Addressing Social Determinants of Health During COVID-19: Lessons Learned from Rural Health Providers

SORH Regional Partnership Meeting / Region A

June 23, 2022 Alana Knudson, PhD





WHY SHOULD RURAL AREAS MATTER TO YOU?

Rural areas are not only the source of much of our food, drinking water, energy production, and outdoor recreation, one in five Americans—including a disproportionate number of veterans and active-duty service members—live there, making the study of the health needs and challenges of rural Americans essential to us all.

NORC Walsh Center for Rural Health Analysis



Where to begin...

Meet people where they are!





Maslow's Hierarchy of Needs





Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

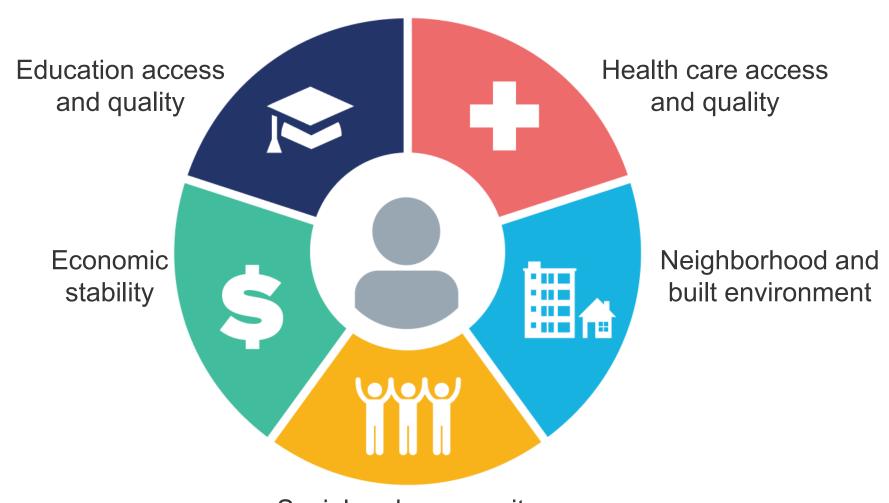
- Healthy People 2030



Good health begins in the places where we live, learn, work and play. Although medical care is critically important, things like the quality of our schools, affordability and stability of our housing, access to good jobs with fair pay, and the safety of our neighborhoods can keep us healthy in the first place.

- Robert Wood Johnson Foundation

Social Determinants of Health

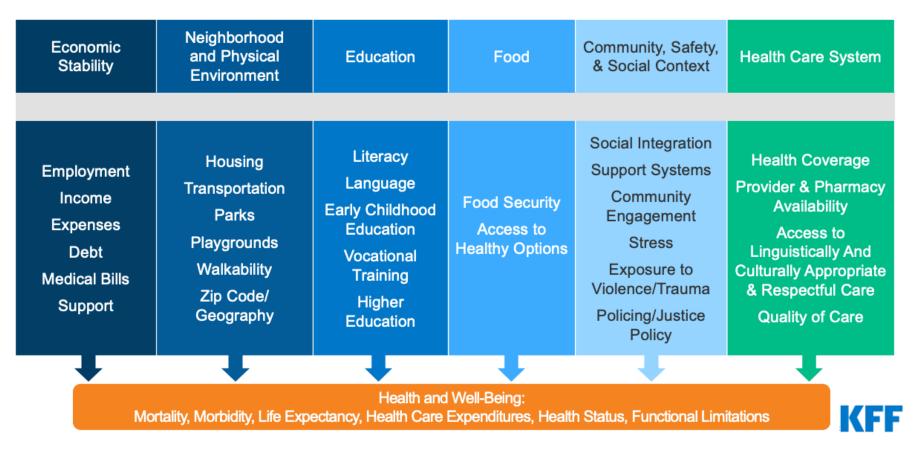


Social and community context

https://health.gov/healthypeople/objectives-and-data/social-determinants-health

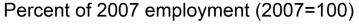


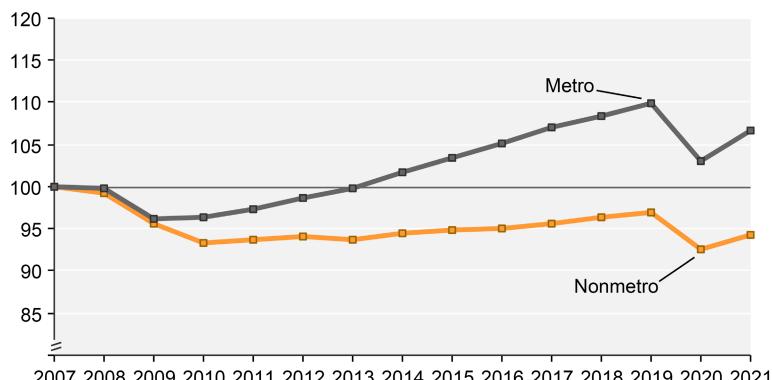
Social Determinants of Health





U.S. employment in metro and nonmetro areas, 2007–21

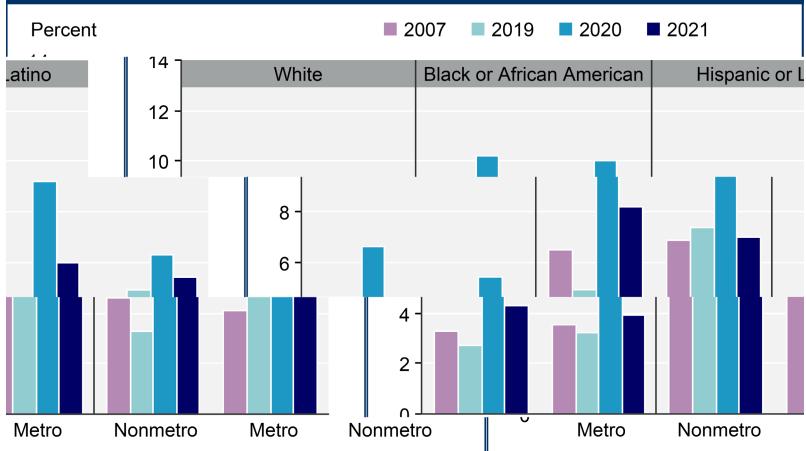




2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021

Note: Annual average total employment estimates for 2021 are calculated using preliminary December 2021 data. Metro and nonmetro designations are based on the 2013 definition of metropolitan counties, as determined by the U.S. Office of Management and Budget. Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics program (March 2, 2022 release).





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Note: Metro and nonmetro designation metropolitan counties; designations I definition, as determined by the U.S.

''ົງ^Source: ບ່ຽມົA, Econo Statistics, Current Pop





Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences

What is PRAPARE?

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a standardized patient social risk assessment protocol.

Assess Patients For

Personal Characteristics Veteran Status · Ethnicity Farmworker Status Language Preference Money & Resources · Material Status Employment · Insurance Status Income Transportation Needs Family & Home Housing Status and Stability Neighborhood Social & Emotional Health · Social Integration and Support Other Measures Incarnation History Safety · Domestic Violence Refugee Status

Benefits





PRAPARE®: Protocol for Responding to and Assessing Patient Assets. Risks. and Experiences Paper Version of PRAPARE® for Implementation as of September 2, 2016

Pe	rsonal Ch	ara	cterist	tics											
1.	Are you Hispanic or Latino?						Are you worried about losing your housing?								
	Yes		No		I choose not to answer this question		Yes		No		I choose no question	t to	answer this		
2. Which race(s) are you? Check all that apply						9. What address do you live at? Street:									
	Asian	Asian Nat			tive Hawaiian		City, State, Zip code:								
	Pacific Is	acific Islander Black/African American													
	White	/hite American Indian/Alaskan Native						Money & Resources							
	Other (p	Other (please write):					10. What is the highest level of school that you								
	I choose not to answer this question						have finished?								
3.	At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?						school degree GED More than high I choose i				GED	ol diploma or not to answer			
	Yes		No		I choose not to answer this question	11	11. What is your current work situation?								
4.	4. Have you been discharged from the armed forces of the United States?						Unemployed Part-time or temporary work				Full-time work				
_							Otherwise unemployed but not seeking work (ex:								
	Yes	No I choose not to answer this student, retired					ed,	d, disabled, unpaid primary care giver)							
					question		Please wr								
							I choose not to answer this question								



Use Cases for PRAPARE During COVID-19

Individual & Community Level

Identify and address top social needs of highly vulnerable groups at high risk for COVID-19 (e.g., individuals experiencing homelessness, food insecurity, unemployment) and target outreach to these groups in collaboration with the social service sector (e.g., food banks, homeless shelters, job assistance).

Population Level

System & Policy Level

Identify patients at higher risk of simultaneous complications/hospitalization/death due to COVID-19 in PRAPARE Risk

Stratification. Patients with high risk identified using social risk stratification (e.g., comorbid conditions + compounding social barriers) could be targeted for outreach (e.g., checking in with patients to inform them of their high-risk status and providing resources and social referrals)

Elucidate trends regarding how the virus is disproportionately impacting certain groups with social risk barriers. PRAPARE can be used to track how COVID-19 impacts at-risk groups (e.g., individuals experiencing homelessness, food insecurity, incarceration, domestic violence). Data can inform national policy, resource allocation, and health equity conversations.

Rural Food Insecurity

- 2.1 million households in rural communities face hunger
- Rural communities make up 63% of U.S. counties and 91% of counties with the highest rates of overall food insecurity
- 86% of the counties with the highest percentage of children at risk for food insecurity are rural
- Rural Black people were 2.5 times more likely to be at risk of hunger compared to rural White, non-Hispanic individuals.
- Rural Native Americans had the highest rates of food insecurity of any racial or ethnic group.

Rural Providers Responded to Food Insecurity

- Coordinated with local food pantries
 - COVID testing days
- Offered vouchers for food pantries at patient visits
- Worked with harvesters to coordinate commodity drops
- Helped enroll patients in WIC and SNAP
- Asked if patients had any unmet needs (e.g., food) when making appointments
- Identified resources for families when children did not receive school lunch





Rural Transportation Considerations

- Busses were converted into vaccination and mobile clinics
- Many rural transit agencies stopped collecting fares
- Rural transit provided transportation for essential workers
- Rural transit providers expanded deliveries
 - Meals (including school lunches to quarantined students), prescriptions, groceries, supplies
- Rural Road Safety
 - Rural traffic fatalities are 2.5 times greater than urban traffic fatalities
 - The number and percentage of vehicles traveling greater than 15 MPH over the posted speed limit increased in 2020.

Rural Homelessness

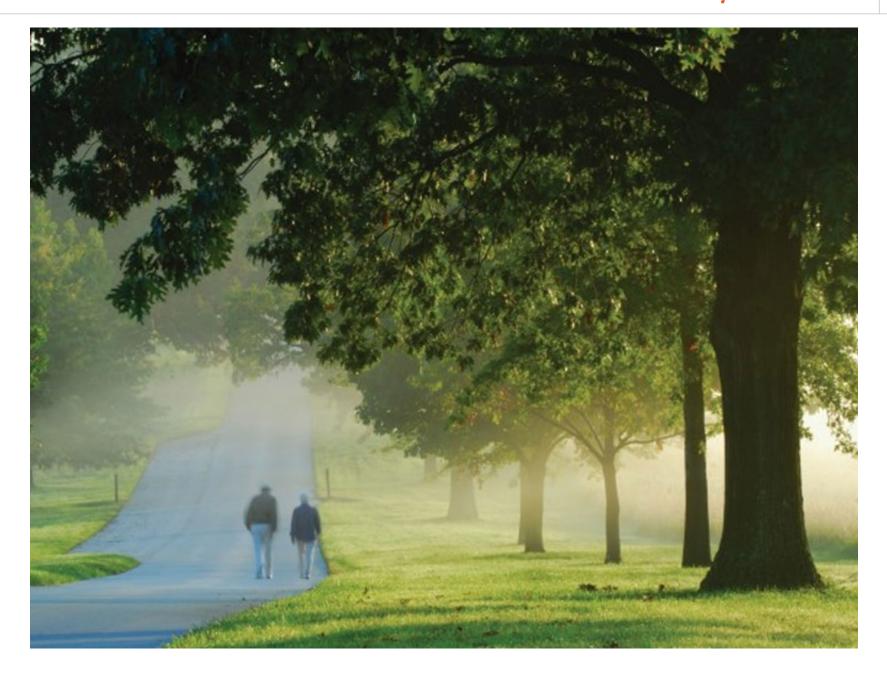
- 17% of individuals experiencing sheltered homelessness were in rural areas
 - 4.1% decrease from 2020 to 2021
- 16% of families experiencing sheltered homelessness were in rural areas
 - 10% decline from 2020 2021
- 20.7% of sheltered unaccompanied homeless youth were in rural areas

Rural Providers Responded to Homelessness

- Changed PREPARE question wording
 - Are you homeless?
 - Do you have a safe place to live?
 - Probe: Tell me about your situation



- Engaged community partners and leveraged resources to assist locating safe accommodations
- Community health workers (CHWs) and care coordinators identified needs and linked patients to resources



Future Directions

- Medicaid and CHIP Flexibility to Address SDOH
 - State plan and waiver authorities add non-clinical services to benefit packages (e.g., care management, housing supports, employment supports)
 - NC Healthy Opportunities Pilots
 - https://www.ncdhhs.gov/about/department-initiatives/healthyopportunities/healthy-opportunities-pilots
- Medicare Advantage
 - CHRONIC Care Act
- Greater alignment between health care VBP models and community-based organizations
 - Housing and food



Rebooting Rural Health – What Makes a Rural Community Healthy?

- Healthy food and clean drinking water
- Safe neighborhoods, affordable housing, clean surroundings
- Good economy, multi-sector engagement
- Different activities going on. People don't just stay home and not go anywhere. People need to be out.
 - Recreational opportunities
 - Options for physical activity
- Health care access
 - Emergency services
 - Coordinated care across all services
 - Prevention
- Youth engagement
- Strong local leadership
- Everyone working together for good





Rebooting Rural Health – Opportunities for improvement

Address Mental Health Issues

- Depression, anxiety, SUD, and domestic violence
- Anger issues, belligerent youth and adults
- Social isolation

Improve access to health services

- Prevention
- Urgent care
- Emergency medical services
- Health plan networks

Support aging in place

- Home and community-based services
- Home health
- Transportation
- Create more affordable housing
- Foster new ways to connect and communicate



Best Advice



Take Care of Rural Health Rock Stars

- Establish an organizational culture that reflects its mission
- Take care of your own needs before assisting others
- Convey how much staff are valued and appreciated
- Offer generous paid time off (PTO)
 - Take a health day if you need it!
- Implement flexible work schedules
 - Extend lunch hours so staff can go to the gym
 - Implement a summer schedule
- Remind staff about EAP







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IN THIS TOOLKIT

Modules

1: Introduction

2: Program Models

3: Program Clearinghouse

4: Implementation

5: Evaluation

6: Sustainability

7: Dissemination

About This Toolkit

<u>Rural Health</u> > <u>Tools for Success</u> > <u>Evidence-based Toolkits</u> > Social Determinants of Health in Rural Communities Toolkit

Social Determinants of Health in Rural Communities Toolkit





1: Introduction

2: Program Models

3: Program Clearinghouse

4: Implementation

5: Evaluation

6: Sustainability

7: Dissemination

About This Toolkit



- Improving Economic Stability
- Improving Education
- Improving the Social and Community Context
- Improving Health and Healthcare
- Improving Neighborhoods and the Built Environment

RELATED SDOH TOOLKITS



Rural Community Health Toolkit



Start here for a guide to building rural community health programs to address any type of health issue. Learn how to identify community needs, find evidence-based models, plan and implement your program, evaluate results, and much more.

Aging in Place Toolkit



Explore program models and approaches to support rural aging in place.

Care Coordination Toolkit



Find models and program examples for delivering highquality care across different rural healthcare settings.

Chronic Obstructive Pulmonary Disease Toolkit



Learn how to develop programs to address COPD in rural communities.

Community Health Workers Toolkit



Learn about roles community health workers (CHWs) fill, as well as CHW training approaches.

Community Paramedicine Toolkit



Discover models and resources for developing community paramedicine programs in rural areas.

Diabetes Prevention and Management Toolkit



Find resources and best practices to develop diabetes prevention and management programs in rural areas.

Early Childhood Health **Promotion Toolkit**



Learn how to develop early childhood health promotion programs in rural communities.

Health Promotion and Disease Prevention Toolkit



Learn about strategies and models for rural health promotion and disease prevention in the community, clinic, and workplace.

Health Networks and Coalitions Toolkit



Find resources and strategies to help create or expand a rural health network or coalition.

HIV/AIDS Prevention and **Treatment Toolkit**



Explore models and resources for implementing HIV/AIDS prevention and treatment programs in rural communities.

Maternal Health Toolkit



Find resources and models for developing programs to address rural maternal health issues.

Mental Health Toolkit



Discover resources and models to develop rural mental health programs, with a primary focus on adult mental health.

Medication for Opioid Use Disorder Toolkit



Learn about models and resources for implementing medication for opioid use disorder programs in rural

communities.

Obesity Prevention Toolkit



Find out how rural communities, schools, and healthcare providers can develop programs to help address obesity.

Oral Health Toolkit



Discover rural oral health approaches that focus on workforce, access, outreach, schools, and more.

Philanthropy Toolkit



Find emerging practices and resources for building successful relationships with philanthropies.

Prevention and Treatment of Substance Use Disorders Toolkit



Learn about models and resources for developing substance use disorder prevention and treatment programs in rural

communities.

Services Integration Toolkit



Learn how rural communities can integrate health and human services to increase care coordination, improve

health outcomes, and reduce healthcare costs.

Social Determinants of Health Toolkit



Discover evidence-based models and resources to address social determinants of health in rural communities.

Suicide Prevention Toolkit



Find evidence-based models and resources for implementing a suicide prevention program in rural areas.

Telehealth Toolkit



Discover program examples and resources for developing a telehealth program to address access issues in rural

America.

Tobacco Control and Prevention Toolkit



Explore program examples and resources for implementing tobacco control and prevention programs in rural areas.

Transportation Toolkit



Explore how communities can provide transportation services to help rural residents maintain their health and well-being.











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- · Learn about their areas of expertise



Dissemination **Toolkit**

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- · Learn how to create health research products
- · Tips for developing policy briefs, fact sheets, journal articles and more



RURAL HEALTH EQUITY RESEARCH CENTER

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The Rural Health Research Gateway is a project of the University of North Dakota Center for Rural Health and funded by HRSA's Federal Office of Rural Health Policy.

Questions?



Thank you!

Alana Knudson, PhD <u>Knudson-Alana@norc.org</u> (301)-908-0835

Research You Can Trust



