

Leveraging Partners and Assets to Improve Health and Equity: Recommendations for the Robert Wood Johnson Foundation

SORH Region A Partnership Meeting Vetting Session
June 14th, 2017

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The Walsh Center 
for Rural Health Analysis

NORC AT THE UNIVERSITY OF CHICAGO

Agenda

1. Project Overview
2. Methods and Preliminary Findings
3. Preliminary Recommendations and Opportunities for Action
4. Discussion
5. Next Steps

Objectives

- Provide background and overview of RWJF study
- Review preliminary findings
- Discuss recommendations

Project Overview



Project Team

- NORC Walsh Center for Rural Health Analysis

National Health Partners

- National Rural Health Association
- National Organization of State Offices of Rural Health

Regional Partners

- Southwest Center for Health Innovation
- Louisiana Public Health Institute
- Maine Rural Health Research Center
- Wisconsin Office of Rural Health
- East Tennessee State University

Non-Health Partners

- National Association of Development Organizations
- National Association of Counties

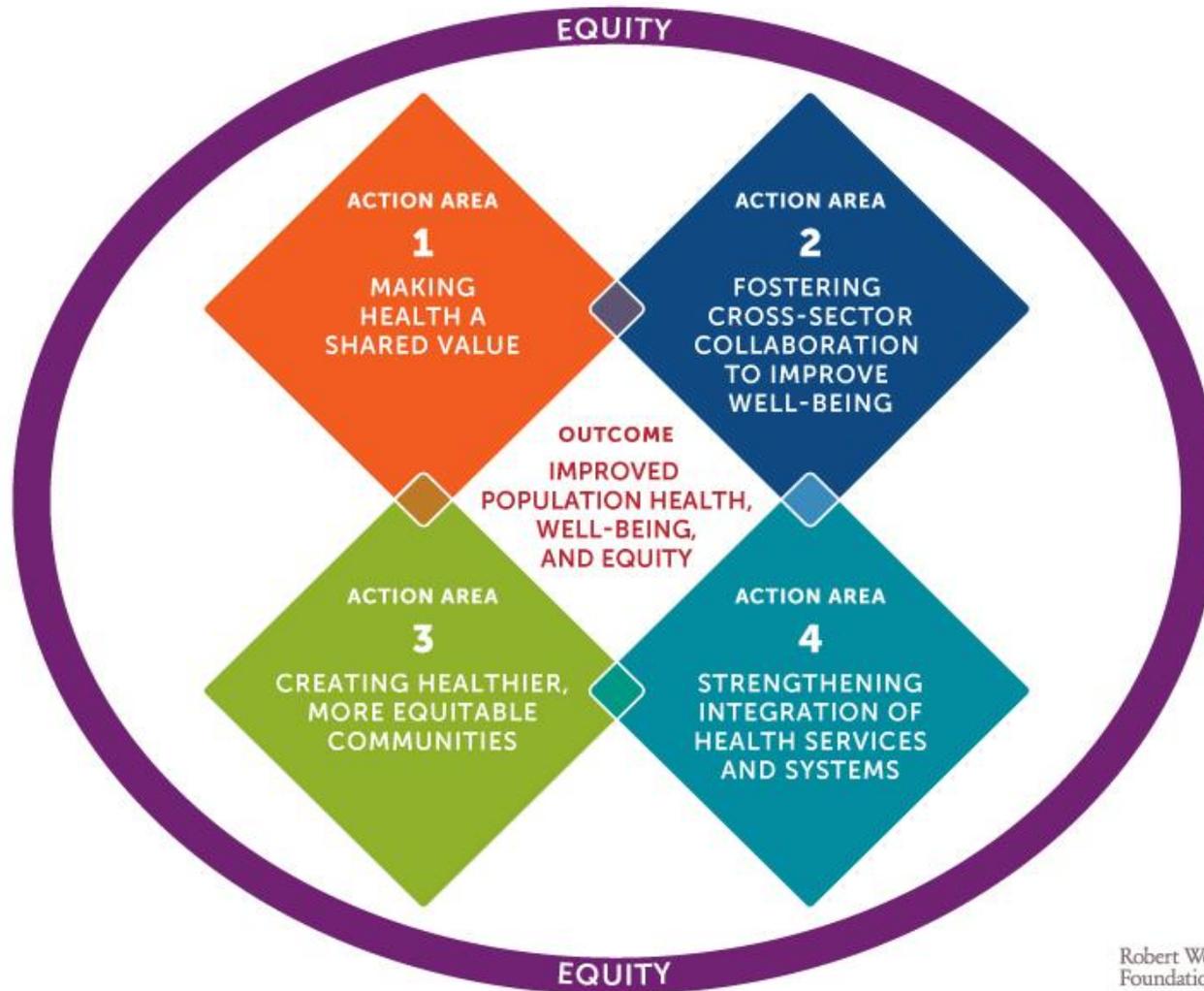
Consultant

- Melissa Schrift, Ph.D, Professor of Anthropology, East Tennessee State University

Project Purpose

- Conduct formative research to identify strengths, assets, and strategies that will accelerate and improve health and well-being in rural communities.
- Identify factors and partners that can influence health and well-being within rural communities, including why barriers have not been overcome in the past.
- Identify opportunities for action and a set of recommendations for diverse rural stakeholders and funders.

RWJF Culture of Health Action Framework



Research Questions

1. What **assets** can be leveraged to support health and equity in rural communities?
2. What **assets exist in different rural regions**?
 - What are the **similarities and differences** in assets across rural regions?
 - Are there **common assets**?
3. What **cultural factors** exist within and between rural regions that impact health and equity?
4. What types of **promising strategies** exist to leverage rural assets to improve health and equity?
5. How can **specific assets** such as culture or social cohesion accelerate improvements in health and equity?
6. Who are the **change agents**, champions, and partners in different rural sectors that can support a culture of health in rural communities?
7. Why have **challenges** not been overcome with respect to improving health and equity in rural communities?
8. What are the **opportunities for action** for RWJF and others to build on current work to leverage assets to improve health and equity? What are the **implications** of our findings?

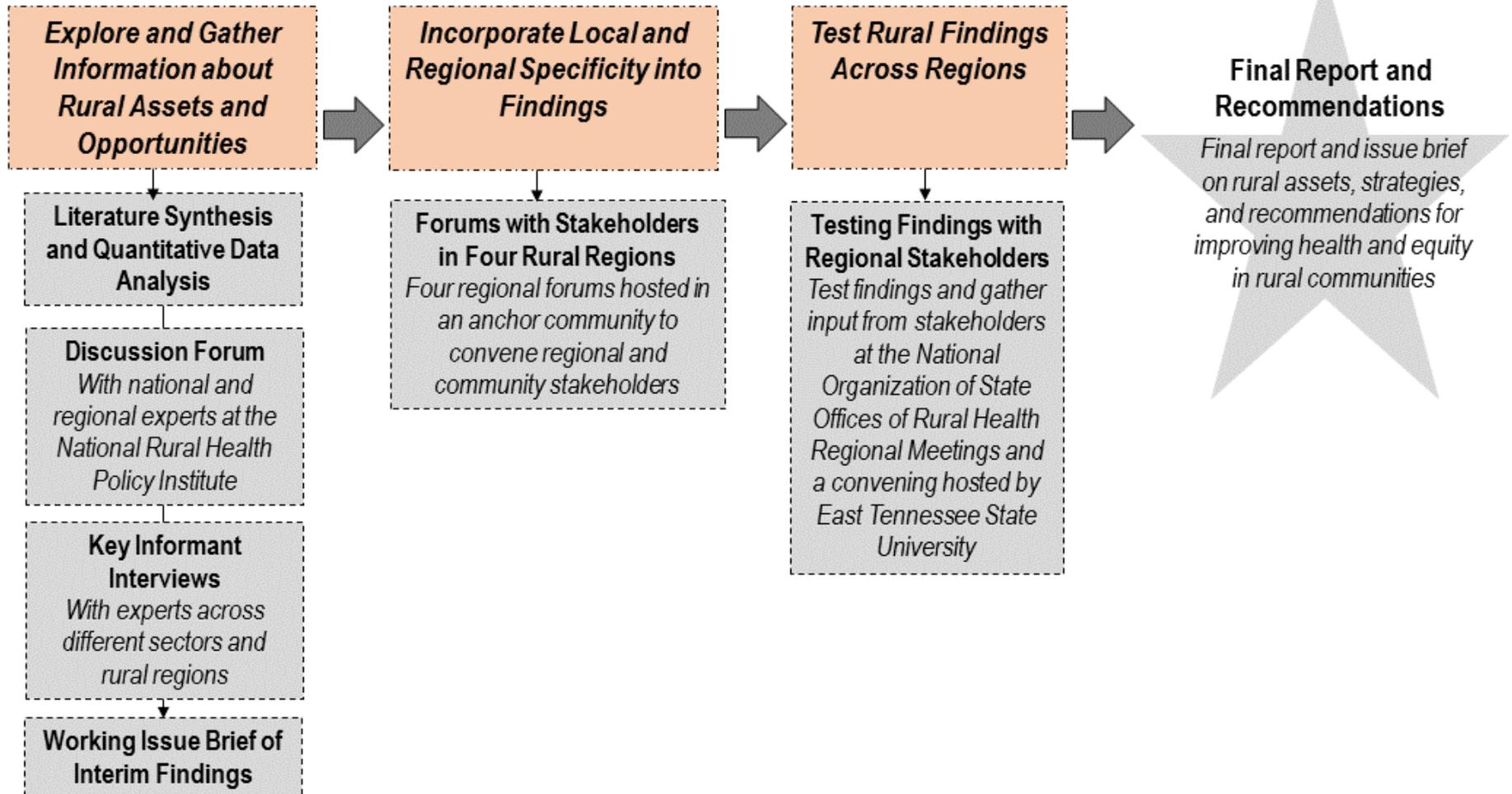
Project Overview

December 2016 – April 2017

May 2017

June 2017 – August 2017

September 2017 – November 2017



Methods and Preliminary Findings

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Mapping How Assets Improve Rural Health and Equity

Adapting an asset-based community development approach by McKnight and Kretzmann, grouped assets, capacities, and mechanisms for improving health and well-being into categories and subcategories:

- **Individual Assets:** The knowledge, skills, attributes, abilities, and actions of people
- **Organizational and Associational Assets:** The organizational and associational resources in a community which are primarily controlled on a local-level
- **Community Assets:** These are assets and resources physically located within a community but are often not controlled locally
- **Cultural Assets:** These are factors which operate at a variety of levels and are particular to the culture of the community, including historical context and belief systems



Contextual Factors: *Political environment, policies, history*

National Discussion Forum

- Convening of national rural stakeholders across sectors based in the DC area during the NRHA Policy Institute
- Goals of the discussion forum:
 1. Review initial work to identify assets and strategies
 2. Review and refine draft asset map, considering diverse perspectives from across sectors and disciplines
 3. Identify opportunities and mechanisms to accelerate positive change in rural communities
 4. Provide participants the opportunity to engage and learn from stakeholders across sectors and disciplines

Discussion Forum Attendees

- Kate B. Reynolds Charitable Trust
- National Association of Development Organizations
- National Association of County and City Health Officials
- National Association of Social Workers
- American School Health Association
- Center for Rural Strategies
- American Legion
- National Center for Rural Health Works
- Greater Clark Foundation
- AcademyHealth
- USDA National Institute of Food and Agriculture
- National Head Start Association
- NTCA-The Rural Broadband Association
- National Community Pharmacists Association
- National Council on Aging
- Ascend at the Aspen Institute
- Association of State and Territorial Health Officials
- National Association of Counties
- American Farm Bureau Federation
- National Recreation and Parks Association
- Save the Children
- National Rural Health Resource Center
- National Organization of State Offices of Rural Health
- Access Medicare

Key Informant Interviews

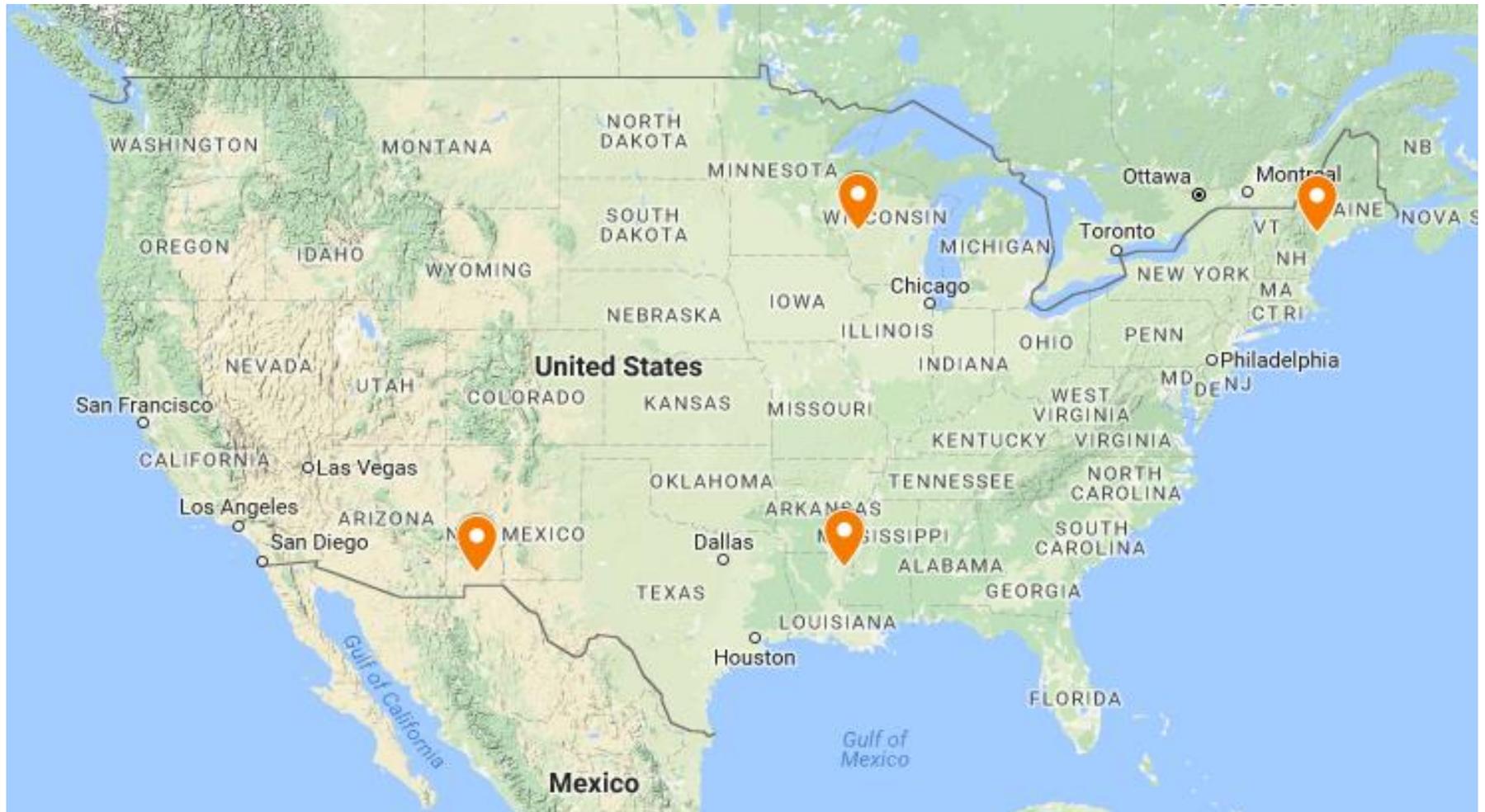
- N=24 key informant interviews conducted
- Key informants were selected to ensure that a wide range of perspectives from experts working across sectors and geographic scales are included in the analyses.
- Semi-structured in-depth interviews explored the following topics:
 - Rural priorities, assets, and culture, and how they can be leveraged
 - Similarities and differences across rural regions and sub-regions
 - Barriers to overcoming challenges
 - Key partners, sectors, and change agents
 - Strategies, initiatives, and efforts
 - Recommendations for funders and other regional and national organizations

Key Informant Interviews

Sample of Sectors Represented

- Economic Development
- Education
- Media
- Aging
- Healthcare
- Mental Health
- Transportation
- Housing
- Museums
- Environmental Health
- Youth Development
- Physical Activity
- Philanthropy
- Food Systems
- Churches
- Community Development
- Libraries

Regional Community Forums



Regional Community Forums

Each meeting followed a similar agenda structured around key research questions:

Framing the Discussion and Goals for the Day
Setting the Stage: regional rural culture and history as it relates to health
Community Panel #1: Community Assets
Regional Reflection
Community Panel #2: Partnerships and Cross-Sector Strategies
Regional Reflection
Key Recommendations for Positive Change
Feedback Form

Forum #1: US Mexico Border

- Partner: Southwest Center for Health Innovation
- 34 participants
- Sectors represented: healthcare, public health, aging, media, education (primary and university), economic and workforce development, rural development, cooperative extension, non-profit, juvenile probation, city and county officials
- Panelists: Western New Mexico University School of Nursing, City of Deming Economic Development, City of Deming Community Services Director, Luna County Health Council, Luna County Commission on Aging

Deming, New Mexico

- Population: 14,855
- Luna County population: 25,095 (2010 Census)



Forum #1: US Mexico Border

- Health priorities: prenatal care, access to care, opioids, teen pregnancy
- Cultural and historical significance of being along the US Mexico border

Assets

- Multi-cultural nature of communities considered an asset
- Mexican heritage fuels creativity in addressing community needs due to lack of infrastructure and resources compared to U.S.
- Strong focus on quality of life and connecting community members

Partners

- *“There are no ‘non-traditional’ partners because the tradition is to find someone to help you with an issue.”*
- Border patrol, juvenile probation, economic development

Recommendations

- US Mexico Border region is the “great demographic experimental melting pot”
- Building capacity among individuals and organizations is community infrastructure that stays within the community after grant funding is gone

Forum #2: Delta

- Partner: Louisiana Public Health Institute
- 48 participants
- Sectors represented: healthcare, aging, children/youth, public health, education (primary, community college and university), cooperative extension, economic development, community advocacy, state representative, minority communities, mental health
- Panelists: Partners in Prevention, Union General Hospital, Delhi Hospital, Louisiana State University AgCenter

Delhi, Louisiana

- Population: 2,919
- Richland Parish population: 20,725 (2010 Census)



Forum #2: Delta

- Health priorities: chronic metabolic conditions, tobacco
- Issues of race were noted, but there was a hesitancy to discuss. Rather, was framed in terms of “power” and “land ownership.”

Assets

- Much of existing infrastructure is due to RWJF and HRSA grants that focused on developing community and organizational capacity

Partners

- Although churches are important, they may not be the best way to reach priority populations
- Land owners, youth, cooperative extension, school board

Recommendations

- Mentoring within organizations and the community to retain knowledge and capacity and motivate younger generations
- Create a collective community vision to focus efforts and measure progress

Forum #3: Northeast

- Partner: Maine Rural Health Research Center
- 58 participants
- Sectors represented: healthcare, faith, philanthropy, business, mental health, non-profit, state representative, community development, public health, media, recreation, cooperative extension
- Panelists: Members of the Oxford County Wellness Collaborative
- Respondents: Eastern Maine Healthcare Systems, Western Maine Community Action, Maine Resilience Building Network, Healthy Acadia, Maine Health Access Foundation, The Bingham Program, Betterment Fund

Norway, Maine

- Population: 2,748
- Oxford County population: 57,833 (2010 Census)



Forum #3: Northeast

- Health priorities: Adverse childhood experiences, isolation and loneliness, opioids, tobacco
- State public health infrastructure issues have had a strong impact on community level work

Assets

- Oxford County Wellness Collaborative
- Veterans, natural resources

Partners

- Law enforcement
- Local philanthropy and place-based partners

Recommendations

- Support to continue current work vs. creating something brand new
- Convene learning and sharing opportunities across rural community collaboratives and coalitions

Forum #4: Upper Midwest

- Partner: Wisconsin Office of Rural Health
- 43 participants
- Sectors represented: healthcare, public health, education (university), cooperative extension, aging, philanthropy, youth, tribal nation
- Panelists: Members of the Jackson In Action coalition

Black River Falls, Wisconsin

- Population: 3,622
- Jackson County population: 20,449 (2010 Census)



Forum #4: Upper Midwest

- Health priorities: obesity, healthy eating/physical activity, opioids, alcohol use
- Strong focus on local public health

Assets

- Reliability and volunteerism are key assets among individuals.

Partners

- Relationships with multiple ethnic communities, including tribal and Amish communities
- Health department, local philanthropy, hospital, university

Recommendations

- Focus on capacity building, operational and indirect support
- Support a staff person to organize and coordinate community level action across all partners working towards common goals: *“Someone has to pay somebody to harness all this passion.”*

Cross-Site Reflections

- Common discussions related to social determinants of health, but priorities related to health behaviors and outcomes varied
 - Most sites discussed the need to address “root causes” in order to improve health and equity
- Many common assets, including social capital, relationships, and independence
 - Community members “wear many hats” in both professional and personal lives, and are strongly connected
 - Lack of resources can potentially fuel creativity and innovation
- Partners were similar across sites, but variation in “lead” partners and “non-traditional” partners
 - Hospitals, health departments and educational institutions are some of the main anchor institutions in rural communities
 - Examples of “non-traditional” partners included real estate agents, state alcohol trade associations, and juvenile probation

Cross-Site Reflections

- “Culture of Collaboration” across most sites
 - Collaboration and multi-sector approaches are already the norm in many rural communities
- Rural change agents take on several different roles – often, they are formal and/or informal leaders who have a passion to address an issue and leverage their resources for action.
- Even within rural areas, resources tend to be distributed to more densely populated areas, excluding the most remote.

Preliminary Recommendations and Opportunities for Action



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Rural Assets and Opportunities

- There is great potential in rural communities
 - Social cohesion, collaboration, and multi-sector approaches
 - Creativity and innovation
- A small financial investment makes a large and lasting impact
- Competition for resources vs. collaboration
- Fewer confounding variables allow for robust evaluation
- Improving health is already a shared value
- Significant opportunities for improvement in rural health and equity

Community Recommendations and Requests

- Consider longer-term funding cycles
- Matching requirements can create barriers
- Consider the definition of “success” and “impact”
- Partner with regional, state and local foundations who have a pulse on community needs
- Balance the need for consistently structured programs versus flexibility to address local priorities
- Consider the power of qualitative data
- Rugged independence makes rural communities hesitant of being told what to do from “outsiders”
 - Building relationships and trust is key

Opportunities for Action

- Focus on capacity building and technical assistance as opposed to sustainability planning
- Support local quantitative and qualitative data collection and analysis to build a rural evidence base
- Rural communities can implement pilot programs and then scale-up to larger communities or scale-across to other 'like' communities
- Integrate rural into existing programs and efforts
- Public-private partnerships to navigate perceptions of government
- Network building to align groups and programs working to achieve related missions
- Create national rural learning community
- Grow the next generation of rural health leaders
- Utilize regional approaches to increase collective impact, distribute resources, and address social determinants of health

Discussion and Input



Discussion Questions

- How do these preliminary recommendations resonate with your region and communities?
- What do national organizations and funders need to know about your region?
- What specific recommendations do you have for national organizations to invest in rural communities?
- How can national organizations ensure a 'return on investment' when supporting rural communities?
- What is your pitch to regional and national organizations to make them want to invest in rural communities?
- What is your counter-argument for hesitation to invest in rural communities and regions?

Discussion Questions

- What types of support are needed in your region to accelerate change?
- Are there remaining barriers that must be overcome to positively impact rural communities? How can they be addressed?
- What are the starting points?
- Who are key influencers, partners, and networks that must be engaged?
- What are the opportunities to address social determinants of health and systems-level priorities in rural communities?
- What are key promising strategies for improving health and equity in rural communities?

Next Steps

- Vetting Sessions
 - Five vetting sessions at the SORH Regional Partner meetings
 - Appalachian region vetting session in late August
- Data Collection and Analysis
 - Conduct learning sessions with NADO and NACo members
 - Continue thematic analysis of data.
- Triangulate findings across data sources
- Final Report, Practice Brief and Dissemination
 - Develop case reports for each regional community forum
 - Update and deconstruct asset map
 - Finalize set of recommendations

Thank you!

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