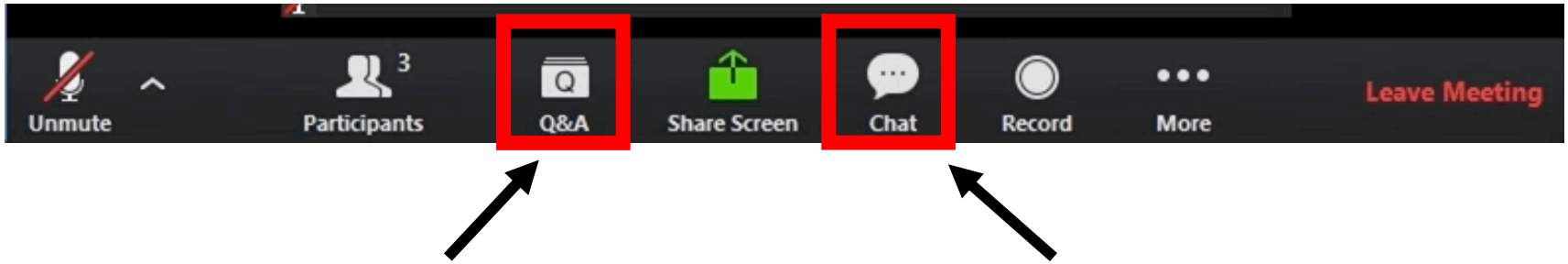
NATIONAL COUNCIL for Mental Wellbeing

Addressing Structural Urbanism in Rural Communities through Integrated Care

Tuesday, June 8th, 2021

1pm-2pm ET

How to Ask a Question/Make a Comment



Type in a **question in the Q&A box**

Type in a **comment** in the **chat box**

Located at the bottom of your screen.
We'll answer as many questions as we can during today's session.

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Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA
Substance Abuse and Mental Health Services Administration

www.samhsa.gov

Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)

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Poll #2: What best describes your organization? (check all that apply)

- Behavioral Health Provider
- Primary Care Provider
- Mental Health Provider
- Substance Use Disorder Provider
- Other (specify in chat box)

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Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)

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Introductions

Dr. Carolyn Rekerdres MD
Medical Director, East Texas Behavioral Health Network, NE Region,
Substance Abuse and Mental Health Services Administration,
U.S. Department of Health and Human Services

Shauna Reitmeier, MSW, LGSW
Chief Executive Officer
Northwestern Mental Health Center

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Objectives

After this webinar, participants will be able to:

- **Define** 'Structural Urbanism' and be able to recognize its effects on rural service delivery.
- **Recognize** the social determinants of health that shape health outcomes in rural areas.
- **Identify** evidence-based solutions that can help health care institutions in rural areas.

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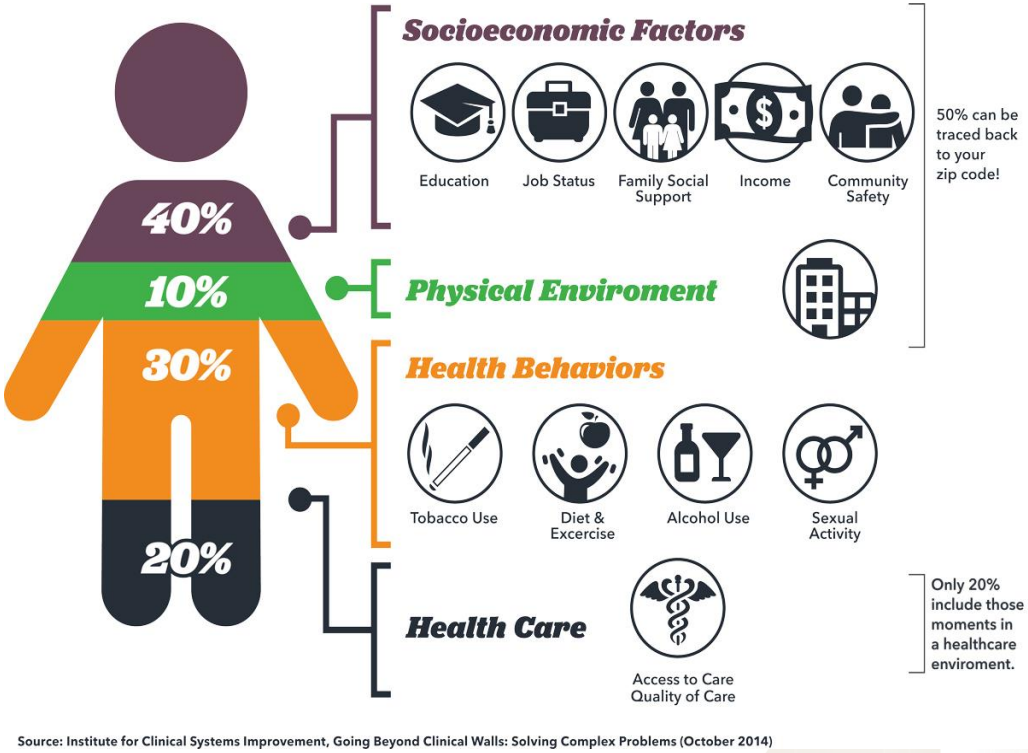
Social Determinants of Health

All social determinants can be changed or influenced *- they were all constructed by people in the first place.*

- *race as a cultural and social construction, wage inequity, lack of access to housing, banking, medical care*

Physical or biological determinants are immutable, or cannot be changed*: immutable genetic factors, non-built environment, weather, etc.*



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

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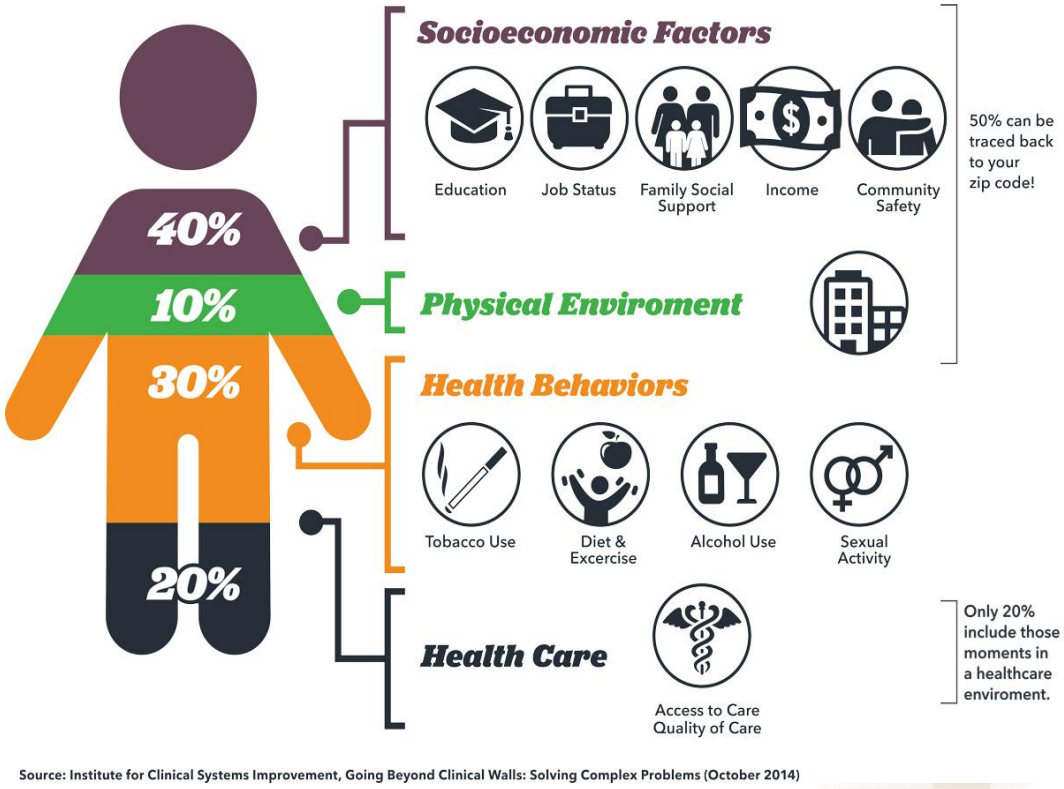
Social Determinants of Health - Rural

People

Distance

-Higher poverty
-Higher rates of trauma
-Lower levels of education
-Fewer jobs available
-Less infrastructure
-Fewer Hospitals
-Higher levels of uninsured people
-Higher rates of smoking, dangerous drinking behaviors and children born into single parent homes



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

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Structural Urbanism

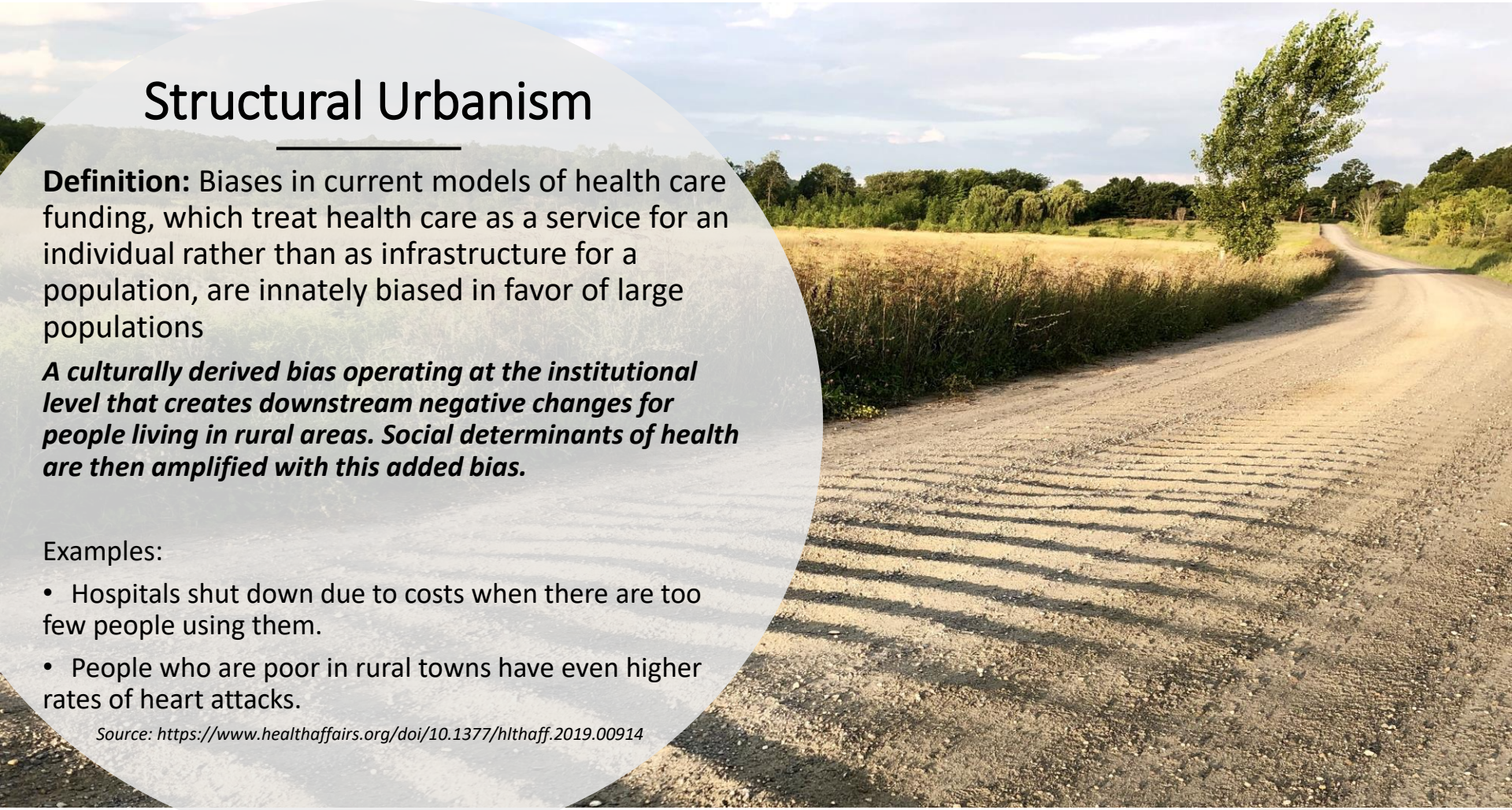
Definition: Biases in current models of health care funding, which treat health care as a service for an individual rather than as infrastructure for a population, are innately biased in favor of large populations

A culturally derived bias operating at the institutional level that creates downstream negative changes for people living in rural areas. Social determinants of health are then amplified with this added bias.

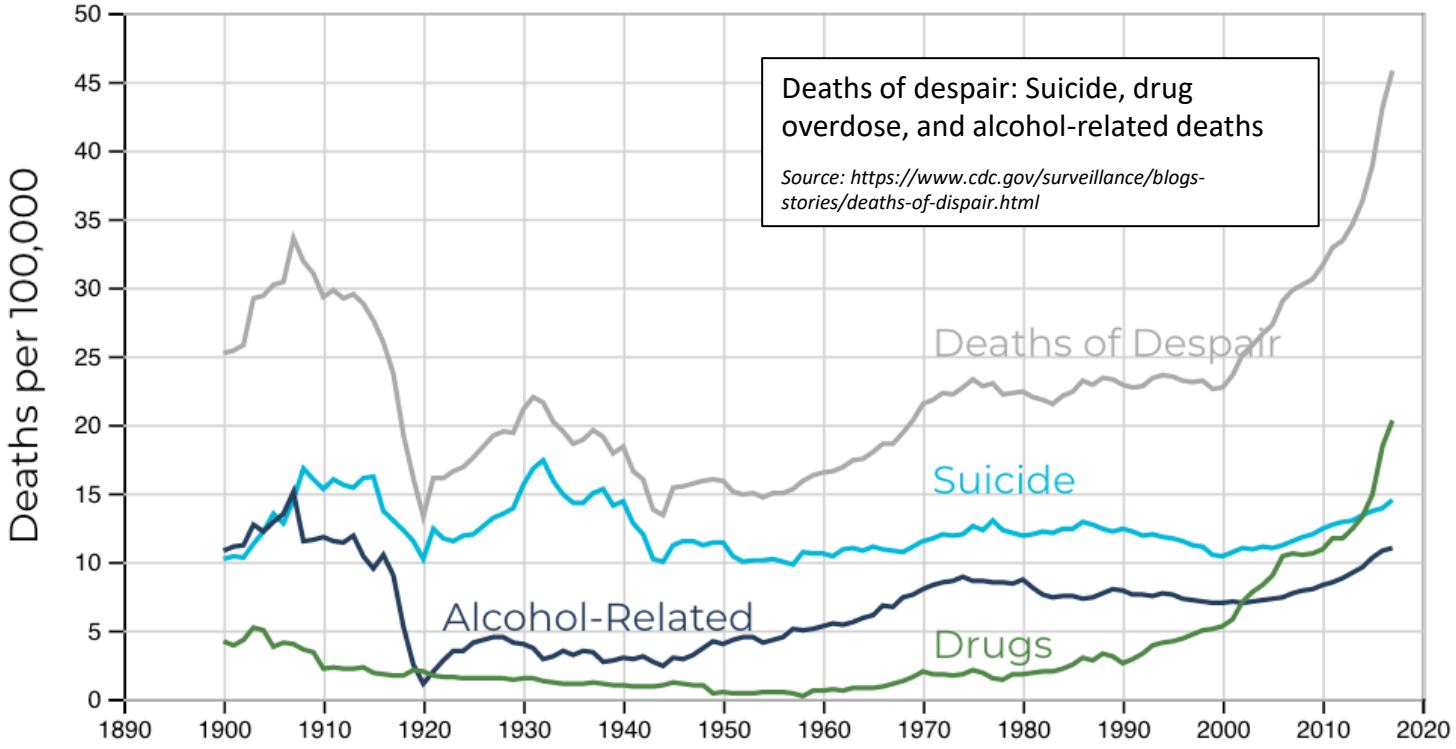
Examples:

- Hospitals shut down due to costs when there are too few people using them.
- People who are poor in rural towns have even higher rates of heart attacks.

Source: https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00914



Mental Health in America: Deaths of Despair



Source: United States Congress Joint Economic Committee

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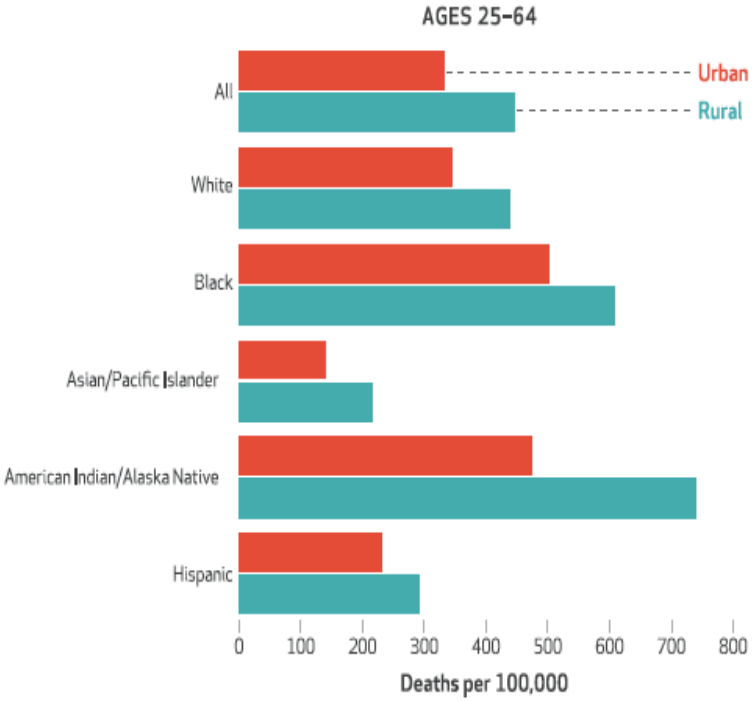
Impact

RURAL HEALTH

EXHIBIT 1

Age-adjusted death rates per 100,000 population among adults ages 25–64, by rurality of county of residence and race/ethnicity, 2017



SOURCE Authors' analysis of data from the Centers for Disease Control and Prevention's Wide-ranging Online Data for Epidemiologic Research (WONDER) database for 2017, using Multiple Cause of Death files. **NOTES** Urban counties included those classified as large central metro, large fringe metro, medium metro, and small metro counties, as defined by the National Center for Health Statistics (NCHS). Rural counties included those classified as micropolitan nonmetro and noncore nonmetro counties as defined by the NCHS. "Hispanic" includes all persons classified as Hispanic, regardless of race. All other categories include only non-Hispanic persons.

RURAL HEALTH

By Janice Probst, Jan Marie Eberth, and Elizabeth Crouch

DOI: 10.1377/hlthaff.2019.00914
HEALTH AFFAIRS 38,
NO. 12 (2019): 1976–1984

OVERVIEW

Structural Urbanism Contributes To Poorer Health Outcomes For Rural America

Janice Probst (jprobst@mailbox.sc.edu) is a distinguished professor emerita in the Department of Health Services Policy and Management, Arnold School of Public Health, University of South Carolina, in Columbia.

Jan Marie Eberth is an associate professor of epidemiology and biostatistics at the University of South Carolina.

Elizabeth Crouch is an assistant professor in the Department of Health Services Policy and Management, Arnold School of Public Health, University of South Carolina.

ABSTRACT Rural populations disproportionately suffer from adverse health outcomes, including poorer health and higher age-adjusted mortality. We argue that these disparities are due in part to declining health care provider availability and accessibility in rural communities. Rural challenges are exacerbated by "structural urbanism"—elements of the current public health and health care systems that disadvantage rural communities. We suggest that biases in current models of health care funding, which treat health care as a service for an individual rather than as infrastructure for a population, are innately biased in favor of large populations. Until this bias is recognized, the development of viable models for care across the rural-urban continuum cannot move forward.

Source: https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00914

Possible Evidence-Based Solutions

1. Increase equitable funding strategies - including Medicaid expansion
2. Increase infrastructure equity, in particular internet and cellular access
3. Telehealth
4. ECHO learning collaboratives
5. Increase recruitment from rural areas and programs to entice providers to rural areas

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1. Increase Equitable Funding Strategies

State-level strategies &
Organization-level strategies

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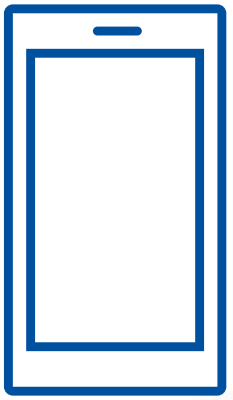
2. Increase Infrastructure Equity

In particular - internet and cellular access



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3. Telehealth

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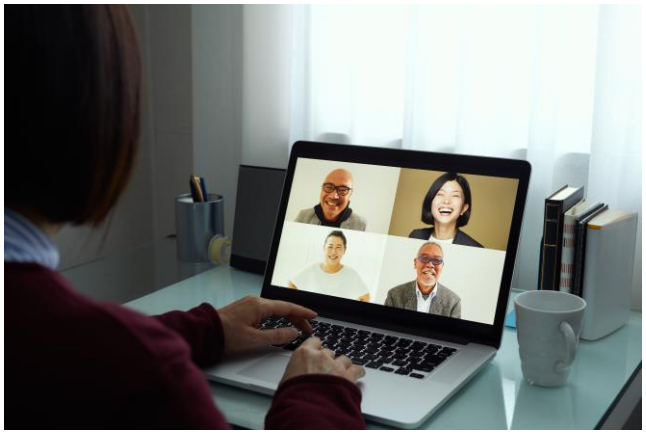
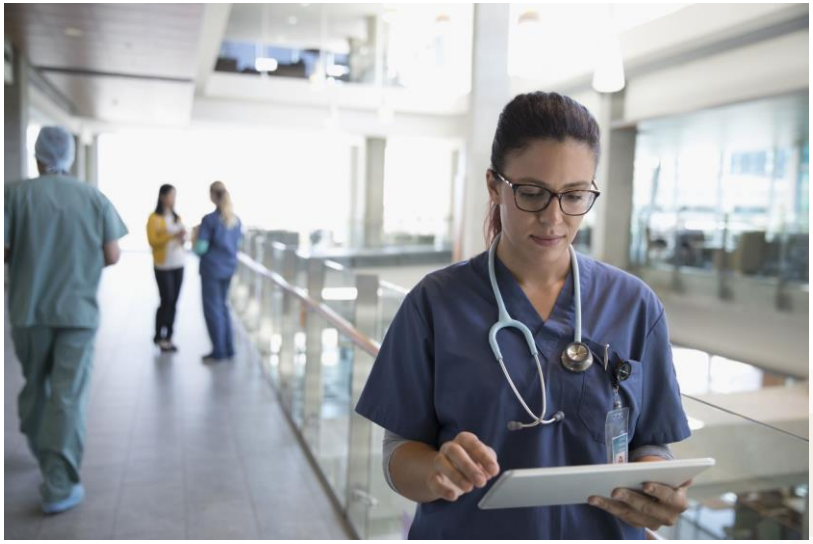
4. ECHO Learning Collaboratives



5. Increased Recruitment to Rural Areas



Increase recruitment from rural areas and programs to entice providers to rural areas

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Questions, Comments?

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References

- Going Beyond Clinical Walls: Solving Complex Problems - Social Determinants of Health
- United States Congress Joint Economic Committee
- Structural Urbanism Contributes to Poorer Health Outcomes for Rural America (Probst, Eberth & Crouch 2019)

Resources

- Project ECHO
- Mental Health and Rural America: Challenges and Opportunities
- Mountain Plains Prevention Technology Transfer Network
- Mountain Plains Addiction Technology Transfer Network
- Mountain Plains Mental Health Technology Transfer Network
- National Association for Rural Mental Health
- National Rural Health Association
- National Association for Rural School Mental Health

Upcoming CoE Events:

Rural Health Part 2: Strategies for Recruiting and Retaining a Strong Rural Health Workforce

Register here for Webinar on June 10, 2021, 1-2pm ET

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Thank You

Questions?

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