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Rural Health Care Services Outreach Program 2015-2018

Introduction

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.

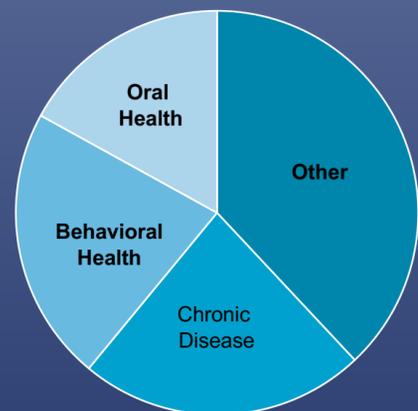
Outreach grantees implement initiatives that are based on and/or adapted from evidence-based or promising practice models that have been shown to be effective and produce intended health improvements in rural and frontier communities.

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

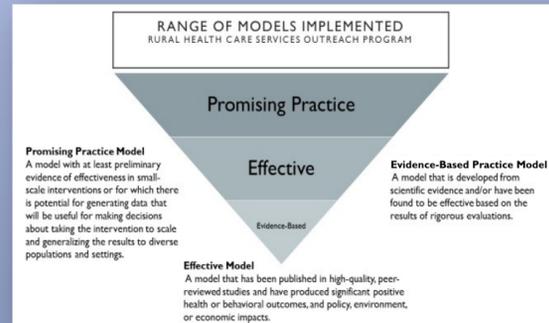


Common Project Focus Areas



Methodology

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.



Source: <https://www.ruralhealthinfo.org/community-health/project-examples/evidence-levels>

PROMISING PRACTICE	EFFECTIVE	EVIDENCE-BASED
<p>GRANTEE HIGHLIGHT I Community Paramedicine Rio Rico, AZ</p> <p>A new model of community-based care in which paramedics function outside of their usual emergency response and transport scope of work.</p> <p>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.</p>	<p>GRANTEE HIGHLIGHT II School-Based Intervention Coaldale, PA</p> <p>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.</p> <p>The purpose of the program is to improve mental health/behavioral health and substance use prevention in a school setting.</p>	<p>GRANTEE HIGHLIGHT III Community Health Worker Mount Sterling, KY</p> <p>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.</p> <p>Studies have found that key functional areas for CHW activity included creating more effective linkages between the community and the health care system, providing health education and information, assisting and advocating for underserved individuals to receive appropriate services, and providing informal counseling. These trained professionals are of, and from, the community where they will work, making them more accessible, approachable, and trusted by community members who need services.</p>
<p>Activities include:</p> <ul style="list-style-type: none"> Transporting patients to locations other than the emergency department Follow-up care for patients recently released from the hospital Ongoing care of patients with chronic conditions Collaboration and communication with state entities to participate in the statewide information exchange. Training of community paramedicine workforce 	<p>Activities include:</p> <ul style="list-style-type: none"> Linking students to physical and mental health care and connecting their families to parent education, family counseling, and social services such as food banks 	<p>Activities include:</p> <ul style="list-style-type: none"> 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 Training CHWs and project volunteers to be qualified to deliver "peer-to-peer" assistance in appropriate care areas
<p>Anticipated outcomes include:</p> <ul style="list-style-type: none"> Increase medication adherence Reduce 911 calls for falls within the home Reduce the number of low-acuity emergency department transports Realize cost savings 	<p>Anticipated outcomes include:</p> <ul style="list-style-type: none"> Create a hub for physical and mental health, wellness and education to help assure access and follow-up care Help reduce the time needed to move through the limited healthcare delivery system Increase the opportunity for students and families to participate in integrative health education programs and healthy living initiatives 	<p>Anticipated outcomes include:</p> <ul style="list-style-type: none"> Enhance coordination of care and care navigation among health, human and social service providers Increase utilization of peer-to-peer oriented services Improve mental and behavioral health status among clients with such needs Increase client self-efficacy in navigating the health care system and managing chronic disease

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
- Limited Staff Capacity
- Cultural Appropriateness
- Low Patient/Participant Volume
- Program Adherence
- State / Local Policy

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 2017 Progress Report

"A major outcome is that we were successful in modifying an urban-based model to develop a rural model that works! The 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 environments we were serving."

Excerpt from the Analysis of Implemented Programs Report written by the Georgia Health Policy Center, 2016 - funded by the Federal Office of Rural Health Policy.

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.