Using Evidence-Base to Transform Health Delivery Systems in Rural Communities: Three Health Program Approaches That Drive Advancements in Health Care Delivery

Amber Berrian
Tanisa Adimu

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Outreach Grantees implement initiatives that are based on/or adapted from evidence-based or promising practice models that have been shown to be effective and produce intended health improvements in rural and frontier communities.

This poster explores how three rural community-based programs are implementing various innovative program models found to be effective in alleviating some of the health care delivery barriers and challenges faced by rural communities.

**Outreach Grantees by Geography**

**Methodology**

The authors reviewed the projects of 60 Outreach grantees and selected three to demonstrate the range of program approaches, evidence-based models and promising practices adopted to meet rural health care needs.

**PROMISING PRACTICE**

**GRANTEE HIGHLIGHT I**

Community Paramedicine | Pico, AZ

A new model of community-based care in which paramedics function outside of their usual emergency response and transport scope of work.

The community paramedicine model helps to alleviate both the economic burden of emergency services usage and the underlying public health issues, such as lack of access to primary care services and lack of education on disease management.

**EFFECTIVE**

**GRANTEE HIGHLIGHT II**

School-Based Intervention | Coalville, PA

Adopt a School is a tailored program using the evidence-based Coalition for Community Schools Community Schools Model and the Primary Care Behavioral Health Model. The school-based model promotes student’s academic success by developing and/or securing and coordinating supports that target academic and non-academic barriers to achievement.

The purpose of the program is to improve mental health/behavioral health and substance use prevention in a school setting.

**EVIDENCE-BASED**

**GRANTEE HIGHLIGHT III**

Community Health Worker | Mount Sterling, KY

The Community Health Worker (CHW) model has been specifically noted for its best practices in outreach, education, care coordination, case navigation, case management services and, in some cases, peer-to-peer assistance to clients in order to improve access to care, ability and confidence to manage chronic disease and to improve overall health status.

Studies have found that key functional areas for CHW activity included creating more effective linkages between the community and the health care system, providing health education and information, assisting and advocating for underserved individuals to receive appropriate services, and providing informal counseling. These trained professionals are of, and from, the community where they will work, making them more accessible, approachable, and trusted by community members who need services.

**Activities include:**

- Placing CHW’s in local emergency departments and primary care clinics
- Training CHW’s (both new and existing hires) in care coordination and patient navigation functions, in areas such as getting persons enrolled in insurance programs, placement in primary medical homes, and referrals to mental health resources
- Training CHWs and project volunteers to be qualified to deliver “peer-to-peer” assistance in appropriate care areas

**Anticipated outcomes include:**

- Enhance care coordination and care navigation among clients from an existing and new CHW model
- Increase utilization of peer-to-peer oriented services
- Improve mental and behavioral health status among clients with such needs
- Increase client self-efficacy in navigating the health care system and managing chronic disease

**Source:** [http://www.ruralhealthinfo.org/community-health-project/examples/evidence-based](http://www.ruralhealthinfo.org/community-health-project/examples/evidence-based)