioral health and substance use prevention in a school setting.

- Activities include:
  - Linking students to physical and mental health care and connecting their families to parent education, family counseling, and social services such as food banks.

- Anticipated outcomes include:
  - Increased medication adherence
  - Reduce no shows
  - Reduce the number of low-acuity emergency department transports
  - Realize cost savings

#### EFFECTIVE

**GRANTEE HIGHLIGHT II**

School-Based Intervention | Coatesville, PA

Adopt a School is a tailored program using the evidence-based coalition for Community Schools Community Schools Model and the Primary Care Behavioral Health Model. The school-based model promotes student’s academic success by developing and/or securing and coordinating supports that target academic and non-academic barriers to achievement.

- The purpose of the program is to improve mental health/behavioral health and substance use prevention in a school setting.

- Activities include:
  - Placing CHWs in local emergency departments and primary care clinics
  - Training CHWs (both new and existing hires) in care coordination and patient navigation functions, in areas such as getting persons enrolled in insurance programs, placement in primary medical homes, and referrals to mental health resources

- Anticipated outcomes include:
  - Enhance primary care and care navigation among health, human and social service providers
  - Improve mental and behavioral health status among clients with such needs

#### EVIDENCE-BASED

**GRANTEE HIGHLIGHT III**

Community Health Worker | Mount Sterling, KY

The Community Health Worker (CHW) model has been specifically noted for its best practices in outreach, education, care coordination, care navigation, case management services and, in some cases, peer-to-peer assistance to clients in order to improve access to care, ability and confidence to manage chronic disease and to improve overall health status.

- The purpose of the program is to improve mental health/behavioral health and substance use prevention in a school setting.

- Activities include:
  - Placing CHWs in local emergency departments and primary care clinics
  - Training CHWs (both new and existing hires) in care coordination and patient navigation functions, in areas such as getting persons enrolled in insurance programs, placement in primary medical homes, and referrals to mental health resources

- Anticipated outcomes include:
  - Enhance primary care and care navigation among health, human and social service providers
  - Improve mental and behavioral health status among clients with such needs

*Source: http://www.ruralhealthinfo.org/community-health-project-examples/evidence-based*

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### Discussion

Rural communities have developed innovative approaches that are grounded in evidence-based or promising practice models, in an effort to improve access to health care services.

These approaches may be replicable in other communities and can influence the spread of innovative approaches to broad audiences in rural and non-rural communities.

However, the unique characteristics of rural settings and its effect on the implementation of initiatives is less often the focus of evidence-based models as compared to other community contexts.

Outreach grantees often had to adapt peer-reviewed evidence-based models and promising practices to fit their local context.

**Translating Evidence-Based Models To Rural Settings: How Do Grantees Adapt?**

- Tailored program to meet community needs
- Changed order/sequence of process steps
- Increased collaboration with stakeholders

**Translating Evidence-Based Models To Rural Settings: Challenges**

- Lack of Provider Buy-in
- Program Adherence
- Limited Staff Capacity
- State / Local Policy
- Cultural Appropriateness
- Low Patient/Participant Volume

**Translating Evidence-Based Models To Rural Settings: Outcomes**

- Increased chances for insurance reimbursement eligibility
- Nationally recognized as a promising practice
- Cost Savings

*Note: Outcomes as expressed by grantees in FY 2011 Progress Report*

"A major outcome is that we were successful in modifying an urban-based model to develop a rural model that works. This process was gradual, often tedious, but steadily we were able to make revisions of goals, objectives, format and scheduling in order to produce a quality program that fit the needs of the rural environment we were serving."

*Excerpt from the Annual Progress Report written by the Georgia Health Policy Center 2011 - funded by the Robert Wood Johnson Foundation*

As Outreach grantees continue to implement initiatives modeled after evidence-based practices, there is an opportunity to improve efficiencies in health care delivery, maximize outcomes for greater health and community impact, and cultivate a collection of rural-specific models and interventions.

However, more work is needed to address the challenges communities face in tailoring interventions to their rural-specific needs and interests.