Creating A Health Equity Culture: Tools and Resources to Support Rural Healthcare Leaders

2024 Forum on Rural Population Health & Health Equity
Oregon Office of Rural Health

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13 June 2024

NORC WalshCenter FOR RURAL HEALTH ANALYSIS

RURAL HEALTH EQUITY RESEARCH CENTER

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.

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Defining Health Equity

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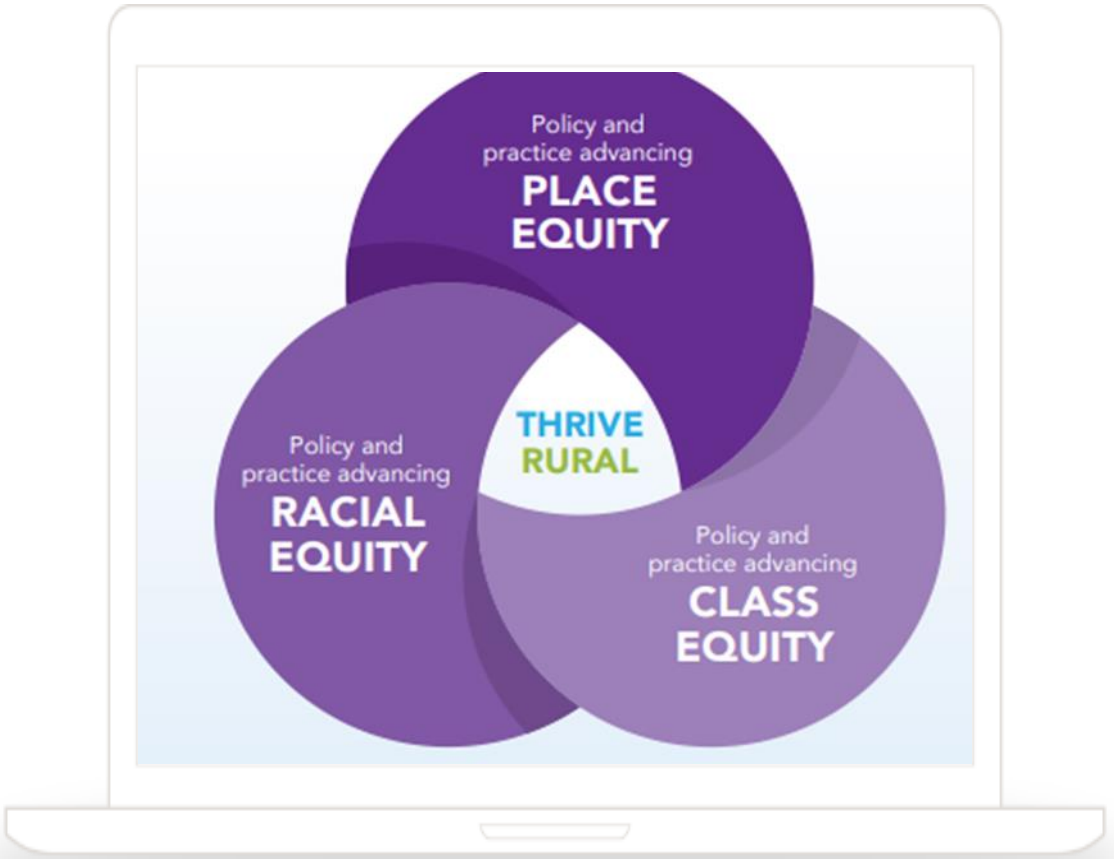
By health equity, we mean everyone has the opportunity to attain their highest level of health.

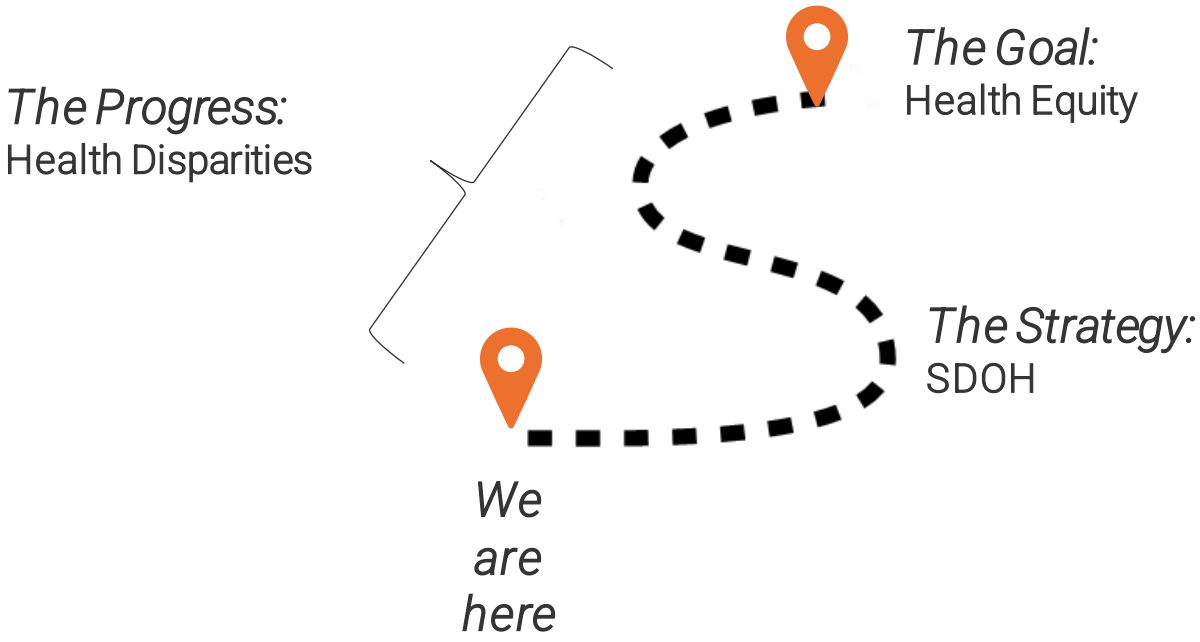
American Public Health Association

Multiple concepts involved in health equity

- Ability to achieve the best possible level of health or live one's healthiest life
- Absence of health and healthcare disparities
- Elimination of challenges that cause inequities, such as poverty and discrimination
- Access to opportunities that promote health, including healthcare and fair employment



→ **Thrive Rural Framework: Foundational Element**
https://www.aspeninstitute.org/publications/the-thrive-rural-framework-foundational-element/


The Progress:
Health Disparities
The Goal:
Health Equity
The Strategy:
SDOH
We are here

The Root Causes of Inequities

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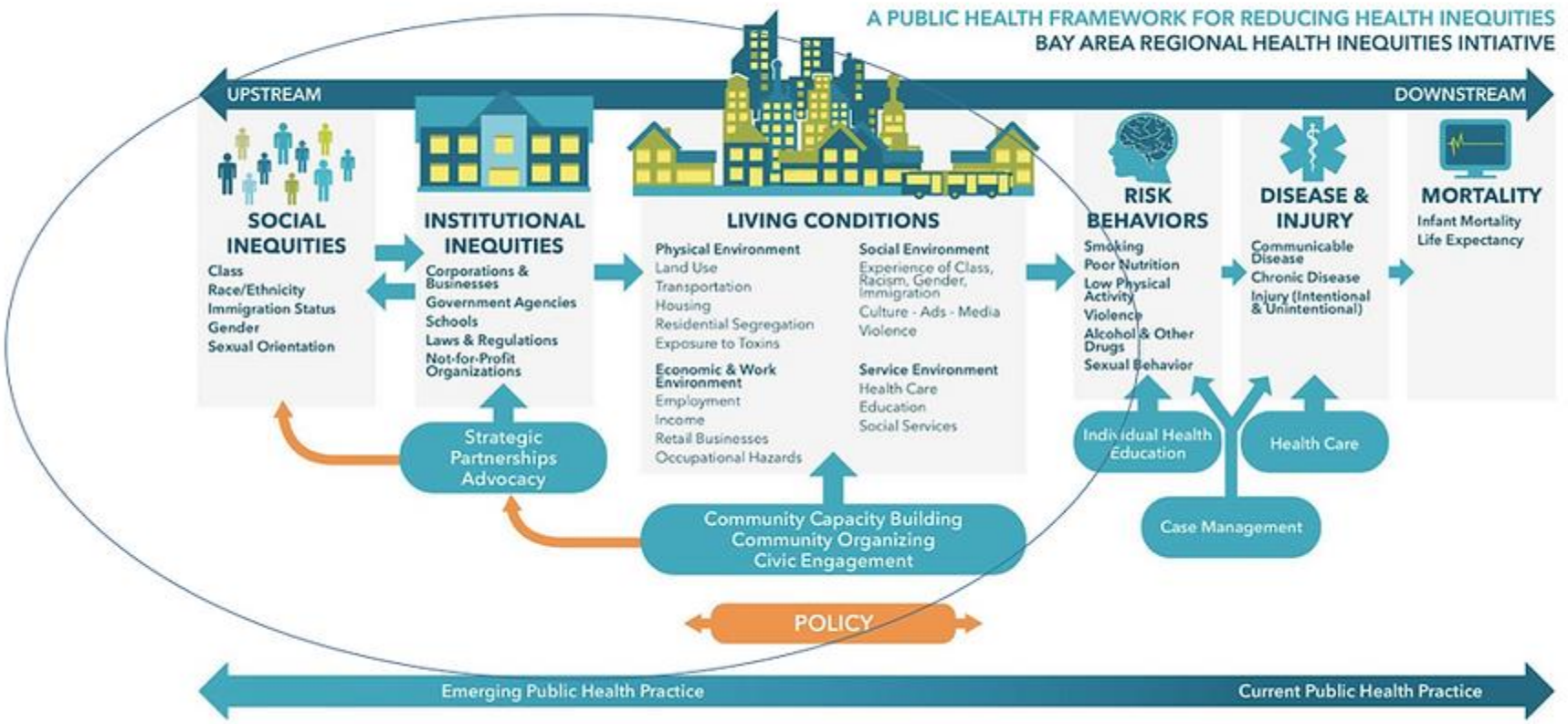
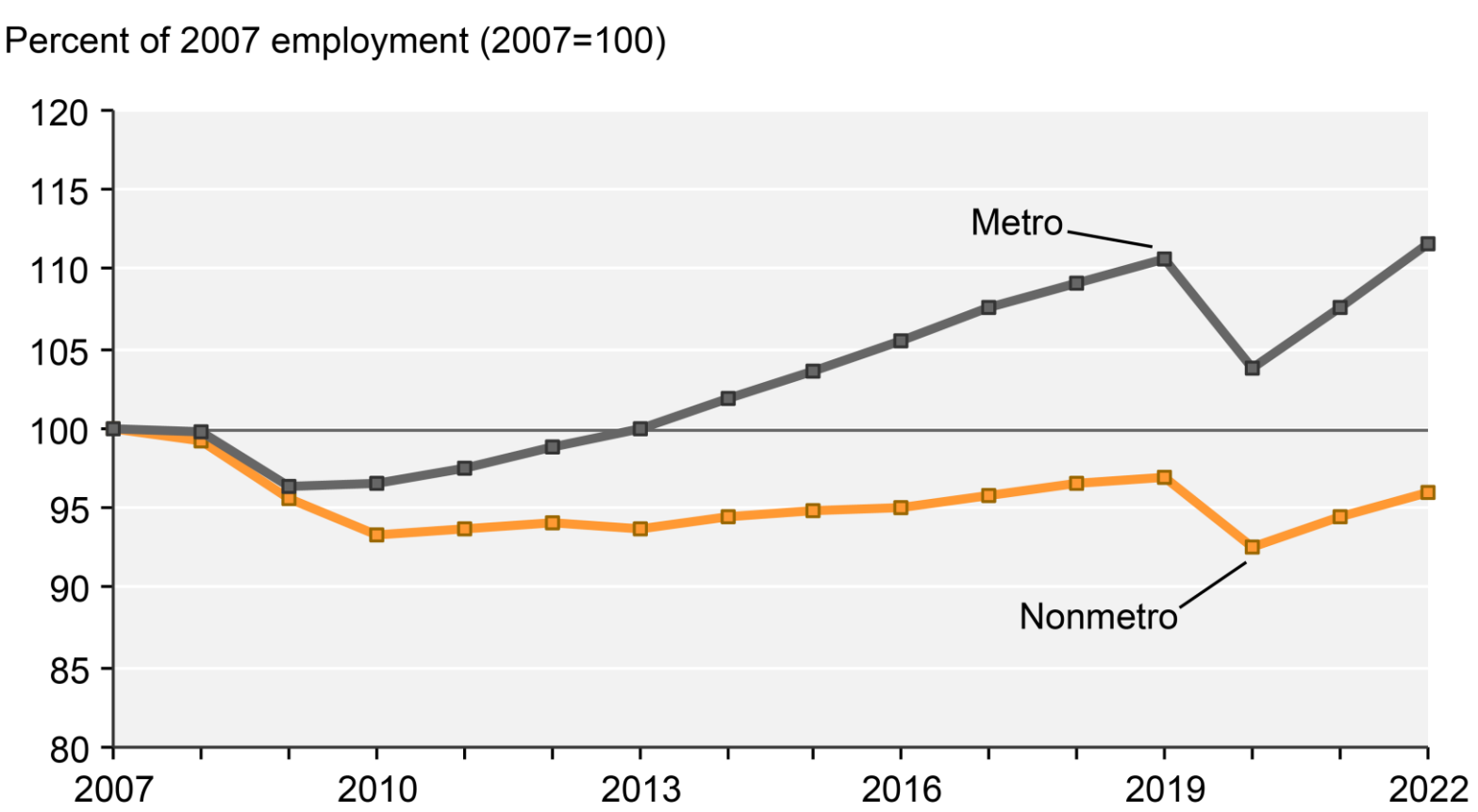
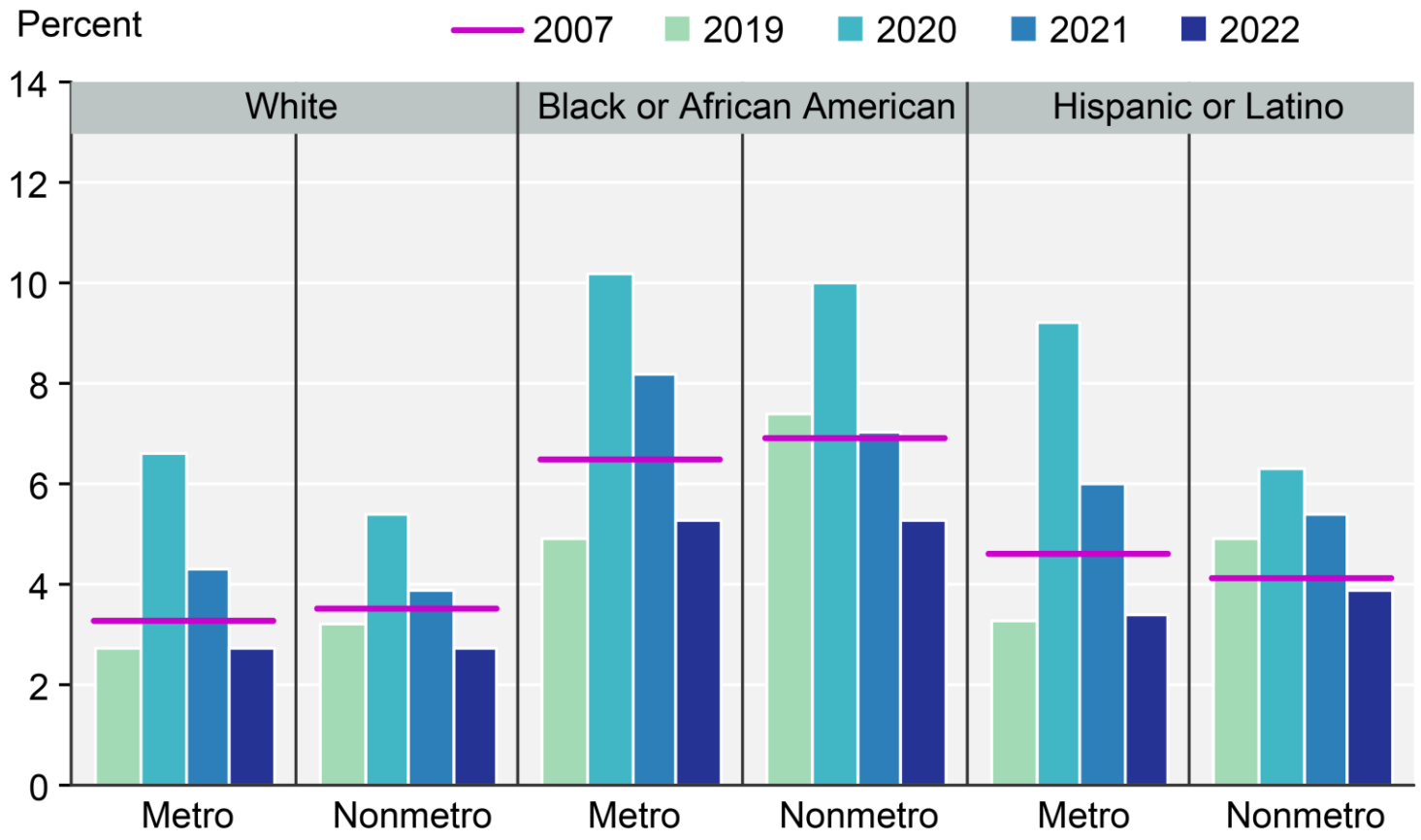

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INTIATIVE
UPSTREAM
DOWNSTREAM
SOCIAL INEQUITIES
Class
Race/Ethnicity
Immigration Status
Gender
Sexual Orientation
INSTITUTIONAL INEQUITIES
Corporations & Businesses
Government Agencies
Schools
Laws & Regulations
Not-for-Profit Organizations
LIVING CONDITIONS
Physical Environment
Land Use
Transportation
Housing
Residential Segregation
Exposure to Toxins
Social Environment
Experience of Class, Racism, Gender, Immigration
Culture - Ads - Media
Violence
Economic & Work Environment
Employment
Income
Retail Businesses
Occupational Hazards
Service Environment
Health Care
Education
Social Services
RISK BEHAVIORS
Smoking
Poor Nutrition
Low Physical Activity
Violence
Alcohol & Other Drugs
Sexual Behavior
DISEASE & INJURY
Communicable Disease
Chronic Disease
Injury (Intentional & Unintentional)
MORTALITY
Infant Mortality
Life Expectancy
Strategic Partnerships Advocacy
Community Capacity Building
Community Organizing
Civic Engagement
Individual Health Education
Health Care
Case Management
POLICY
Emerging Public Health Practice
Current Public Health Practice

U.S. employment in metro and nonmetro areas, 2007–22



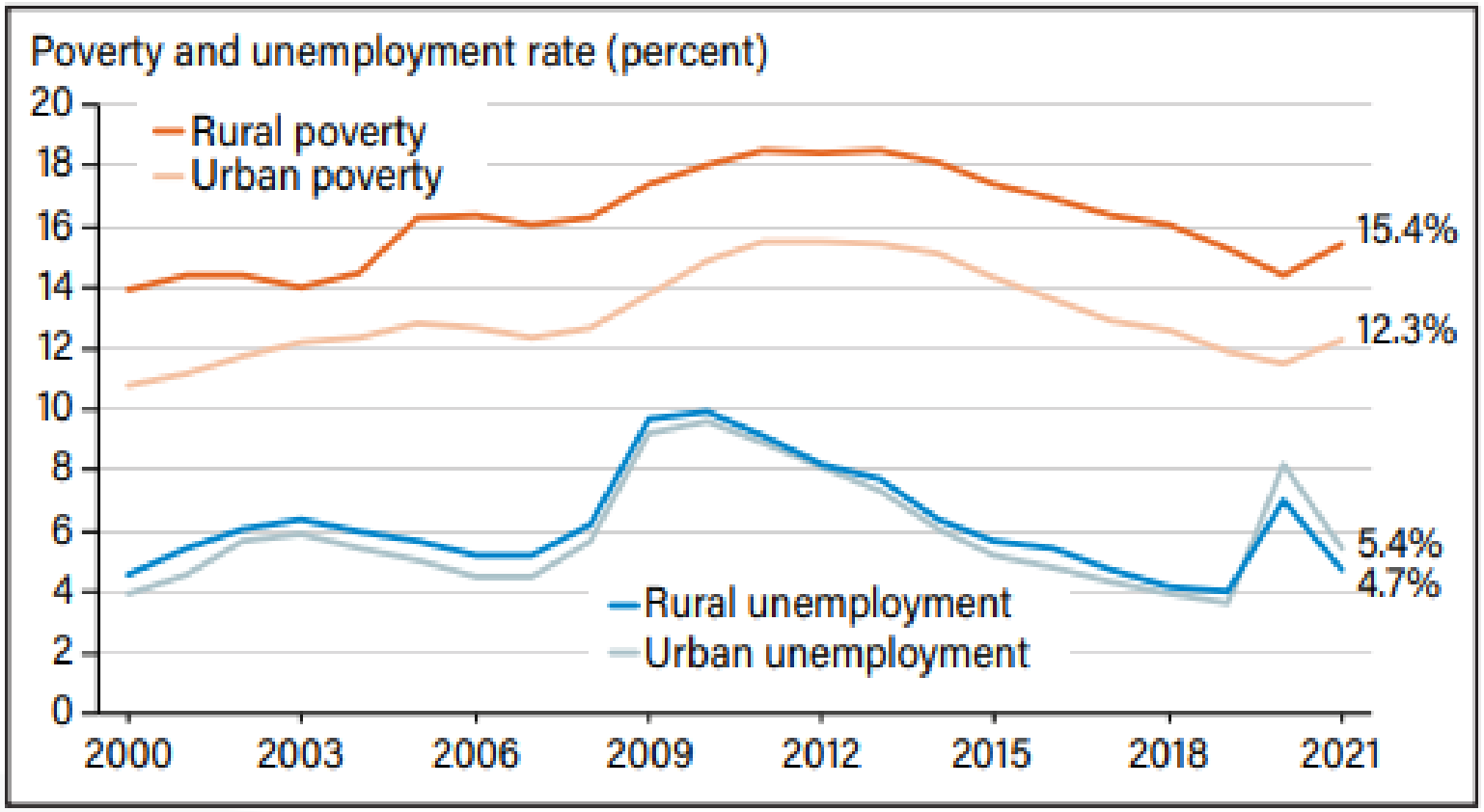
Note: Employment is based on annual average total employment by county, summarized by metro and nonmetro status based on the 2013 definition of metropolitan counties, as determined by the U.S. Office of Management and Budget.
Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics program (April 21, 2023 release).

U.S. unemployment rates for the prime-working-age population (ages 25 to 54) in metro and nonmetro areas by race/ethnicity, 2007 and 2019–22



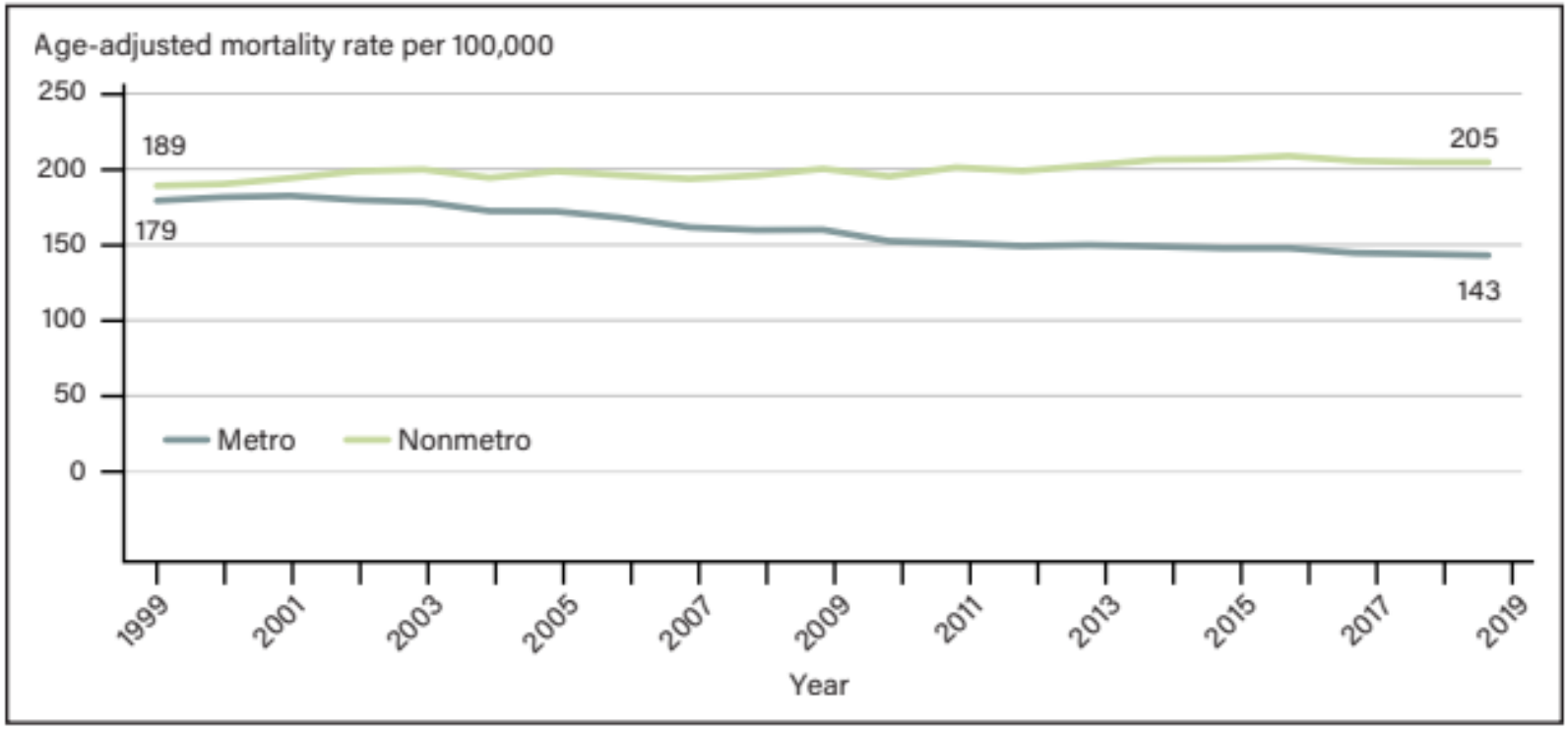
Note: Metro and nonmetro designations for 2007 are based on the 2003 definition of metropolitan counties; designations for 2019, 2020, 2021, and 2022 are based on the 2013 definition, as determined by the U.S. Office of Management and Budget.
Source: USDA, Economic Research Service using data from the U.S. Bureau of Labor Statistics, Current Population Survey.

U.S. rural and urban poverty and unemployment rates, 2000–21



Note: Rural/urban status is based on 2013 county nonmetro/metro delineations as determined by the Office of Management and Budget.
Source: USDA, Economic Research Service using data from U.S. Department of Commerce, Bureau of the Census (poverty) and U.S. Department of Labor, Bureau of Labor Statistics (unemployment).

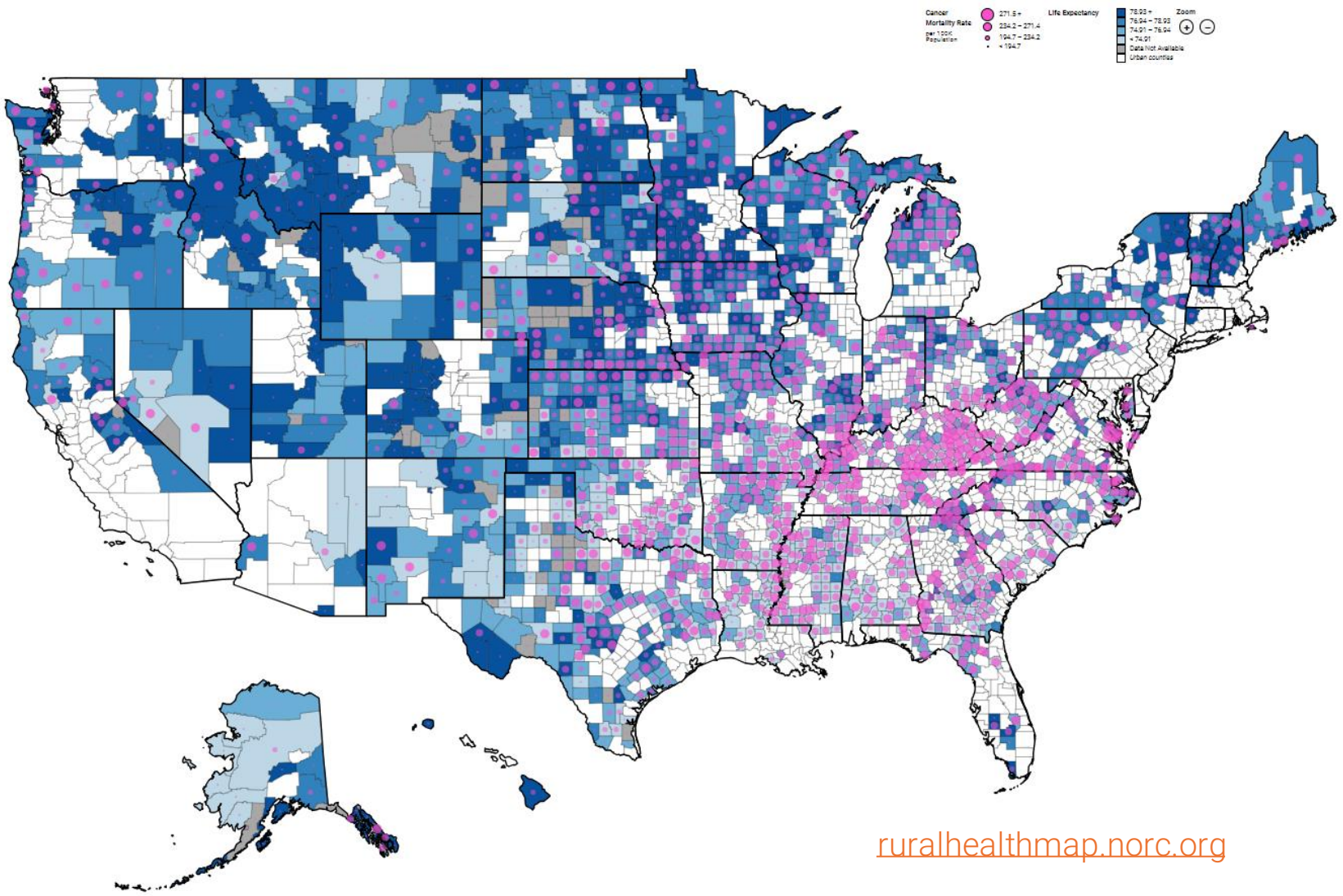
Age-adjusted prime working-age natural-cause mortality rates, metro and nonmetro areas, 1999–2019



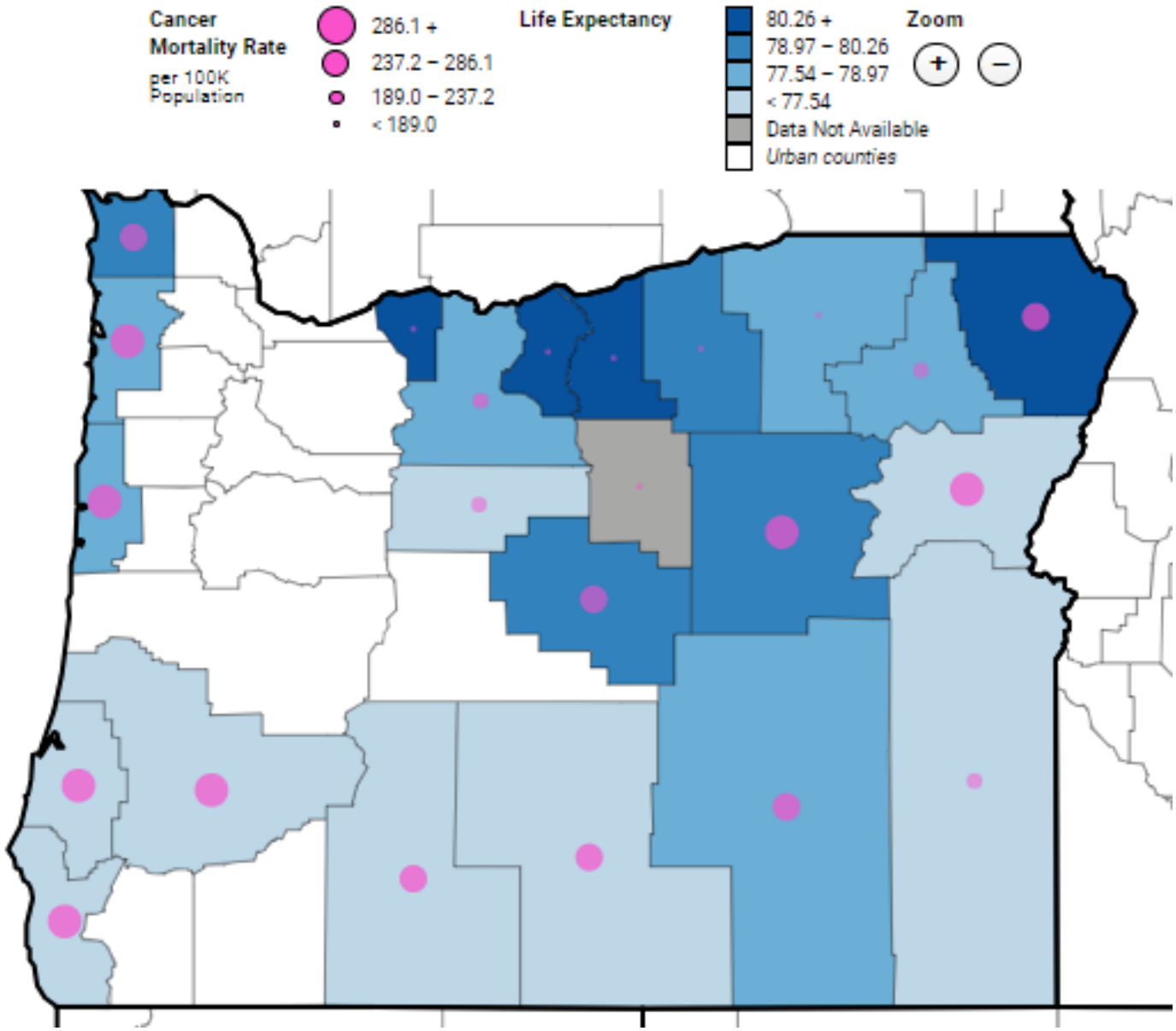
Note: Natural-cause mortality rates are deaths from disease per 100,000 residents. Metro (metropolitan) and nonmetro (nonmetropolitan) counties are delineated by the Office of Management and Budget's 2013 Core-Based Statistical Area definition. Prime working-age is 25–54 years of age.

Source: USDA, Economic Research Service using data from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Wide-ranging Online Data for Epidemiologic Research (WONDER).

Life Expectancy and Cancer Mortality in Rural U.S.



ruralhealthmap.norc.org


Cancer Mortality Rate
per 100K Population
286.1 +
237.2 – 286.1
189.0 – 237.2
< 189.0
Life Expectancy
80.26 +
78.97 – 80.26
77.54 – 78.97
< 77.54
Data Not Available
Urban counties
Zoom

Curry County, OR

Life Expectancy	**77.0**
Population (Rural, Micropolitan)	**22,650**

The mortality rate for counties with 10 to 19 deaths during the time period is considered unreliable and therefore not presented. The mortality rate for counties with fewer than 10 deaths during the time period is suppressed.

Click on a variable in the leftmost column of the data table to see it's definition.

Leading Causes of Death Data Table

Leading Causes of Death	Curry County	Oregon	United States
Alzheimer's Disease	77.6	46.8	37.8
Cancer	408.7	196.0	182.8
Respiratory Disease	117.6	46.8	46.4
Diabetes	53.9	31.3	28.7
Heart Disease	415.2	172.5	205.6
Influenza and Pneumonia	25.9	9.7	15.5
Kidney Disease	31.3	9.5	15.9
Liver Disease	44.2	18.4	14.8
Stroke	90.6	51.6	47.2
Suicide	35.6	20.5	14.4
Unintentional Injuries	93.8	58.6	58.2

Framing Health Equity

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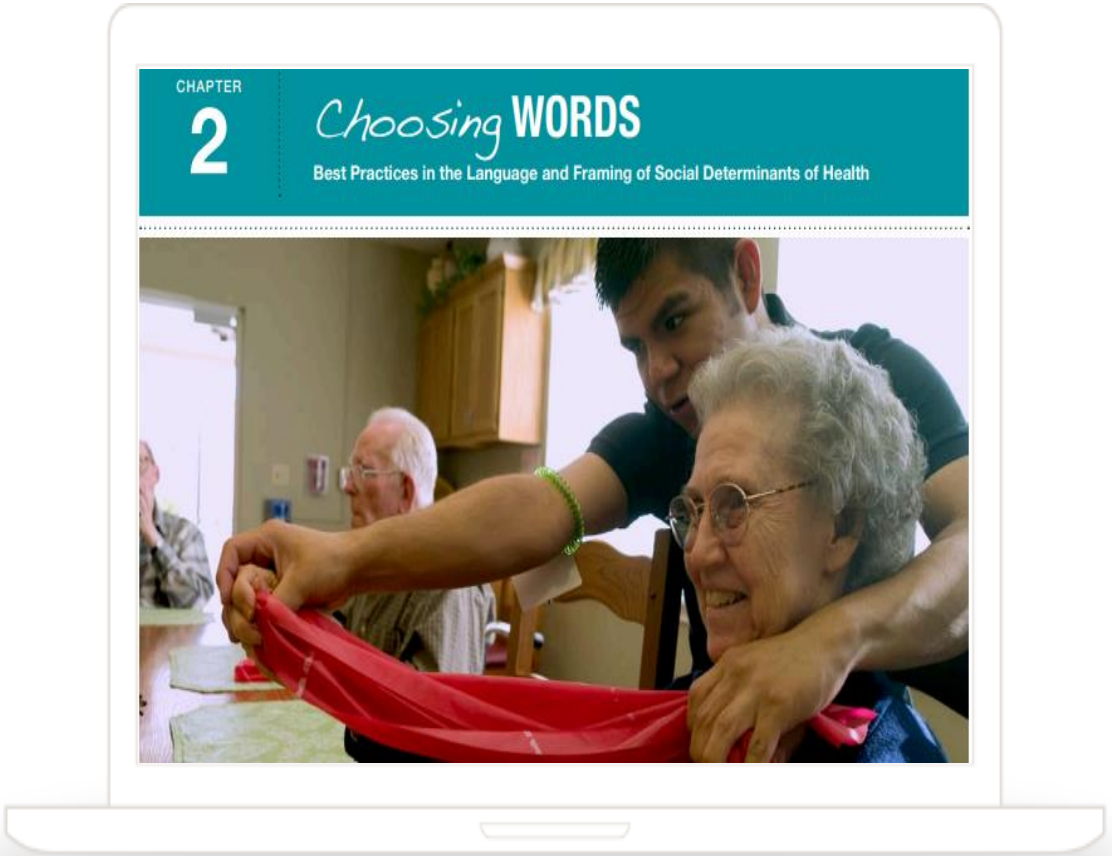
Finding Common Ground

- Will the terms "equity" and "social drivers of health" resonate with your staff and community?
- What messages work in rural areas?
  - Solve problems together
  - Be resourceful
  - People are the strongest asset
  - Important to involve people in the community and give them a seat at the table

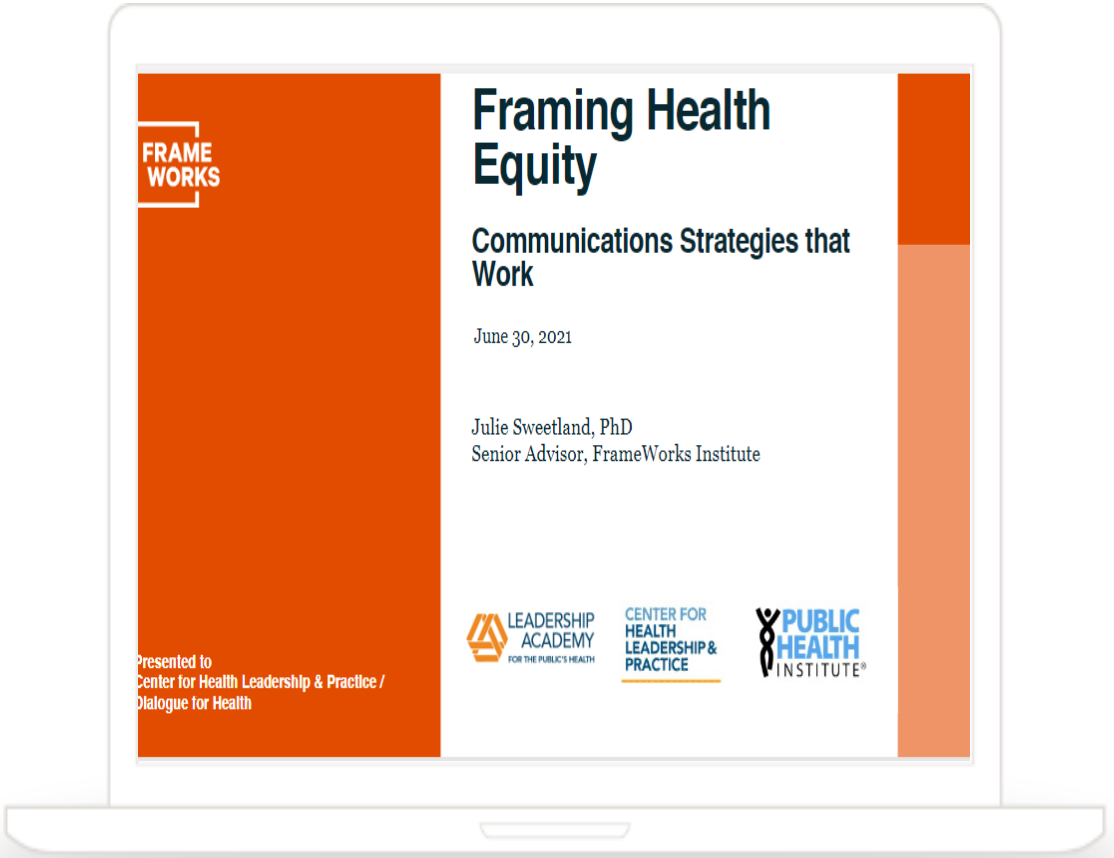


→ **A New Way to Talk about Social Determinants of Health**
https://societyforhealthpsychology.org/wp-content/uploads/2016/08/rwjf63023.pdf

→ **Talking About the Social Determinants of Health**
https://www.naccho.org/uploads/card-images/public-health-infrastructure-and-systems/Talking-About-the-Social-Determinants-of-Health-FINAL.pdf

Framing Messages

- Be mindful of where you attribute the problem and the solution
  - Avoid common rural refrain: "older, sicker, poorer"
- Focus on solutions is an effective approach to build support
- Create different messages based on readiness to have conversations about health equity



→ **Framing Health Equity: Communication Strategies that Work** https://dialogue4health.org/web-forums/framing-health-equity-communication-strategies-that-work

→ **Communicating in Conservative Contexts: Strategies for Raising Health Equity Issues Effectively** https://dialogue4health.org/web-forums/communicating-in-conservative-contexts-strategies-for-raising-health-equity-issues-effectively

Fostering Multi-Sector Collaboration

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Fostering multi-sector collaboration

- In addition to building new collaborations, could involve promoting equitable practices in existing partnerships
- There may already be rural groups and coalitions that are organizing around similar issues, but may not have a seat at the table with decision makers and funders

→ **A Primer for Multi-Sector Health Partnerships in Rural Areas and Small Cities**
https://buildhealthyplaces.org/tools-resources/rural-primer/

Building Organizational Capacity

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Building organizational capacity

- Train staff on different aspects of heath equity
- Develop permanent infrastructure for equity, e.g., through policies and formal partnerships
- Build and retain a representative workforce
- Leverage position as anchor institute

→ **Module 3: Program Clearinghouse**
https://www.ruralhealthinfo.org/toolkits/health-equity/3/southeast-arizona-ahec

Building Community Capacity

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Develop Rural Leaders

- One key approach to building capacity is developing rural leaders – especially increasing representation of communities that experience inequities

→ **RuraLead**
https://ruralead.org/three-imperatives-for-a-better-rural-future/

Key Opportunities in Rural Health Equity

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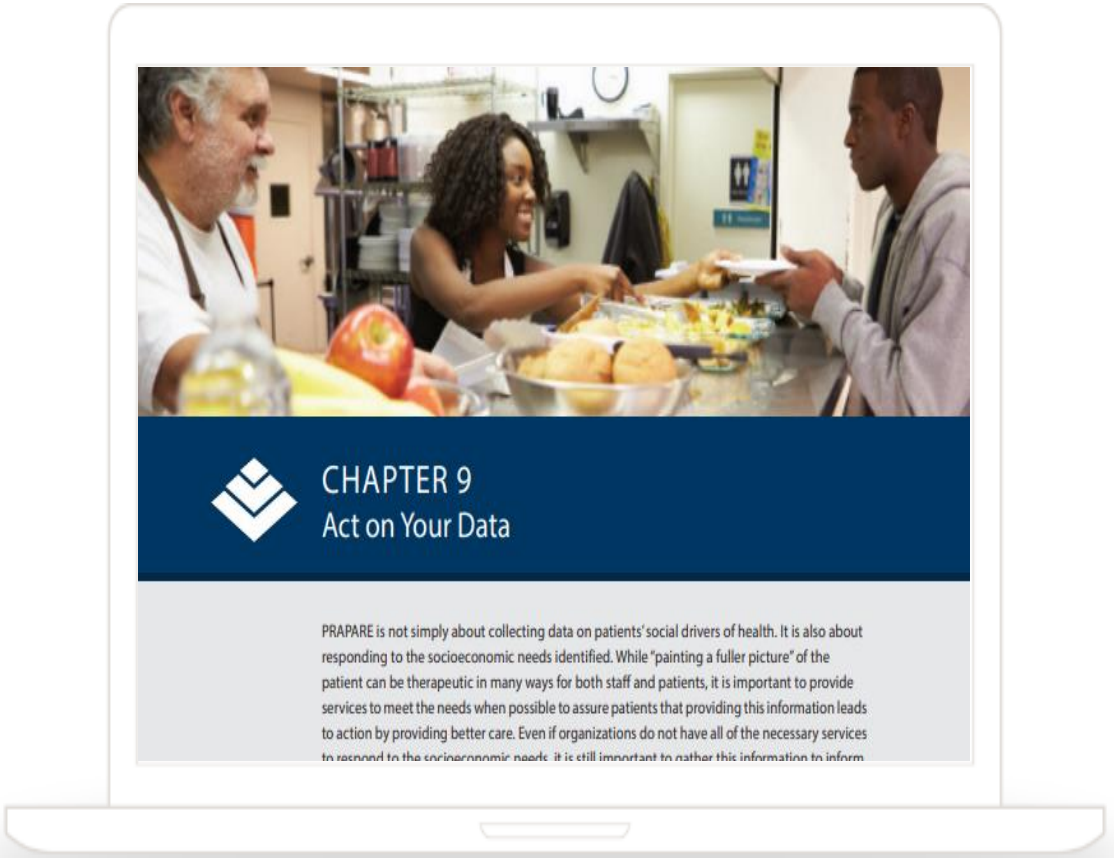
Operationalizing health equity

- Moving from data collection to action
- Implementing innovative programs (challenge: length of time for demonstrating outcomes)



→ **PRAPARE Implementation and Action Toolkit**
https://prapare.org/wp-content/uploads/2022/09/Full-Toolkit_June-2022_Final.pdf

Incorporate health equity in rural health care organizations

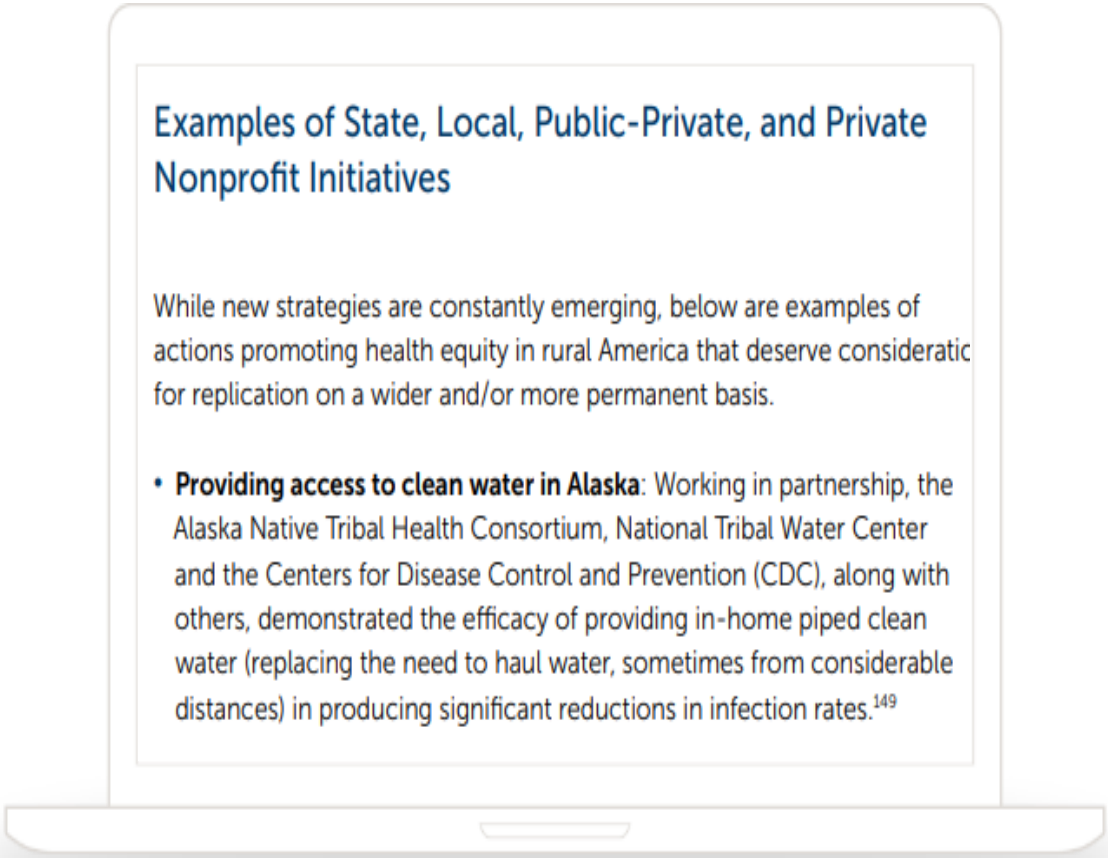
- Leverage value-based payment models
- Collect data to drive action
- Engage communities that experience inequities

→ **Preparing to Advance Health Equity**
https://www.ruralcenter.org/resources/toolkits/health-equity#preparing-to-advance-health-equity

→ **The Health Equity Roadmap**
https://equity.aha.org/

Address infrastructure and capacity concerns

- Attract and retain a health workforce, including staff who reflect the communities that experience inequities
- Overcome persistent infrastructure barriers: transportation and internet access
- Advance economic and community development



Examples of State, Local, Public-Private, and Private Nonprofit Initiatives

While new strategies are constantly emerging, below are examples of actions promoting health equity in rural America that deserve consideratic for replication on a wider and/or more permanent basis.

- **Providing access to clean water in Alaska**: Working in partnership, the Alaska Native Tribal Health Consortium, National Tribal Water Center and the Centers for Disease Control and Prevention (CDC), along with others, demonstrated the efficacy of providing in-home piped clean water (replacing the need to haul water, sometimes from considerable distances) in producing significant reductions in infection rates.[149]

→ **Advancing Health Equity in Rural America**
https://www.rwjf.org/en/insights/our-research/2022/06/advancing-health-equity-in-rural-america.html

slido

What most excites you about advancing health equity in your rural community?

ⓘ Start presenting to display the poll results on this slide.

Resources

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IN THIS TOOLKIT

Modules

1: Introduction
2: Program Models
3: Program Clearinghouse
4: Implementation
5: Evaluation
6: Funding & Sustainability
7: Dissemination
About This Toolkit

Published: 10/13/2022

Rural Health > Tools for Success > Evidence-based Toolkits

Rural Health Equity Toolkit

Welcome to the Rural Health Equity Toolkit. The toolkit compiles evidence-based frameworks and promising strategies and resources to support organizations working toward health equity in rural communities across the United States.

The modules in the toolkit contain information and resources focused on developing, implementing, evaluating, and sustaining rural programs that focus on health equity. There are more resources on general community health strategies available in the Rural Community Health Toolkit.

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→ **https://www.ruralhealthinfo.org/toolkits/health-equity**

IN THIS TOOLKIT

Modules

1: Introduction

2: Program Models

3: Program Clearinghouse

4: Implementation

5: Evaluation

6: Sustainability

7: Dissemination

About This Toolkit

Program Models

Framing Health Equity

Creating a Shared Vision and Definition for Health Equity

Using Inclusive, Non-Stigmatizing Language to Better Communicate about Health Equity

Understanding the Community Context and Identifying Health Equity Priorities

Using Data to Identify Priorities and Health Inequities

Engaging Community Members Affected by Health Inequities

Assessing the Historical and Policy Context when Addressing Health Equity

Fostering Multi-Sector Collaboration to Advance Health Equity

Building Organizational Capacity to Advance Health Equity

Educating and Training Staff on the Principles of Health Equity

Developing Permanent Organizational Infrastructure for Health Equity

Committing to Building and Retaining a Diverse and Inclusive Workforce to Improve Health Equity

Leveraging Position as an Economic Anchor to Improve Health Equity

Building Community Capacity to Shape Outcomes of Health Equity Work

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 high-quality 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.

Emergency Preparedness and Response Toolkit

NEW

Discover strategies, resources, and case studies to support rural emergency planning, response, and recovery.

Health Equity Toolkit

Explore evidence-based frameworks and promising strategies to advance health equity in rural communities.

Health Literacy Toolkit

Discover resources and model programs for improving personal and organizational health literacy in rural communities.

Health Networks and Coalitions Toolkit

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

Health Promotion and Disease Prevention Toolkit

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

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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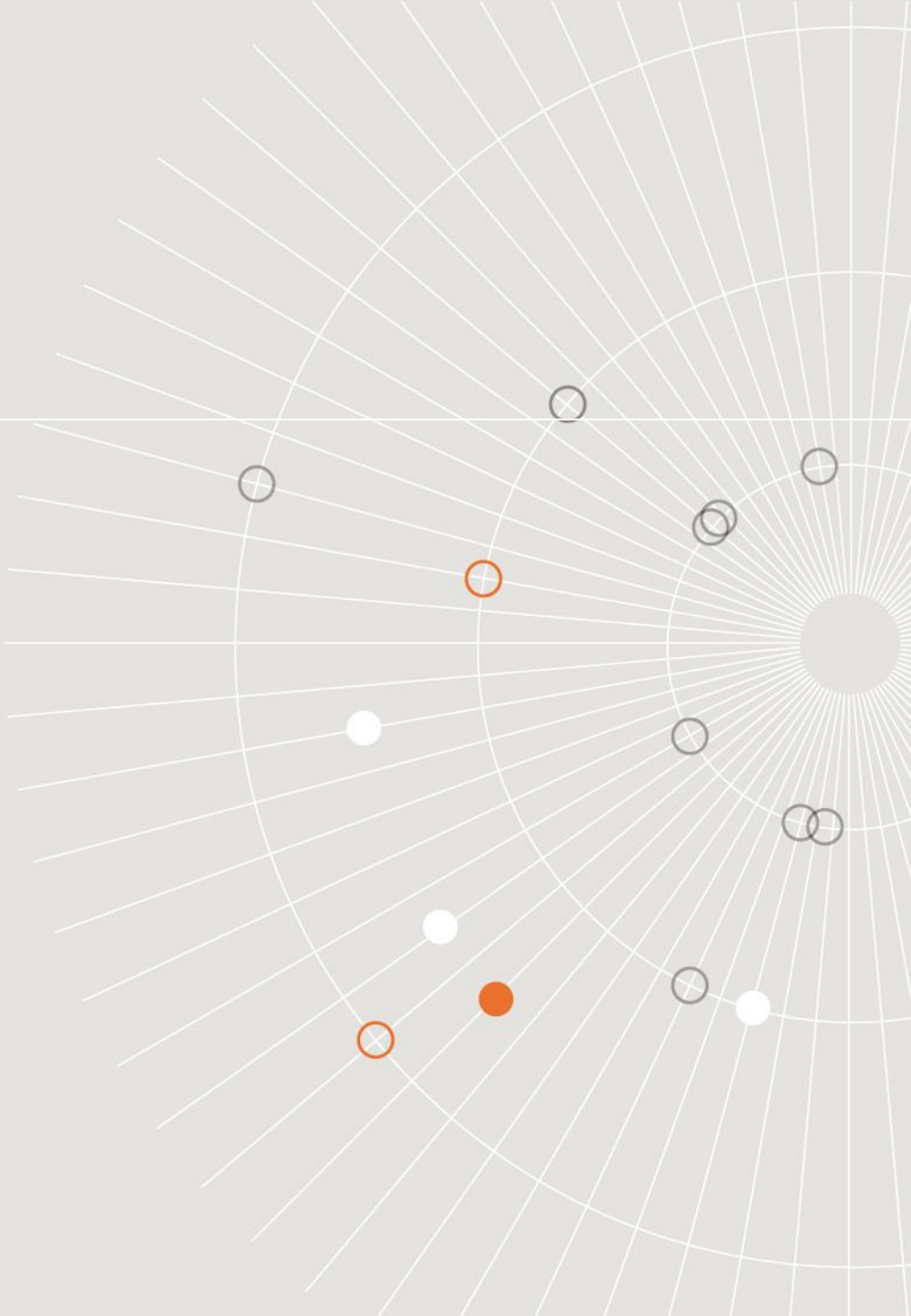
→ **https://www.ruralhealthresearch.org**

→ **https://www. nosorh.org/rural-health-capital-resources-council-project/**

Questions?



Thank you!

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