#### Understanding the Rural Landscape

National Organization of State Offices of Rural Health August 15 and 16, 2017





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## Today's Objective

- Share a framework and 3-step process for working with organizations in your state to better understand the rural context
- Who might benefit?
  - Non Rural Stakeholders
    - To become familiar with the rural landscape
  - Rural Stakeholders
    - To gain a broader and shared understanding
    - To better articulate their context to urban partners, funders and policy makers



### Today's Facilitators <u>Georgia Health Policy Center</u>







Karen Minyard, PhD Chief Executive Officer

**Tanisa Foxworth Adimu, MPH** Assistant Project Director Amanda Phillips Martinez, MPH Assistant Project Director





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## Module Development

- GHPC's 20 years of rural experience
- Review of work of Rural Research Centers
- Topical research in the areas of:
  - Health Disparities
  - Economic Trends
  - Insurance Coverage and Healthcare Access
  - Rural Culture
  - Built environment
  - Education
  - Technology





#### Module Development

- Jim Macrae, Acting Administrator, U.S. Department of Health and Human Services, HRSA
- Judy Monroe, CEO of the CDC Foundation
- Alan Morgan, Former CEO of the National Rural Health Association
- Tom Morris, Associate Administrator, FORHP
- **Gary Nelson**, Executive Director of Healthcare Georgia Foundation
- George Pink, Professor and Sr Research Fellow, Sheps Center, UNC at Chapel Hill
- Rick Wilk, Regional Administrator Region V, Office of Regional Operations





### GEORGIA HEALTH POLICY CENTER

Integrating research, policy, and programs to advance health and well-being

- A research center within the Andrew Young School of Policy Studies at Georgia State University in Atlanta
- Provides evidence-based research, program development, and policy guidance locally, statewide, and nationally



 Celebrating our 20<sup>th</sup> anniversary in 2015, the center has worked in more than 1,000 communities across the United States to achieve health improvement





### GHPC Support to Communities

- Federal Office of Rural Health Policy
  - Tailored technical assistance provided to improve program strategies, build local system capacity, and sustain collaboratives and services
- National Coordinating Center: RWJF Bridging for Health
  - Financing innovations for population health
- Center of Excellence in Child and Adolescent Behavioral Health
  - Workforce development, data utilization, evaluation
- Patient-centered Outcomes Research Institute
  - Southern Program Office support the development of a scientifically rigorous, patient-centered outcomes research proposals
- Georgia SHAPE Program
  - Sustainability of school physical activity and nutrition programming
- Georgia APEX Program
  - School-based mental health programs





### **Three Stories**







Based on your experience, what are the gaps in understanding and practice among public, private, and philanthropic stakeholders when engaging rural communities?





Identify one stakeholder you will consider working with to better understand the rural context.

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#### fy one stakeholder you will work with to help better understand the rural context.

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### **Rural Assets**

- From our experiences in working with 1000+ rural communities, we believe there are some important strengths that lead to innovation in rural settings. These include:
  - The resilience of rural communities as they work hard to solve their own problems.
  - While they may have fewer people in numbers, the community often has a collaborative, multidisciplinary approach to solutions.
  - Learning lab for translating evidence-based practices into rural settings and for cultivating approaches that work in lower-resourced communities

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## Defining Rural

Efforts to make research initiatives, policies, and programs rural-relevant are impacted by the breadth and range of attributes of included rural communities



### Is this Rural?







Pop. 196,741 (2014)

Pop. 5,331 (2014)

Pop. 19,211 (2015)

No

Yes





## Defining Rural-

- U.S. Census Bureau
  - Defines urban (Urban Areas: more than 50,000; Urban Clusters: 2,500-50,000) but does not follow city boundaries
  - 19% of population in non-urban areas (2010)
- Office of Management and Budget
  - Designates counties as Metropolitan, Micropolitan, or Neither
  - 15% of population in Non-MSA counties (2010)
- Federal Office of Rural Health Policy
  - Uses Rural-Urban Commuting Area (RUCA) codes to analyze smaller tracts
  - 18% of population is in rural areas (2010)
  - Have an online analyzer to determine eligibility

Source: http://www.hrsa.gov/ruralhealth/aboutus/definition.html





## Community Types

- Micropolitan
- Small town
- Tribal
- Frontier



## Rural $\neq$ Monolith

Many sub-groups of rural areas that share historical, cultural, economic, and geographical commonalities





X?









#### Key Factors in Understanding Rural

A model to consider how factors influence the health outcomes in rural communities.



#### A Model Of Key Factors Affecting Rural Communities



### The Economy

Rural counties vary in their economic structure with marked regional differences



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Note: The 2015 county typologies use data from 2010-2012. See footnote 1. Source: USDA, Economic Research Service using data from the Bureau of Economic Analysis.

### Built & Natural Environment



2016 Broadband Progress Report

https://www.fcc.gov/reports-research/reports/broadband-progress-reports/2016-broadband-progress-report





### Education

- Access to daycare and pre-school
- Access to higher education and technical training programs
- Availability of qualified teachers



Sources: Journal of Research in Rural Education, 2005, 2008; USDA, Rural Education at a Glance, 2017 edition





### Coverage

Figure 1. Trends in Uninsurance for Adults Ages 18 to 64, by Residence in a Metropolitan Area, from Quarter 2 2013 to Quarter 3 2014







Source: WWAMI Rural Health Research Center. Supply and Distribution of the Behavioral Health Workforce in Rural America. Data Brief #160, September 2016.





## Perception versus Reality

- Perceptions of:
  - Rural residents
  - Rural health care providers







## Demographics

- Rural residents tend to be:
  - Older
  - Poorer
  - Less diverse
  - Less educated







### Mindset

#### "mindset" {noun}

a set of beliefs or a way of thinking that determines one's behavior, outlook and mental attitude.

- Shared values and culture
- Self-reliant
- Community oriented
- Cautious of outsiders





### Behaviors



\* Data taken from the National Survey on Drug Use and Health, 2014, and refer to persons aged 18 years and older reporting cigarette, smokeless tobacco, and cigar use in the past 30 days.

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### Outcomes

Percentage of potentially preventable deaths for the five leading causes of death in rural and urban areas, United States in 2014.



Source: Centers for Disease Control and Prevention. Moy E, García MG, Bastian B, et al. Leading causes of death in nonmetropolitan and metropolitan areas— United States, 1999–2014. MMWR Surveill Summ 2017;66(No. SS-1).





#### A Model Of Key Factors Affecting Rural Communities



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#### of these factors are the topic of conversation state?

**Rural Health Outcomes** 

Behaviors

Mindsets

Demographics

Coverage

Access

Perception

Economy

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# Understanding the Rural Landscape, Part 2

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### Part II Key Factors in Understanding Rural, cont.

A model to help think about how factors influence the health outcomes in rural communities.





Identify one stakeholder you will consider working with to better understand the rural context.

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# Interconnectivity







## Macro-trends, System Strengths and Weaknesses

Considering their impact on your design of research, policy and programs



# Macro-Trends in Rural America







# Social cohesion and mutual support Ability (and necessity) to innovate quickly Self-reliance and adaptation skills





## Scarcity of resources and data Dependence on "hero" leaders Isolation





## FINAL APPLICATION!

With the stakeholder you had in mind, consider an existing or planned research effort, policy, or program.

What factors are at play?

What changes could be made to ensure that it is more rural-relevant?

Be ready to share.



# Adaptive Leadership

Using Adaptive Leadership Skills to Support Rural Innovation



# Definition

• Adaptive leaders learn to live with unpredictability. They spend less time fretting about the inability to establish a routine or control the future and focus more on exploiting opportunities.

(From: Developing Adaptive Leaders: The Crucible Experience of Operation Iraqi Freedom; Dr. Leonard Wong)

• Adaptive leaders go through a continual process of challenge, adaptation, and learning, which readies them for the next challenge.

(From: Characteristics of Adaptive Leaders – Vizen Executive Leadership)



# Definition

 Adaptive leadership is a unique combination of skills, perspective, and guided effort that enable true excellence. The adaptive leadership skills can take a leader at any level to places others cannot go. These skills are what set great leaders apart; they represent the otherwise intangible qualities that great leaders have in common.

(From: Leadership 2.0: Are You An Adaptive Leader? – Travis Bradberry PhD)



# Adaptive Leadership Skills

Adaptive Leadership skills include:

- <u>Emotional Intelligence</u> Emotional intelligence is a set of skills that capture our awareness of our own emotions and the emotions of others and how we use this awareness to manage ourselves effectively and form quality relationships.
- **Organizational Justice** Great leaders don't shy away from the truth. They know how to integrate what people think, what they want to hear, and how they want to hear it with the facts. This makes people feel respected and valued.
- <u>Character</u> Leaders who embody a true sense of character are transparent and forthcoming. They aren't perfect, but they earn people's respect by walking their talk.
- **Development** The moment leaders think they have nothing more to learn and have no obligation to help develop those they lead is the moment they ensure they'll never know their true potential.





# Technical vs. Adaptive Challenges

## Technical Challenges

- Ready made solution exists
- Someone has *The Answer*
- Standard Operating Procedures (SOPs)
- Even if they require intense skills, some expert knows exactly what to do
- Examples
  - Building a hospital
  - Fixing a broken computer
  - Brain surgery

### Adaptive Challenges

- Never solved issue
- Perhaps new, never seen before
- No one's got *The Answer*
- Must be solved by collaboration
- Examples
  - Poverty
  - Reforming public education
  - Health reform

Adapted from Ronald A. Heifetz and Marty Linsky, "A Survival Guide for Leaders," Harvard Business Review, June 2002, pp. 65-74. Step 1: Define Your Question

Step 2: Collect Information Step 3: Select an Option or Options Step 4: Apply Adaptive Actions

Step 5: Create a Plan

## Adaptive Actions



Influence decisions



Educate others

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Strategically plan under uncertainty



Stay abreast of new information that emerges



Create new **partnerships** 

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Build capacity: workforce, information technology, and care **coordination** 

the adaptive actions. How would you rank th importance for the stakeholder you've chose...

Influence decisions

Educate others

Strategically plan under uncertainty

Stay abreast of new information that emerges

Create new partnerships

Build capacity: workforce

## Build capacity: (health) information technology

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# Tools You Can Use

#### UNDERSTANDING THE RURAL LANDSCAPE

A framework to help ensure health research, policies and programs are rural-relevant





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#### STEP ONE

RECOGNIZE THE CONTEXT OF RURAL WITHIN THE SCOPE OF YOUR EFFORTS

#### Three questions for consideration:

- 1. Select a rural-focused health research initiative, policy or program of interest to you. What is the geographic expanse covered by the initiative (e.g., multiple rural sites across the country/ a region/a state, or a local effort in a single community) and what types of communities might be impacted (e.g., micropolitan, small towns, tribal, frontier\*)?
- 2. Which definition are you using to determine the rural designation of included communities (e.g. various federal, state, funder-specific)?
- 3. What attributes can you discern about the culture (e.g., shared beliefs, history, lore, traditions) of the rural communities within the scope of your efforts?
- \*Micropolitan Office of Management and Budget (OMB) labor market areas in the US centered on an urban cluster (urban area) with a population of at least 10,000 but less than 50,000 people.
- · Small Town usually more than 2,500 people; commuter flows are an important consideration
- · Tribal federally, and in some cases state; designated communities and areas; sovereign · Frontier - "frontier health professional shortage area" means an area: (A) with a population density less than six persons per square mile within the service area; and
- (B) with respect to which the distance or time for the population to access care is excessive."

### Adaptive Actions



Stay abreast of new

information that emerges





Strategically

plan under

uncertainty

Influence decisions

Educate others





Create new partnerships

Build capacity: workforce, information technology, and care coordination













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