

Starfield Summit II: Health Equity Summit  
Curriculum Toolkit

**Why Rural Matters**

IGNITE presentation by Frederick Chen, MD, MPH

Module by Anne Derouin, DNP, CPNP and Patrick Huffer, MD

Appropriate Audience: All learners

Related Modules:

- Intersectionality—The Interconnectedness of Class, Gender, Race and other Types of Vulnerability
- Immigrant Populations in a Nation of Changing Policy
- Access to Primary Care is Not Enough: A Health Equity Road Map
- Understanding Health Experiences and Values to Address Social Determinants of Health

Learning Objectives

After participating in this learning module, the participant will be able to:

1. Understand the unique features of rural communities that can both enhance and hinder the health of rural people.
2. Appreciate how the restructuring of healthcare in America contributes to rural health provider shortages.
3. Explore ways that rural training programs shape the health of rural communities by attracting and retaining healthcare providers.

Background

Twenty percent of the United States population, and at least 75% of the geographical landmass, is classified as rural. Despite this, only 8% of physicians practice rurally. Statistics are similarly skewed for nurse practitioners, physician assistants, certified registered nurse anesthetists, dentists, and behavioral health professionals.<sup>1</sup> The health of a rural community is uniquely tied to its geography and resources. The same landscape that lends to a rural settings' scenery and pastoral charm may also bring economic stagnation, isolation, challenges with access, and even more pronounced social and racial/ethnic disparities. Rural areas contain vulnerable populations, including immigrants, American Indians/Alaska Natives, and the elderly. As the U.S. population ages, the shortage of primary care providers is expected to affect the rural sector more acutely. Strategies to improve rural health include modernizing graduate medical education federal policies; incentivizing healthcare providers to practice in rural settings; incorporating technology (particularly telemedicine) into healthcare delivery; and expanding the scope of practice among non-physician health providers.

Ignite Video

Please follow the link below to view the full talk given by Frederick Chen, MD, MPH (~7 min):

Updated August 6, 2018

<https://www.youtube.com/watch?v=AY0UWkkDQj8>.

### Accompanying Slides

<https://static1.squarespace.com/static/56bb9997746fb9d2b5c70970/t/59495c9829687fe3e671077b/1497980059541/2.1+Chen+Presentation.pdf>

### Questions for Group Discussion

*After watching the talk, consider splitting your learners into smaller groups and facilitate discussion on the following questions:*

- 1) What is rural?
- 2) Why do the health outcomes of rural communities matter? What are the implications of rural healthcare to the overall health status of the U.S.?
- 3) How should primary care be delivered in rural areas? What about specialty care?
- 4) Why is the opioid epidemic worse in rural America?
- 5) How does the political divide in the U.S. pertain to rural vs urban areas?
- 6) What are some of the challenges that people in rural areas face with regard to healthcare? Which groups are particularly vulnerable?
- 7) What are some of the challenges that rural healthcare providers face?
- 8) What are some innovative strategies that may contribute to successful healthcare delivery in rural communities?

### Applying an Equity Lens in Professional Practice

As you reflect on the material in this module consider how you will apply it in your professional practice by asking questions based upon the Equity and Empowerment Lens' 5Ps:

**PURPOSE:** Consider an intervention to improve rural health. What is the purpose of your intervention? (Be specific: Does it address reimbursement, delivery, or other aspects of rural health? If you currently serve a rural community, is your intervention informed by local data?)

**PEOPLE:** Who might benefit? Who might be negatively affected? Consider not only patients and communities but also healthcare providers and staff.

**PLACE:** How do you account for people's emotional and physical safety? Are their environmental justice issues to consider? Will your intervention consider how resources are distributed geographically?

**PROCESS:** How do you ensure that those with the most at stake are involved in the process? Are there disenfranchised groups whose voices are left out?

**POWER:** Who has the power (political, financial, grass-roots) to enact your intervention? Who or what body will be held accountable for sustaining this intervention?

For more in depth discussion read and refer to:

- Buerhaus PI, DesRoches CM, Dittus R, Donelan K. Practice characteristics of primary care nurse practitioners and physicians. *Nursing Outlook*. 2015 Mar-Apr;63(2):144-53.

- Bodenheimer TS, Smith MD. Primary care: Proposed solutions to the physician shortage without training more physicians. *Health Affairs*. 2013;32(11):1881-1886. <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2013.0234>. Accessed May 12, 2018.
  - These articles offer insight into how primary care is delivered in our current healthcare system, differences in the practice patterns of primary care nurse practitioners versus physicians, as well as innovative ways to address America's growing primary care needs.
- Keyes KM, Cerdá M, Brady JE, Havens JR, Galea S. Understanding the rural–urban differences in nonmedical prescription opioid use and abuse in the United States. *Am J Public Health*. 2014;104(2):e52-e59. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935688/pdf/AJPH.2013.301709.pdf>. Accessed May 12, 2018.
  - This article discusses factors that may contribute to the prevalence of problematic opioid use in rural areas.
- National Rural Health Association, American Academy of Family Physicians. Graduate Medical Education for Rural Practice (Position Paper) . AAFP website. <https://www.aafp.org/about/policies/all/rural-practice.html>. Updated November 2013. Accessed May 12, 2018.
  - This position paper offers historical perspective, supporting evidence, and suggestions for future directions in the roles of residency rural training tracks (RTTs) and graduate medical education.
- Belcourt A. The hidden health inequalities that American Indians and Alaskan Natives face.. The Conversation website. <https://theconversation.com/the-hidden-health-inequalities-that-american-indians-and-alaskan-natives-face-89905>. Updated January 25, 2018. Accessed May 12, 2018.
  - A personalized primer on the health disparities unique to American Indians and Alaska Natives, and how the Indian Health Service (IHS) operates within this framework. The links in the article are worth exploring to broaden understanding of this topic.

Resources for further exploration:

**Macro: In Health Care Transformation**

- Mitchner J, Bartlett C. Improving the health of residents in rural counties. Practical Playbook website. <https://www.practicalplaybook.org/blogs/improving-health-residents-rural-communities> Accessed May 12, 2018.
  - This blog provides a concise summary of common themes which have led to successful health innovations in rural communities and a comprehensive list of resources and references.

- Robert Graham Center website. . <https://www.graham-center.org/rgc/home.html>. Accessed May 12, 2018.
  - The Robert Graham Center for Policy Studies in Family Medicine and Primary Care, affiliated with the American Academy of Family Physicians, is a resource for current research, policy, and tools related to community and population health. The website features interactive maps which can be used to illustrate and understand rural health disparities.
- Rural Health Information Hub website. <https://www.ruralhealthinfo.org/topics/rural-health-disparities>. Accessed May 12, 2018.
  - The Rural Health Information Hub, formerly the Rural Assistance Center, is funded by the Federal Office of Rural Health Policy to be a national clearinghouse on rural health issues. This site provides updated resources and tools to help users learn about rural health needs and work to address them.

### **Meso: In Quality Improvement**

- Promising Practices. . National Organization of State Offices of Rural Health website. <https://nosorh.org/sorh-showcase/promising-practices/>. Accessed May 12, 2018.
  - This webpage highlights examples of initiatives and innovations various states have undertaken to improve rural healthcare.
- Baldrige Performance Excellence Program 2017. National Institute of Standards and Technology website. <https://www.nist.gov/baldrige/southcentral-foundation-2017>. Accessed May 12, 2018.
  - This award winning healthcare delivery system in rural Alaska focuses on successful relationship-building among healthcare, community members and thought leaders to deliver comprehensive services (physical, mental, spiritual and emotional) to community members.
- Bipartisan Policy Center. Reinventing Rural Health Care: A Case Study of Seven Upper Midwest States. <https://bipartisanpolicy.org/wp-content/uploads/2018/01/BPC-Health-Reinventing-Rural-Health-Care-1.pdf> January 2018. Accessed May 12, 2018.
  - This provides a comprehensive report of health outcome data and insight from key stakeholders of seven Midwest states regarding the healthcare delivery systems, outcomes and implications. Key strategies for policy, community engagement, funding and innovation are outlined to meet needs in the future.
- NEJM Study: Primary Care Clinicians Can Treat Hepatitis C as Effectively as Specialists Through New Delivery Model. Robert Wood Johnson Foundation website. <https://www.rwjf.org/en/library/research/2011/06/nejm-study-primary-care-clinicians-can-treat-hepatitis-c-as-effe.html>. Accessed May 12, 2018.
  - This article shows that with the right support and resources, rural primary care clinicians can effectively treat patients with Hepatitis C, without the need for

direct specialty care. The New England Journal of Medicine (NEJM) article is available at <http://www.nejm.org/doi/full/10.1056/NEJMoa1009370>.

- Rapid Evidence Review: What are effective approaches for recruiting and retaining rural primary care health professionals? Washington, DC: Academy Health; 2017. [https://www.academyhealth.org/sites/default/files/Rural\\_Workforce\\_RER\\_Final.pdf](https://www.academyhealth.org/sites/default/files/Rural_Workforce_RER_Final.pdf). Accessed May 12, 2018.
  - This resource summarizes the evidence behind various strategies used for the recruitment and retention of rural health providers.

#### **Micro: In Clinical Encounters-Shared Decision Making**

- Wong ST, Regan S. Patient perspectives on primary health care in rural communities: effects of geography on access, continuity and efficiency. *Rural Remote Health*. 2009 Jan-Mar;9(1):1142. <https://www.rrh.org.au/journal/article/1142>. Accessed May 12, 2018.
  - This study provides a patient perspective about delivery of primary care services in rural communities.
- Griffith ML, Siminerio L, Payne T, Krall J. A shared decision-making approach to telemedicine: engaging rural patients in glycemic management. *J Clin Med*. 2016 Nov;5(11):103. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5126800/>. Accessed May 12, 2018.
  - This article reviews use of telemedicine to promote shared decision-making in diabetes care for rural communities.

#### Words and Concepts Used in this Module that are Defined in the Guidebook

- Community Health Center
- Health Professional Shortage Areas
- Medically Underserved Populations
- Poverty:
  - Absolute poverty
  - Relative poverty
  - Income poverty
  - Extreme poverty
- Rural
- Urban

#### References

1. Rural Healthcare Workforce . Rural Health Information Hub website. <https://www.ruralhealthinfo.org/topics/health-care-workforce#characteristics>. Updated July 19, 2018. Accessed October 30, 2018.

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