Rural School-Based Health Centers:

Exploring Strengths and Weakness to Improve Quality, Move Towards Sustainability, and Establish a National Agenda

Presenters

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– Medical Director, Buladean and Tipton Hill School & Family Health Centers

Disclosures

Despite our strong desires to be wealthy consultants or paid talking heads of the drug companies we are not.

Tammy is pregnant. Any miscues in our presentation will be attributed to this.

Workshop Objectives

- Understand health factors that make rural kids unique
- Use a SWOT analysis to determine the needs of rural SBHC's nationally.
- Develop action plans to create a national agenda focused on the unique needs of rural SBHC's.

Rural Kids:
Are their health risks different?

Steve North, MD, MPH

16 yo girl with leg pain

- 4 week history of left leg pain

16 yo girl with leg pain

- Became worse when she went hunting with her dad

Lead in question:
"So, how are you doing
In school?"

16 yo girl with leg pain

- She hurt her leg when a bull threw her and then "tromped" on her leg

©2004 Shooter.net

Are rural kids different?

- Distance
- Opportunity
- Access to care
- Family structure
- Role of community
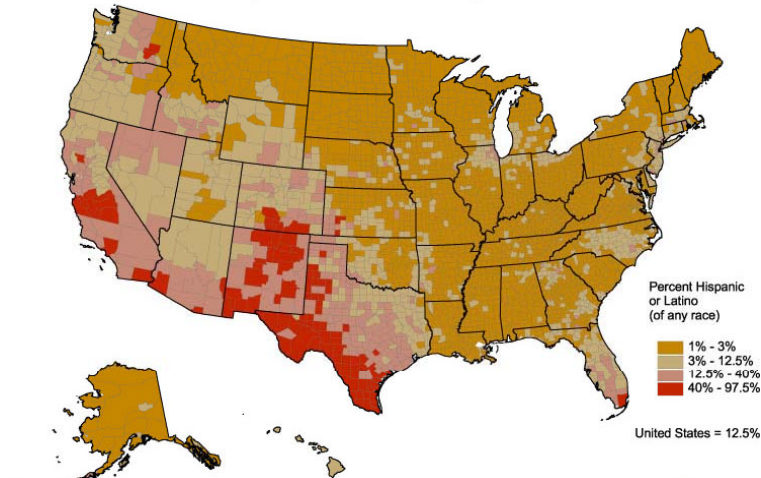- Role of the church

How do you define rural?

- US Census Bureau:

Metro/urban areas can be defined using several criteria. Once this is done, nonmetro/rural is then defined by exclusion -- any area that is not metro/urban is nonmetro/rural.

- What about:
  - Rural Character?
  - Rural Values?

Nonmetropolitan and metropolitan counties, 2003

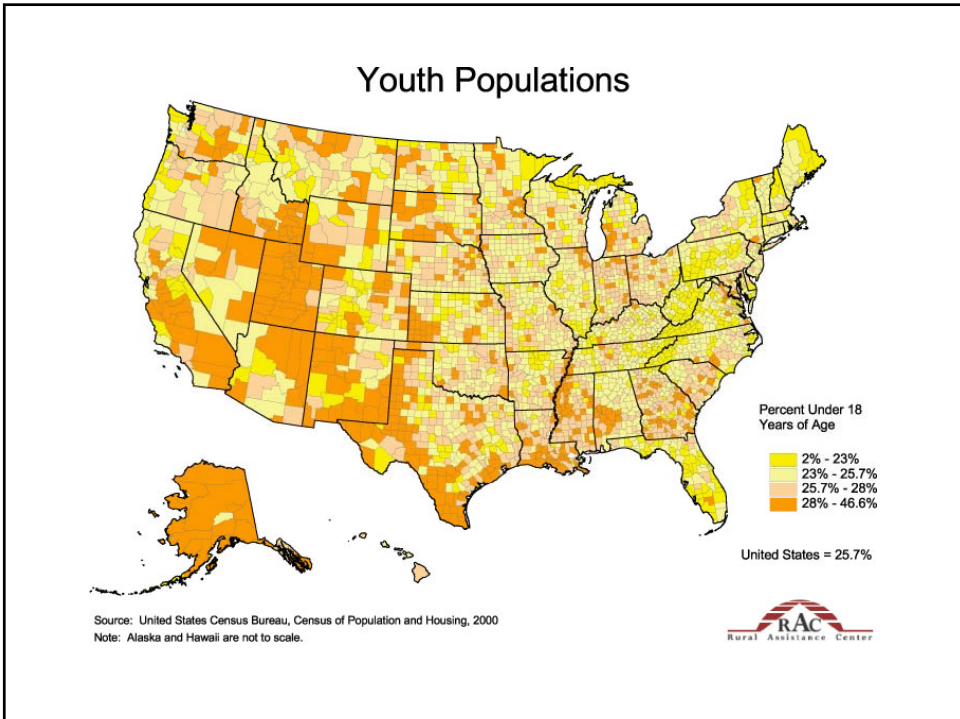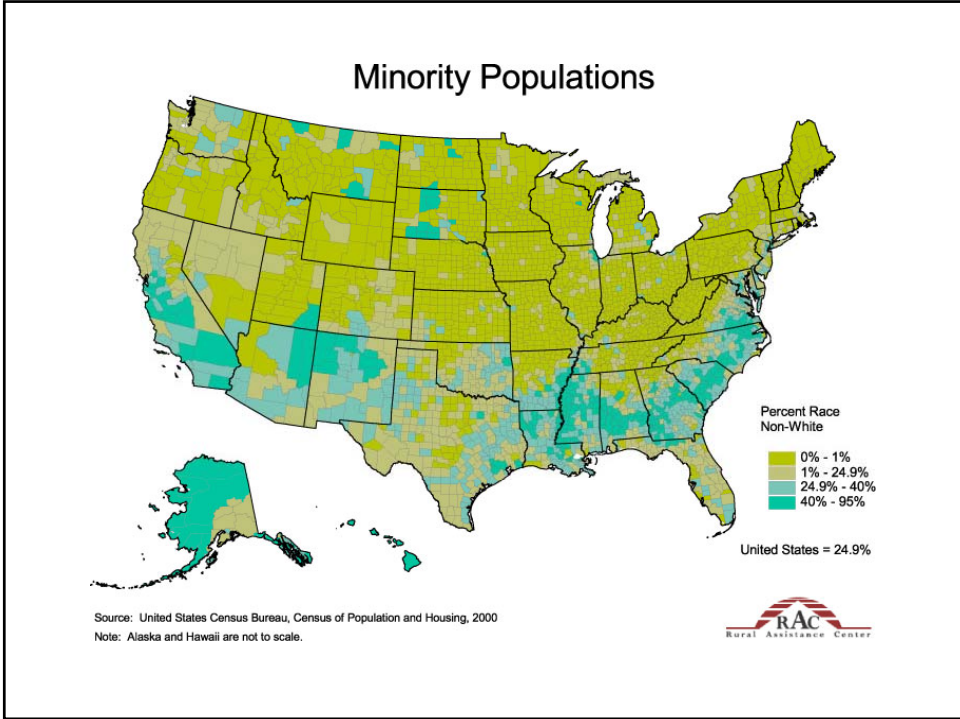Metro (1,090 counties)
Nonmetro (2,052 counties)
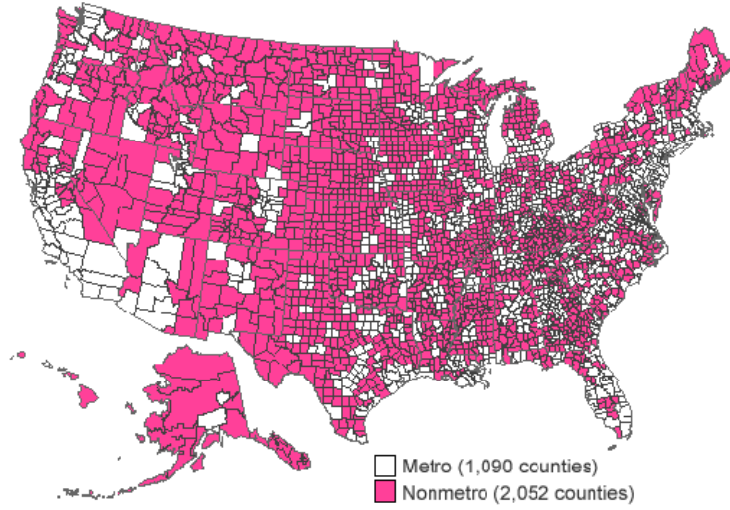
Source: Prepared by ERS using data from the Census Bureau.

Hispanic/Latino Populations

Percent Hispanic
or Latino
(of any race)

1% - 3%
3% - 12.5%
12.5% - 40%
40% - 97.5%

United States = 12.5%

Source: United States Census Bureau, Census of Population and Housing, 2000
Note: Alaska and Hawaii are not to scale.

RAC
Rural Assistance Center

Minority Populations

Youth Populations

Estimated Percent of Population in Poverty
Under Age 18 by County, 2007

Federally Qualified Health Centers (FQHCs)

Frontier Counties of the United States, 2000

Frontier counties are defined as those counties with a population density of less than 7 persons per square mile.

Frontier County

Source: U.S. Census Bureau, (2000).

Note: Alaska and Hawaii not shown to scale

High School Graduates

Percentage of Population with High School Diploma or Higher

65.3% - 70%
70% - 75%
75% - 80.4%
80.4% - 90.2%

United States = 80.4%
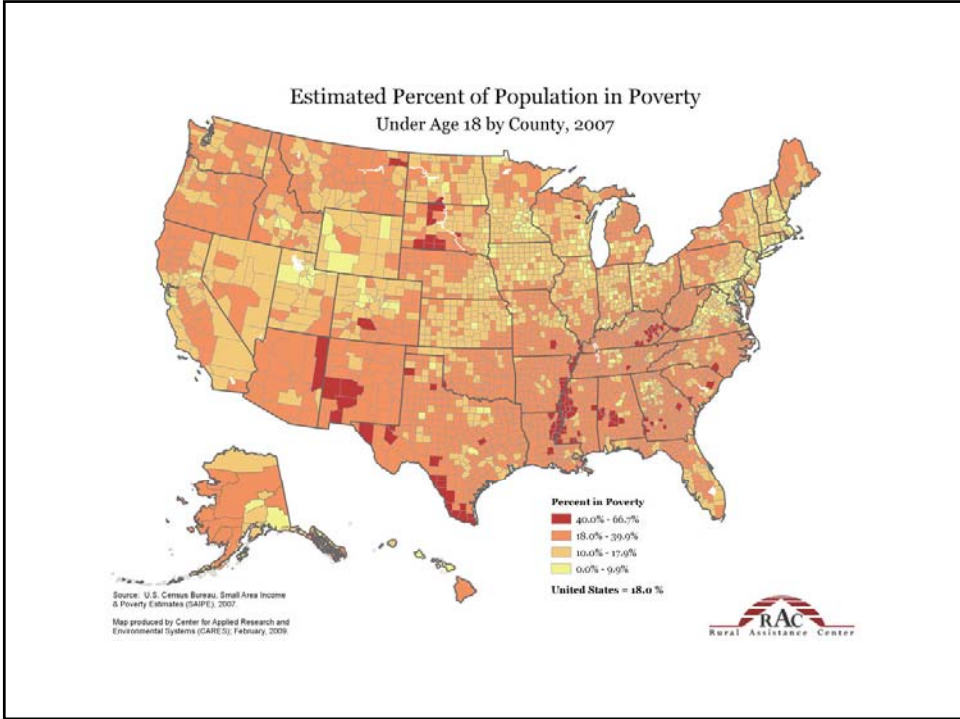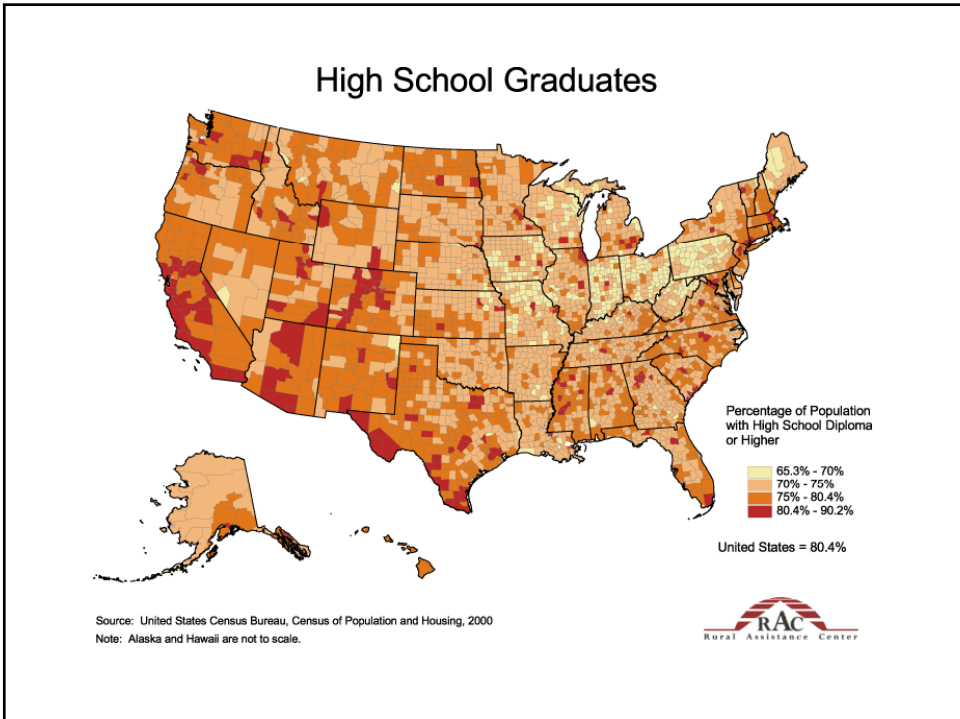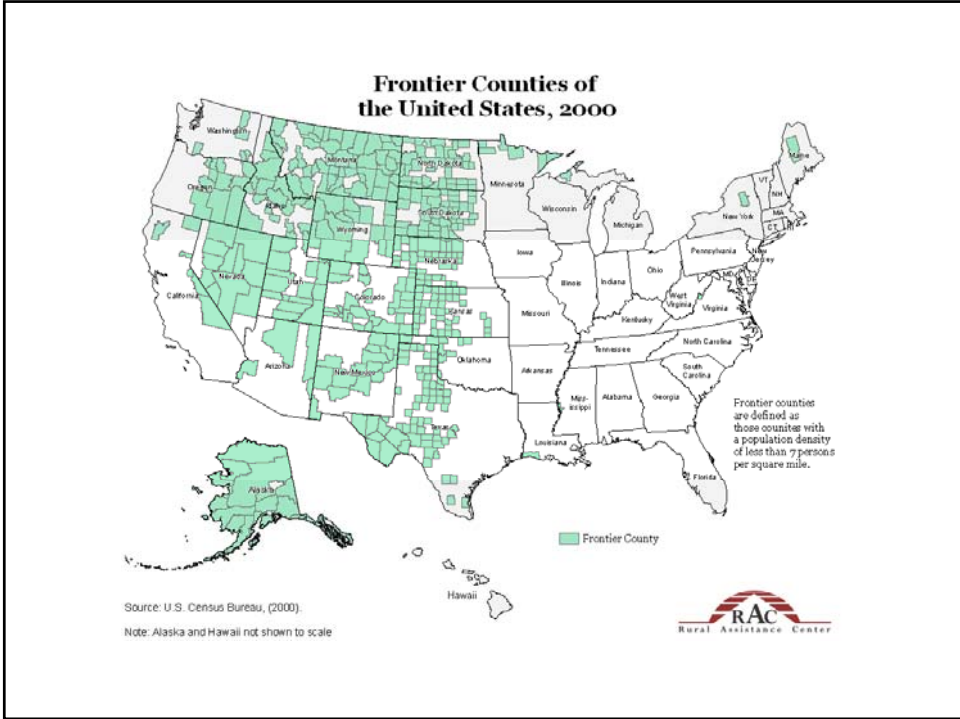
Source: United States Census Bureau, Census of Population and Housing, 2000

Note: Alaska and Hawaii are not to scale.

Alphabet Soup of Rural Health

NHSC

HRSA

SCHIP

FQHC

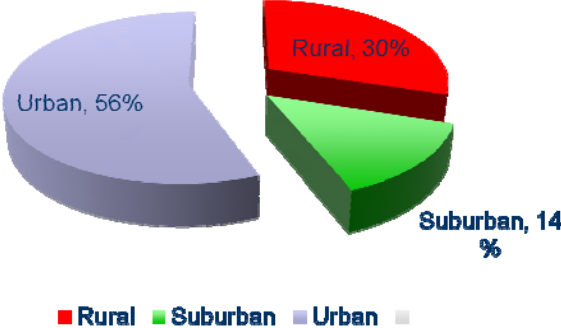USDA

NRHA

MUA

HPSA

Percentage of US physicians working in rural areas	10
Percentage of the US population living in rural areas	25
Number of dentists practicing in urban areas per 100,000 people	60
Number of dentists practicing in urban areas per 100,000 people	40

Where are the SBHC's?
(NASBHC Census, 1999)

n=806

- Rural, 30%
- Urban, 56%
- Suburban, 14%

■ Rural ■ Suburban ■ Urban ▪

Where are the SBHC's?
(NASBHC Census, 2005)

Location of Sites (n=1235)

- Rural 27%
- Urban 59%
- Suburban 14%
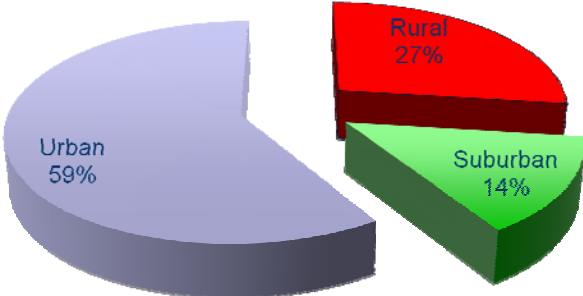
How do stereotypes affect us?
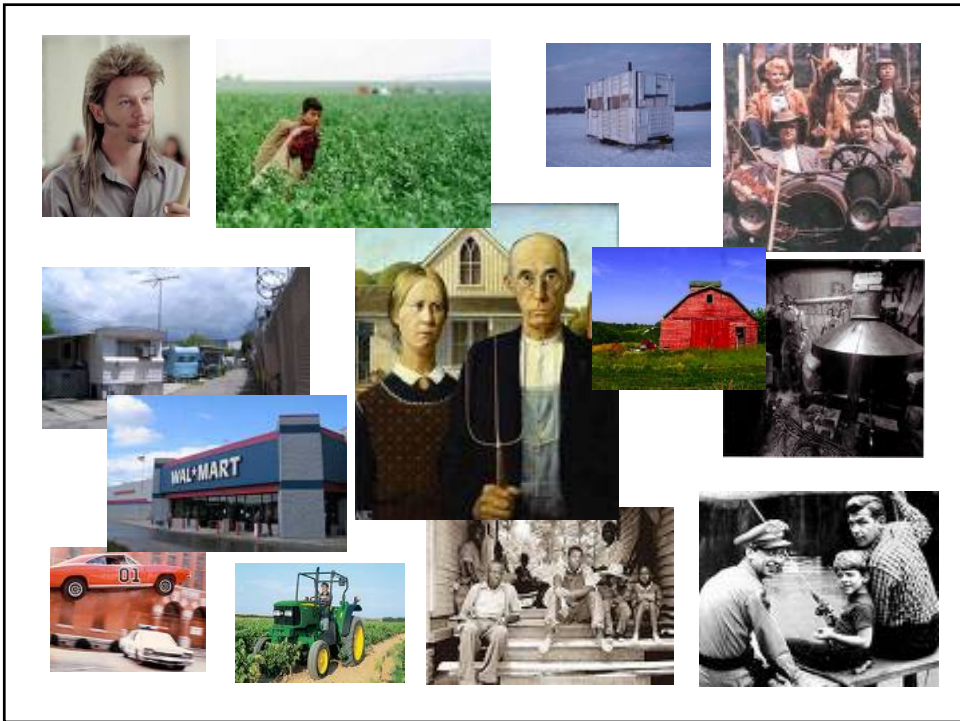
Rural Adolescents

Rural Adolescent Research

Some potential research questions

A look at the research

- Limited research exists
- Challenges
  - Few academic centers focus on "rural"
  - Most research looks at urban teens
  - Comparisons vs. project development

- Are rural adolescents more diverse than urban adolescents?

Similarities between Urban and Rural Adolescents
(Salzman, 1991)

- 57% have smoked cigarettes
- 37% have tried chew or snuff
- 33% have had 5 or more drinks in the past month
- Over 25% have had suicidal thoughts in the past year

Differences between Urban and Rural Adolescents
(Salzman, 1991)

Rural Adolescents:
- Have lower drug-related risk behaviors
  - 86% have never used illicit drugs
- Are less likely to exercise
- Less likely to engage in "Wellness Behaviors"

Environmental Differences
(Sullivan, 2007)

Competence Area	Urban	Rural
Scholastic competence	X	
Physical appearance	X	
Athletic competence		
Behavioral conduct	X	
Close friendships	X	
Social acceptance		
Global self worth	X	

Forgone Care
(Elliot & Larson, 2004)

- 1/2 of surveyed (n=1948) did not receive needed care
- Risk taking decreased likelihood to seek care
- Barriers included concerns about confidentiality in small communities

Access to care in rural Oregon
(DeVoe, 2009)

	Odds Ratio
Unmet medical care needs	1.48
Problems getting dental care	1.36
At least one emergency room visit	1.42

Rural minority youth have less access to health care.
(Probst & Moore, 2005)

- Rural insurance rates=Urban insurance rates
- Rural kids less likely to have a preventive visit
- **Rural minority youth**
  - Less likely to be insured
  - Less likely to have USOC
  - Less likely to have had a visit

Rural Latino Youth
(Wickrama, 2007)

- Higher rates of obesity, asthma and high cholesterol.
- Mexican-Americans show lower health risk than other Latino groups
- English speaking at home and number of generations in US adversely affect health

Rurality is a risk factor for obesity in children.
(Lutfiyya, 2007)

Characteristics of obese rural kids:

- More likely to be white and female
- Impoverished
- No health insurance
- No preventive care in the last 12 months
- > 3 hours of screen time per day

Appalachian Obesity
(Wu, 2007)

- 20.1% of adolescents witnessed teasing every day regarding weight.
- Barriers to care:
  - Lack of parental involvement/motivation
  - Minimal provider time
  - Few support systems
- Parents were the key to improved outcomes

Asthma and rurality

- Living on farms protective (Brunner, 2005)
  - Pigs are an exception (Merchant, 2005)
- Obesity and smoking increase wheezing and asthma
- Schools unprepared
  (Hillemeier, 2006 &Rhodehost, 2003)

Mental Health Issues

- 1:3 rural Appalachian adolescents don't receive the services they need
- 34% Depressed?
- 9% considered suicide
- Four wheeler use linked to depression
- Plans to leave increase rates of depression

Depression

- 34% had high level of depressive symptom on CES-D
- 9% had seriously considered suicide
- Boys = girls in reporting depression

- 4-wheeling only risky behavior correlated with depression

(Peden, 2005)

Firearm injuries are distinctly different between urban and rural areas.

(Nance, 2002)

The Freedom Arms Model 83

Witnessing Violence and Problem Behaviors(Farrell, 2004)

Impacted Behavior	Urban	Rural
Drug Use	Strong	Strong
Aggression	Strong	None
Delinquency	Strong	None
Attitude towards violence	Strong	None
Decreased value on achievement	Strong	None

Factors Influencing Cigarette Smoking (Huebner, 2006)

White	African-American
Alcohol use	Attempted suicide
Marijuana use	Alcohol use
Grades	Marijuana use
Parent quality	Club activities
Perceived availability	Sports
	Socioeconomic status

Smokeless Tobacco Use

- Influenced by:
  - Gender
  - Cigarette use
  - Peer tobacco attitudes and use

- Not influenced by family member tobacco use

Grades and Marijuana

- By the end of ninth grade 36% of boys and 23% of girls used marijuana
- Poor academic achievement increases risk of marijuana use
- Should we target these students for more drug prevention?

Poor Oral Health
(Vargas, 2003)

- Fewer kids with dental insurance
- Greater likelihood of unmet needs
- Less likely to have seen dentist in past year

- No differences in degree of decay/fillings

Dental Care (Vargas, 2004)

- More likely to have no dental insurance
- More likely to have unmet needs
- Less likely to have seen a dentist in the past year
- Less likely to be a regular user of dental care

- No difference in quality of oral health

Religion
(Good, 2007)

- Rural adolescents more committed to attending church
- Religious factors may be stronger than geographic

- *How does this influence the care we provide?*

Translation of Programs

- Focus on Kids program
  - Sexual risk reduction program
  - Developed for urban African-American teens
  - Successful at changing perceptions and self report of risk behaviors

- Rural application (Stanton, 2006)
  - Changes in perception **did not** last 9 months
  - No decrease in self-reported sexual risk behaviors

Reaching Rural Adolescents

- Computer based STD program
  - Two Appalachian high schools
  - Increased desired outcomes above standard of care
    (Roberto, 2007)
- Video teleconferencing for alcohol and substance abuse treatment groups
  (Miller, 2005)

10 MINUTE BREAK

SWOT

Use a SWOT analysis to determine the needs of rural SBHC's nationally.

Situational Analysis

- What is the mission, program goals and activities that we have in common?
- What are the common strengths, weaknesses, opportunities, threats (challenges)?
- What are different strengths, weaknesses, opportunities and threats (challenges)?

What is SWOT
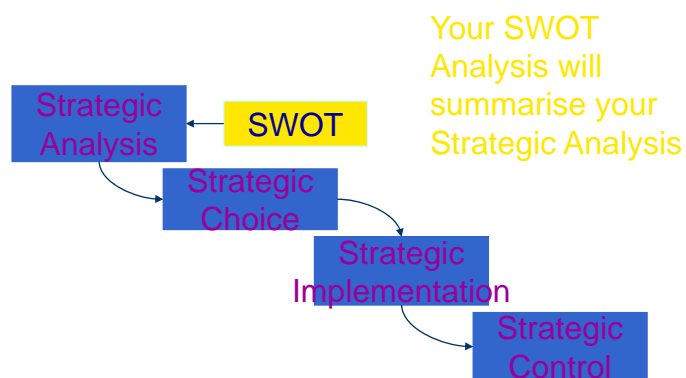
Strengths

Weaknesses

Opportunities

Threats

So, What is SWOT

SWOT is a summary of your

- **S**trengths ———————— Internal
- **W**eaknesses
- **O**pportunities ———————— External
- **T**hreats

Link to Strategy

The Four Step Strategic Planning Process

Your SWOT Analysis will summarise your Strategic Analysis

Strategic Analysis ← SWOT

Strategic Choice

Strategic Implementation

Strategic Control

Strengths

Strength Defined: Strengths are your staff, advisory board, volunteers, facility, equipment, grants, funding agencies, past experiences, community support, etc.

You will find your strengths only when completing your internal analysis.

Weaknesses

Weakness Defined: Weaknesses can be the economy (local, state-wide, nationally), future trends, funding sources, demographics, physical environment, legislation, local, state-wide and national events, competition

Weaknesses are forces and facts that you can not or may not be able to control

You will find your weaknesses only when completing your internal analysis

Opportunities

Opportunity Defined: How can you improve your program. Determine where you can change/expand/improve school health services.

Use your strengths to take advantage of your opportunities.

Threats

Threat Defined: A threat is a condition that is out of your control and has the potential to close your program

Some threats can be: non-committed staff, new legislation requirements, building not adequate, students not accessing services, loosing creditability in community

Inadequate funding resources

WHO DEVELOPS THE SWOT?

- The most common users of a SWOT analysis are team members and project managers

- However, Groups can offer a different perspective on the strengths and weaknesses.

How to develop a SWOT Analysis

*Designate a leader or group facilitator

*Designate a recorder

*Introduce the SWOT method and its purpose

*Divide the group if too large (3-10 people in each group

*Decide on the time available

*Discuss and record the results

How to use the SWOT Analysis?

- Knowledge is indeed power, and knowing what the positives and negatives of your program puts you in a more powerful position for action.
- While a SWOT analysis is not in itself action, it can be a "support team" to help you:
- Identify the issues or problems you intend to change
- Set or reaffirms goals
- Create an action plan

After SWOT

After completing your SWOT we will encourage you to identify the SWOT items that are not already being addressed by your current strategy.

This will help you to determine how much if any change is required to your current strategy.

Group Activity

Conduct a SWOT Analysis of issues that impact rural SBHCs.

Action Plans

Objective: Develop action plans
to create a national agenda
focused on the unique needs of
rural SBHC's.

7/1/2009

What is an action plan?

An action plan outlines:

- What should happen to achieve a desired outcome/vision
- It includes proposed activities to achieve the outcome
- Who will do what by when to attain objectives

Contents of an action plan

- What action or change will occur?
- Who will carry it out?
- By when (for how long)?
- What resources are needed?
- Communication (who should know what?)

An action plan helps assure:

- No detail is overlooked
- Proposed action steps are feasible
- Collaborators follow through with their commitments
- Measurable activities are documented and evaluated

Gather data to document the problem

- What are the issues related to the problem?
- What are the consequences of these issues?
- Who is affected?
- How are they affected?
- Are these issues of widespread concern?

Data Sources

- Hospital and police records
- Local and national agencies and organizations
- Schools and libraries
- Government websites

Who are your agents of change?

- Who is in a position to create or block change?
- What individuals and groups make things happen?
- Who are important contacts to reach officials, individuals, and groups?

Each step should outline:

- What actions or changes will occur?
- Who will carry out those changes?
- When will the changes take place and for how long?
- What resources are needed to carry out proposed changes?
- Communication (who should know what?)

The best action steps are:

- Specific
- Measurable
- Achievable
- Relevant
- Timed
- Challenging

Prioritizing Action Steps

- Which changes are the most important to the proposed initiative?
- Which would build credibility?
- Which need to happen first?
- Which are easier or quicker (could give the groups member's a sense of success)?

Action Planning Includes…

- Buy-in from leaders and officials
- Documenting problems that affect healthy youth development
- Identifying risk and protective factors
- Developing a framework for action
- Becoming aware of local/state/national resources and efforts

Action Planning includes . .

- Building consensus
- Outlining action steps
- Documenting progress
- Renewing your efforts along the way

Celebrate Progress, Renew the Action Plan

Focus on small wins in order to:

- Continue building consensus & motivate others to become involved
- Prevent partners from getting locked into a single course of action
- Provide an easily monitored measure of progress

Sample Action Plan

- "Reducing the Risks" Coalition
- Reducing teen pregnancy
- Vision, Mission, Objectives, and Strategies developed (VMOS)

Sample Action Plan

ACTION STEP (What will be done)	PERSON(s) RESPONSIBLE (by whom)	DATE COMPLETED (by when)	RESOURCES REQUIRED (at what costs)	PARTNERS (who else should know about this)
Design survey to measure student knowledge, attitudes, and behavior related to sexual issues	Dr. Jacobsen	By December 15, 2006	Assistance with research (1 to 2 volunteers @ 8-10 hrs. each), Photocopying (approx. $15 for drafts of survey)	Board of Directors
Meet with school district officials to discuss when and how survey will be administered	Tamika Bennett	By January 30, 2007	None	Board of Directors
Administer survey	Tamika Bennett	By March 1, 2008	Photocopying (approx. $75 for entire survey), assistance with administering survey (5 to 10 volunteers @ 1 hr. each); 1 - 2 hrs. school time	Survey committee (Joe Davis, Huong Ly, Lisa Polchak, Marc Wilkerson)

Factors to consider while developing rural SBHC strategies

- Population levels– how many SBHCs are affected?
- Targeted Approach for rural SBHCs
- Who will benefit from and contribute to efforts

Practice Exercise: Create a national agenda/action plan for Rural SBHCs

- Prepare an action plan for your group
- Report them to the group
- Revise based on feedback

NEXT STEPS

WHERE DO WE GO FROM HERE?

WHO IS INTERESTED IN BEING A PART OF THIS?

Contact information

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Steve: steve.north@mac.com