ROAD Session Virtual Exchange

Opportunity Makers:

Melding Health and Equity in Rural Places



Today's Event Partners



THE ASPEN INSTITUTE





Rural Community Assistance Partnership

RURAL LLSC



County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

<u>Welcome</u> Janet Topolsky Executive Director, Aspen CSG Why host/organize Rural Opportunity and Development (ROAD) Sessions?

- Highlight and unpack rural development ideas and strategies that are critical in response to COVID-19 and to long-term rebuilding and recovery.
- Feature stories of on-the-ground practitioners who have experience, wisdom and savvy to share.
- Reflect and emphasize the full diversity of rural America lifting voices and lived experiences from a wide range of rural communities and economies.
- Spotlight rural America's assets and challenges
- Infuse practitioner stories and lessons into rural narratives, policymaking and practice across the country
- Strengthen the networking of organizations serving rural communities and regions.

Opportunity Makers

Exchange Format

Panel Discussion: 3:00 – 4:00 p.m. ET Our speakers share their understanding of and experience with connecting health, development and equity in rural places.

Breakout Rooms: 4:00 – 4:30 p.m. ET Optional

Join a breakout to meet others, ask questions, seek advice and share your thinking and experience. New today: JAMBOARDS! Format: Open questions and answers, ideas and advice sharing. Each breakout will include one of today's speakers plus a facilitator.

Opportunity Makers

Exchange Format

Use the Chat Box to share insights or to echo/underline a panelist's point. Please share your thoughts with civility and compassion.

Use the Q & A Box to ask your question of the speakers.

Participant questions will be addressed in the last 15 minutes of the first hour, and during the 30-minute follow-on breakout session.

And last before we start...A little Housekeeping

- Your mics are muted. If you have any tech issues, please use the Chat box. We have people standing by to address!
- At 4:00 ET, enter the breakout discussion by clicking on the link provided in the Chat Box and in the email sent to you today.
 - You have received an email with a special Zoom link for the breakout session already.
 - We will send those links again in the next hour to every registered participant's email.
 - If you have not received it please send a note to <u>csg.program@aspeninstitute.org</u>.
- Recordings of the first hour will be available on the Aspen CSG event webpage in the next few days. That video link will be sent to all registered.



Welcome Today's Moderator:

Cara James President and CEO Grantmakers in Health



Building Context: Data on Rural Health

Lawrence Brown Associate Professor University of Wisconsin -Population Health Institute

Health in Rural America

The Challenges Facing Rural Counties

Lawrence T. Brown, PhD, MPA, November 10, 2020

Rural Counties in America



Counties Categorized by Level of Urbanization

Category	Definition	Total Population	Number of Counties 68 368	
Large Urban Metro	Central urban core counties within an MSA with more than 1 million people	96 m		
Large Suburban Metro	Non-central fringe counties within an MSA with more than 1 million people	77 m		
Smaller Metro	Counties within an MSA with between 50,000 and 1 million people	94 m	731	
Rural Non-metropolitan rural counties with less than 50,000 people		46 m	1,974	

Adapted from the 2013 National Center for Health Statistics' urban-rural classification based on Metropolitan Statistical Area (MSA) designations.

Source: What Works for Health, County Health Rankings & Roadmaps

Rural health infrastructure and utilization

	Best					Worst
Primary Care Physicians (Ratio of population to primary care physicians) Area Health Resource File, 2013	1,000	1,5	00 2	,000	2,500	3,000
Preventable Hospital Stays (per 1,000 Medicare enrollees) Dartmouth Atlas of Health Care, 2013	45	50	55	60	65	R 70
Dentists (Ratio of population to dentists) Area Health Resource File, 2014	1,100	1,600	2,100	2,600	3,100	R 3,600
	🕕 La	rge Urban	ら Large Subu	ırban 🚺 Sn	naller Metro	R Rural

Source: What Works for Health, County Health Rankings & Roadmaps

Rural health and economic outcomes



Source: What Works for Health, County Health Rankings & Roadmaps

America's Opioid Epidemic



Figure 4. Opioid Overdose Mortality Latent Classes in 2002–2004, 2008–2010, and 2014–2016 for n = 3,079 Counties in the Conterminous U.S. Unclassified Counties have Posterior Class Probabilities below Pr < .7.

Challenges faced by rural local public health departments

- Health outcomes for rural residents are also influenced by LHDs that lack the capacity for high performance of the 10 Essential Public Health Services.
- Rural LHDs have fewer staff and lack specialty staff, with the exception of nursing staff (e.g., no epidemiologists).
- Rural LHDs rely on partnerships to provide services but are limited in the number and types of local organizations available to partner.
- Rural LHDs have limited access to technology, which limits access to information available electronically, including the latest public health evidence, training opportunities, and quality improvement materials.



Source: The Double Disparity Facing Health Rural Local Health Departments (2016)

Rural hospital closures are on the rise



The number of rural hospital closures are trending higher



Source: TIME magazine, Rural U.S. Hospitals are On Life Support; UNC Sheps Center for Health Services Research

Theory of Change & Moving America Forward

What Works for Health Reports



Source: County Health Rankings & Roadmaps and Prize

Covid-19 Red Zones, October 25 - 31

Red-zone counties have a one-week infection rate of 100 or more new cases per 100,000 population.

New Cases over a Seven-Day Period

Non-metro Red Zone Metro Red Zone Non-metro, New Infection Rate Below 100 per 100k Metro, New Infection Rate Below 100 per 100k Non-metro, No New Cases



Map: Daily Yonder #usafacts • Source: USA Facts • Get the data • Created with Datawrapper



Rural Health in Summit, Washington

Josh Martin

CEO Summit Pacific Medical Center

Building a Thriving Rural Community Through a Public Hospital District

Josh Martin, MBA | CEO | Summit Pacific Medical Center



Grays Harbor County Health Status- Current State

- Population: 75,000
- 17% live **below** the Federal Poverty Level



- Rank 36/39th in the State in Health Factors, social determinants of health
- GH residents die 3 years sooner than any other county in Washington
- Unemployment rate 7.5% (GH) vs 4.8% (WA)
- Deaths from alcohol and drugs are about twice the state average
- Large efforts to improve Health Rankings over time with little impact

Source: County Health Rankings & Roadmaps, 2019



New Vision Statement:

"Through Summit Care, we will build the healthiest community in the Nation."



"We are choosing to go to the Moon not because it is easy, but because it is hard."

- JFK

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COVID-19

- COVID-19 has impacted rural hospitals with limited resources and support
- COVID-19 has impacted rural communities with access to childcare, increased unemployment, and "crisis within the crisis"
- The crisis has stretched us in a way we are comfortable with. Agility and the right team are keys to success

How did we respond?

- We put people at the center
- Connected with community through events and outreach
- Leveraged technology
- Developed our "Agile Manefesto"
- New "Big Goal 2023"
 - By 2023, Summit Pacific will identify and cultivate relationships with community partners who share a commitment to create measurable improvements in the health and well-being of our youth.
- Doubled down on Value Transformation
- Investing in community development
- Keep your head above water and eye on the horizon: now is the time to plan.

What helped?

- Local, state, and federal vital for crisis response and long term recovery
- Similarities in response to both Opioid and COVID-19 crisis.
 - All the resources are devoted to the crisis and limited attention on prevention or recovery.
- Banks were vital for PPP
- Payor partnership instrumental to improving community health
- Grants, Grants, Grants
- Foundation fundraising is essential, now more than ever.



Dare to Disrupt! Dare to Innovate !

"Be the change you wish to see in the world" Mahatma Gandhi



Health and Food in Williamson West Virginia

Maria Arnot

Williamson Health and Wellness Center

- We are in Mingo County, WV, a rural county on the border of Kentucky.
- Community Outreach: "Healthy in the Hills" promoting physical activity, healthy eating and prescription veggies.
- Our local hospital went bankrupt over the winter and has been closed. The Clinic finalized plans to purchase the hospital in April.
- Pull Up for Produce and Meal Kits
- Robust SNAP Stretch program to increase food security
- Virtual Learning for nutrition classes

Join us for the breakout room discussion

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 - Open discussion!

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See you in the Breakout Room!