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

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Outreach Grantees

The Federal Office of Rural Health Policy’s Rural Health Care Services Outreach Program is a community-based program targeted to improve outreach and service delivery in local and regional rural communities by expanding the delivery of health care services to include new and enhanced services exclusively in rural communities through strong partnerships.

Outreach grantees implement initiatives that are based on and/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 communities. models and/or delivery of health care services to include Care and targeted to grantees implement initiatives that are exclusively in rural communities through regional rural settings have been effective in alleviating a variety of public health issues, such as lack of access to primary care services and lack of education on disease management.

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

Activities include:
- Transporting patients to locations other than the emergency department
- Follow-up care for patients recently released from the hospital
- Ongoing care of patients with chronic conditions
- Collaboration and communication with state entities to participate in the statewide information exchange
- Training of the community paramedicine workforce

Anticipated outcomes include:
- Increase medication adherence
- Reduce 911 calls for falls within the home
- Reduce the number of low-acuity emergency department transports
- Realize cost savings

Activities include:
- Linking students to physical and mental health care and connecting their families to parent education, family counseling, and social services such as food banks
- Training of community paramedicine workforce

Anticipated outcomes include:
- Enhance the quality of care and care navigation among health, human and social service providers
- Increase utilization of peer-to-peer oriented services
- Improve mental and behavioral health status among clients with such needs

A major outcome is that we were successful in modifying an urban-based model to develop a rural model that works. The process was gradual, often tedious, but steadily we were able to make revisions of goals, objectives, format and scheduling in order to produce a quality program that fit the needs of the rural environments we were serving.

Discussion

Rural communities have developed innovative approaches that are grounded in evidence-based or promising practice models, in an effort to improve access to health care services.

These approaches may be replicable in other communities and can influence the spread of innovative approaches to broad audiences in rural and non rural communities.

However, the unique characteristics of rural settings and its effect on the implementation of initiatives is less often the focus of evidence-based models as compared to other community contexts.

Outreach grantees often had to adapt peer-reviewed evidence-based models and promising practices to fit their local context.

Excerpt from the Analysis of Implemented Programs Report written by the Georgia Health Policy Center, 2010 – funded by the Robert Wood Johnson Foundation.

As Outreach grantees continue to implement initiatives modeled after evidence-based practices, there is an opportunity to improve efficiencies in health care delivery, maximize outcomes for greater health and community impact, and cultivate a collection of rural-specific models and interventions.

However, more work is needed to address the challenges communities face in tailoring interventions to their rural-specific needs and interests.