

Rural Healthy People 2010:

A Companion Document to Healthy People 2010

VOLUME 1

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IN DEDICATION TO DR. PAUL AMBROSE

The Office of Rural Health Policy's interest in working with the School of Rural Public Health within The Texas A&M University System Health Science Center to develop a rural-focused companion piece to Healthy People 2010 was spurred on by the encouragement of the late Dr. Paul Ambrose. Dr. Ambrose, who was the Luther Terry Health Policy Fellow at the U.S. Department of Health and Human Services (DHHS), died in the crash of American Airlines Flight 77 at the Pentagon on September 11, 2001.

Throughout his career, Dr. Ambrose was a strong supporter of rural health care and felt strongly that there needed to be a rural focus to the Healthy People 2010 initiative. A graduate of the Marshall University Medical School, Dr. Ambrose did his residency at Dartmouth and served as a member of the Council of Graduate Medical Education (COGME), an advisory council to the U.S. Congress on residency training and physician workforce needs. At the conclusion of his residency, Dr. Ambrose studied health policy and public health at Harvard University where he received his Masters of Public Health.

In 2000, Dr. Ambrose was named the Association of Teachers of Preventive Medicine (ATPM) Luther Terry Fellow. This position was established to provide the Office of Disease Prevention and Health Promotion (ODPHP) with clinical research and technical expertise in order to support the Department's preventive service goals. This Fellowship provides a critical link between ODPHP and the medical community and offers a valuable experience for clinicians in health policy development. During his tenure at DHHS, Dr. Ambrose continued his strong support of rural health issues as well as public health. He believed that it was important that the Healthy People 2010 initiative become a useful tool for rural communities. This effort is dedicated to the memory of Dr. Ambrose.



PREFACE

This report is comprised of two volumes. Volume 1 contains brief overviews of the top rural health concerns and objectives associated with Healthy People 2010 focus areas, references to key literature about these concerns, and descriptions of models for practice that rural communities can draw upon to achieve key Healthy People 2010 objectives. Volume 2 is an appendix that presents more detailed literature reviews and associated references for the top rural health concerns.

Healthy People 2010 greeted the new century with a report identifying 467 objectives within 28 focus areas intended to stimulate and support action to improve the nation's health. These objectives were intended to guide actions by national, state, and local governments and by numerous health provider and community-based organizations across the country. The Healthy People 2010 (HP2010) document represented the contributions of more than 350 national organizations and 250 state public health, mental health, substance abuse, and environmental agencies—and the activities of thousands of national, state, and local participants addressing HP2010 objectives in America's states and communities. Healthy People 2010 documents can be found at the Healthy People 2010 website (<http://www.healthypeople.gov>).

The leaders and staff of the Office of Rural Health Policy (ORHP) recognized that the major goals of Healthy People 2010 to increase the quality and years of healthy life and to eliminate health disparities faced significant hurdles in rural America. Because of the Southwest Rural Health Research Center's (Center's) expertise in rural public health, ORHP charged the Center to work with a diverse rural constituency to identify a number of HP2010 focus areas and selected objectives of importance to rural communities and to provide illustrations of approaches taken by rural areas to address rural needs.

The Center proposed to identify Healthy People 2010 focus areas that were of particular significance to rural America, to review the research literature related to the selected areas, and to identify successful practices and programs that rural communities are employing to address major health problems and that might serve as “models” for communities wishing to address one or more of the HP2010 objectives. The Center did not attempt to mirror the wide-ranging work of thousands of people that went into investigating all of the 28 focus areas with 467 objectives in the Healthy People 2010 document. Instead, the Center's approach included the following steps. First, we selected criteria to be used in identifying HP2010 focus areas that could be considered major health priorities in rural America. Second, using those criteria and two rounds of surveys of stakeholders, we identified 10 HP2010 focus areas. Third, for each of the 10 selected priorities, we carried out extensive literature reviews in each of the priority areas to identify the nature of the problem, the special challenges for rural communities, and what was known about effective approaches to addressing the health problems in rural areas. Fourth, we gleaned from our surveys of stakeholders—including state offices of rural health and other state organizations, ORHP and other national agencies, foundations, research centers, and nationwide samples of rural hospitals, rural health centers, rural health clinics, and rural public health agencies—a number of approaches employed in states and communities to address problems in each of the 10 selected focus areas. Finally, we surveyed the “model” programs identified by these sources and described the approaches they used and how they addressed challenges specific to rural communities.

The following materials reflect the work of the Rural Healthy People 2010 team that began in January 2001 and continued through 2002. Additional work on Rural Healthy People 2010 will continue over the next year, and its products will be reported on our

website (www.srph.tamushsc.edu/rhp2010) and in future reports.

This and other Rural Healthy People 2010 reports are intended to better inform readers on current rural health conditions, provide insights into possible points of attack, and offer examples of models that might be employed in practice to improve rural health conditions. As noted above, this is the first of two volumes. Volume 1 contains an introduction to the Rural Healthy People 2010 project, brief discussions of the literature on each of the selected focus areas and objectives, and descriptions of models for practice for each of 10 Healthy People 2010 focus areas selected. Volume 2 contains the more detailed literature reviews on the same 10 rural health topics along with a more lengthy set of references. The two-volume printed copy of this Rural Healthy People 2010 report captures these topics at a point in time and, like the web-based version, is intended as a useful resource for health professionals, administrators, other community leaders, and policy makers. The web-based version—Rural Healthy People 2010 on the Web—is an “organic document” located at www.srph.tamushsc.edu/rhp2010. It will be updated periodically, adding reviews of additional rural health priority areas and adding new “models for practice,” as we identify them, for each of the top health priority areas. Two new focus areas and associated models for practice will be added during 2003—Immunization and Infectious Diseases, and Injury and Violence Prevention. The dynamic nature of the web version will reflect change as new models for practice emerge, new and important research is published, or other relevant and timely sources of information appear on key health issues for rural America.

The Rural Healthy People 2010 contributors explore many of the disadvantages and disparities facing many rural communities with an eye toward creating wider understanding of rural health needs. At the same time, we do not wish to diminish advantages and attractions that many rural areas already offer to their residents and visitors. More important, we want to recognize and highlight the many rural communities, like those featured in Rural Healthy People 2010 “models for practice.” They reflect the hard work and commitment of rural people unwilling to accept existing conditions and who, instead, explore new pathways to improve the health of rural people.

This report and the subsequent success of Rural Healthy People 2010 depends on generous sharing of information from a multitude of people. The following pages only begin to reflect the widespread input from rural constituencies in the initial development of our work and its reports. This is the case for the selection of the rural health priorities, some of the materials incorporated in the reviews, and the compilation and analysis of the dozens of models for practice presented here. All of these elements benefited from the cooperation of hundreds of national, state, and local rural health participants. We encourage these people and others who read Rural Healthy People 2010 materials to forward to the Southwest Center additional research articles, models for practice, and other relevant resource material to support our ongoing efforts to provide rural communities, providers, and organizations with information that is accurate, timely, and useful.

ACKNOWLEDGMENTS

From the beginning of the Rural Healthy People 2010 project, starting with the original request from the Office of Rural Health Policy, that office and many other national and state organizations played an active and significant role in the project. The State Offices of Rural Health along with other state and national experts were very responsive from the beginning in nominating rural health priorities and in assessing the most important criteria for identifying rural priorities. Leaders of the other federally funded rural health research centers, along with the ORHP staff, were very helpful in reviewing the study design and initial products from the project and offering recommendations. Based, in part, upon such recommendations, the project was expanded to garner input from a wide range of state and local rural health leaders on nominations of rural health priorities and accompanying models for practices across the county.

More than a dozen research colleagues at The Texas A&M University System's School of Rural Public Health (SRPH) participated in the early discussions leading up to the design of the project. A number of these faculty played a role in authoring chapters and/or providing guidance on models for practice. They include, in alphabetical order, Craig Blakely, Jane Bolin, James Burdine, Susan Carozza, Brian Colwell, Betty Dabney, Ken McLeroy, Jennifer Peck, Stacey Stephens, Tom Tai-Seale, and Miguel Zuniga. Peter Fos of the University of Nevada-Las Vegas, authored the chapter on oral health. We are grateful, too, for the work of an outstanding team of SRPH graduate student research assistants, who offered support in survey research, literature reviews, and research on models for practice for the project. They include: Kristie Alexander, D'Arcie Anderson, Scott Bell, Denise Blevins, Graciela Castillo, Coleman Chandler, Paul Crews, Magda de la Torre, Annie Gosschalk, Stephanie Pittman, Cortney Rawlinson, Leticia Shanley, and Sarah Stone.

We appreciate, too, the contributions of our former colleague, Gail Bellamy, now of the Institute for

Health Policy Research and the Robert C. Byrd Health Sciences Center of West Virginia, who played an important role in the development of criteria and guidelines for selecting models for practice and identification of models. Alicia Dorsey of SRPH provided valuable support in editing the literature reviews and models for practice. The final editing work of Susan Lee is visible, too, in the final product.

Catherine Hawes, Director of the Southwest Rural Health Research Center, played a significant leadership role in conceptualizing the initial project and continuing support for it. Betty J. Dabney, in addition to authoring one of the literature reviews, offered technical guidance in conducting and organizing the materials from our literature reviews and participated in development of guidelines for assessment of models for practice. Linnae Hutchison, Project Manager for the Center and for the Rural Healthy People 2010 project, in addition to co-authoring three chapters, provided daily project coordination and supervision of project activities, had major responsibility for website development, and, indeed, played a key role in every facet of the project. Finally, in light of the many contributions of the aforementioned, I had the good fortune to serve as the Principal Investigator of Rural Healthy People 2010. My work on a few of the literature reviews, the surveys for identifying rural health priorities, and project design and management benefited from the contributions of these participants.

We are especially indebted to the Office of Rural Health Policy, particularly Marcia Brand, its director, for providing the impetus and funding for the Rural Healthy People 2010 project. Joan Van Nostrand, Director of Research for ORHP, and Kathy Hayes, the ORHP liaison to the Rural Healthy People 2010 project, were particularly generous in offering feedback, advice, and encouragement. Many other staff members of ORHP, the Healthy People 2010 Consortium, the Bureau of Primary Health Care, the National Organization of State Offices of Rural

Health, and the National Rural Health Association provided assistance and/or provided opportunities to share our work with others and to gain additional valuable information from informed audiences. A number of other national associations provided assistance, as well, including: American Hospital Association's Section on Small or Rural Hospitals, Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health, National Association of Community Health Centers, and National Association of Rural Health Clinics.

Finally, all of the Southwest Rural Health Research Center team and the ORPH staff gratefully and respectfully acknowledge the contribution and inspiration of the late Dr. Paul Ambrose, to whom this project is dedicated.

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