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## ABSTRACT

Investigating ways to improve the delivery of health care services to rural residents through health planning and rural development activities was the purpose of the 1980 conference. Four topics addressed by the participants were chosen because of their importance to the rural health systems of western communities and because coordination of efforts in these areas would be beneficial. Topics included: the role of the rural hospital; health personnel in rural areas; rural health education; and special impacts affecting care. Research or position papers were presented on each topic, followed by group discussion and descriptions of instances where health planners and rural development specialists have been working together. Participants then formulated recommendations which were categorized according to policy development, coordination, and research activities. These proceedings present a brief summary of each of the four topic sessions and the recommendations developed at the conference. Appended is a list of conference participants.

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# Proceedings from the Conference on Health Planning and Rural Development:

## *An Agenda for the Future*

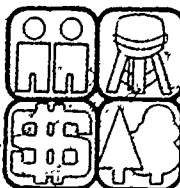
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WRDC Paper #12

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**WRDC**

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A regional center for applied social science and community development  
cooperating with Land Grant Universities in  
Alaska Arizona California Colorado Guam Hawaii Idaho Montana  
Nevada New Mexico Oregon Utah Washington Wyoming

## Acknowledgements

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The U.S. Department of Agriculture and the Health Resources Administration in conjunction with the Western Rural Development Center (WRDC) and the Western Center for Health Planning, organized and sponsored the Conference on Health Planning and Rural Development: An Agenda for the Future. The conference was hosted by WRDC in Corvallis, Oregon, on July 21-22, 1980. In addition, the Farm Foundation, Chicago, Illinois, provided special financial assistance.

It should be noted that the recommendations reflect the consensus of the conference participants, and do not necessarily reflect the views of the Department of Health and Human Services, the U.S. Department of Agriculture, the Farm Foundation, Western Rural Development

Center, nor the Western Center for Health Planning.

Copies of the following informal papers, which were presented at the conference, are available from the Western Rural Development Center, Extension Hall 307, Oregon State University, Corvallis, OR 97331. Initial single copies are free of charge.

- Useful Health Models for Rapidly Changing Areas. Gerald A. Doeksen. WRDC 9, July 1981.
- The Integrity of Rural Health Care Systems: The Role of the Rural Hospital. Roger A. Rosenblatt. WRDC 10, July 1981.
- Economic Issues in the Reduction of Rural Hospital Capacity: A Research Summary. Jon B. Christianson. WRDC 11, July 1981.

Investigating ways to improve the delivery of health care services to rural residents through health planning and rural development activities was the purpose of the conference, which was held on July 21-22, 1980, in Corvallis, Oregon. Experience has demonstrated that acknowledgment and reinforcement of the complementary goals of health planning and rural development can be a gainful endeavor.

The conference brought together health planners, Extension personnel, researchers with interests in health care, and federal policymakers to give them the opportunity to become more familiar with each others' policies and programs and to exchange ideas regarding coordination of

future activities.

A recent indication of this type of cooperation is the agreement signed between the USDA and the Department of Health, Education, and Welfare (currently the Department of Health and Human Services) to coordinate the funding for construction and operation of rural health centers. More recently, at a conference of health planners and rural development specialists in Washington, D.C., it was concluded that coordination of activities at the regional level would be most effective. The Corvallis conference emphasized the delivery of health care services in the rural West; the majority of conference participants were from the thirteen western states.

## Conference Topics

The four topics addressed by the conference participants were chosen because of the importance to the rural health systems of western communities and because coordination of efforts in these areas would be beneficial. These topics were:

- Role of the rural hospital
- Health personnel in rural areas
- Rural health education and
- Special impacts affecting rural health care

Research or position papers were presented on each topic, followed by group discussion and descriptions of instances where health planners and rural development specialists have been working together. Conference participants then formulated recommendations which were categorized according to policy development, coordination, and research activities.

These proceedings will present a brief summary of each of the four topic sessions and the recommendations developed at the conference.

### Role of the rural hospital

Recent efforts to deal with the problems of rural health care delivery have overlooked the role of the rural hospital. Physicians very often expect access to hospitals for professional and economic reasons. In fact, there is evidence to support the proposition that physician recruitment and retention are closely related to availability of hospital services. Recognizing the hospital as a critical link in the rural health care system, the conference participants examined the current economic obstacles faced by hospitals

and the restructuring that would ensure their viability.

Rural hospitals are in economic trouble for a variety of reasons. As the medical profession becomes more and more technical, rural hospitals with their smaller patient loads have not been able to afford expensive and sophisticated equipment nor to develop the technical expertise required to operate the equipment. In many instances, this has led to a decrease in the demand for hospital care at the smaller rural hospitals in favor of care at the larger hospitals in more populated areas. This tendency towards decreased demand has been accelerated by improved transportation systems to urban areas. At the same time that rural hospitals are experiencing a decrease in demand, they are facing rising costs, including costs due to compliance with federal and state regulations.

Consequently, many rural hospitals have closed in recent years, and many more are near closure. There is concern that decisions to close hospitals have not been based on a complete accounting of costs, such as increased travel costs, increased medical risks, and effects on local economies. Although overbedding may be a problem in some areas, it is likely that a restructuring of the functions of the rural hospital would be more appropriate than closure in dealing with the current economic forces.

This restructuring process would include estimating the number of persons served by the hospital and the type of inpatient services required by that population over time. It could then be determined for each inpatient service if the local hospital could provide that service.

Special admissions policies to professors and schools which utilizes the knowledge that racial and minority students are more likely to return to their underrepresented racial backgrounds. For a professional programs which require a practice experience available to professors or students without the requirement of a doctorate. AHEC

## Rural health education

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One of the most important reasons for the lack of formal education is not a lack of staff. Many problems with health education in the United States revolve around the education of our existing services in so-called health care. Furthermore, the medical community does not generally accept and incorporate new education and promote it as an integral part of practice.

Historically, health education has not received broad financial support. A major reason for this is the lack of documentation of the efficacy of health education programs. The relationship between behavioral changes and decreases in morbidity and mortality is difficult to quantify. Consequently, broad funding will not likely be available until there is evidence that health education is cost effective in improving health status. Perhaps the best approach is to address those health education programs which are most easily defended, such as those relating to smoking, hypertension, and obesity.

## Special population impacts affecting rural health care

- The worldwide energy crisis has led to an increased dependence on domestic energy sources. Ninety seven percent of the available national energy is in coal and oil shale, and Federal Region VIII has 50 percent of the coal and 100 percent of the oil shale. Conference participants examined the strains on rural health care systems in parts of the West due to this increased dependence on domestic energy sources.

Many rural communities are experiencing rapid population influxes to develop energy resources. The health systems of

*Journal of Management Education* 30(6)

these small mountain and plains communities are not equipped to handle the increased demand. In addition, these rapid growth areas or so called boomtowns are characterized by a wide variety of social and mental health problems, such as domestic violence, drug abuse and alcoholism.

The challenge to community leaders is not only to meet the health needs of the rapidly growing populations, but to do so in recognition of the inevitable decline of the population. Because boomtown communities have many problems in common, health planners in the Rocky Mountain West have coordinated their efforts and shared their experiences through the Intermountain Consortium for Emergency

group. It is hoped that the efforts of this group as well as others will help establish a mechanism for the sharing of technical assistance for rapid growth communities.

An economic model for planning for health services delivery has been developed by Extension Agents in Oklahoma. In that state, Extension Agents and HSA personnel have worked cooperatively to forecast the health professionals and facilities that will be needed in Oklahoma over a 10 year period. This type of cooperative working arrangement could be useful in other localities and could be expected to be effective in planning for the health systems of rapid growth areas in the future.

## Conference Recommendations

### Policy development

In the past, rural health policies have been developed with minimal integration among the various government agencies. This piecemeal approach does not efficiently use scarce resources, including time, funding, and personnel. Currently, there is a strategy which attempts to recognize the plight of all rural areas and to promote intergovernmental approaches to solving these problems. This strategy is evident in the White House Small Community and Rural Development Policy statement adopted in December, 1979. In addition, on September 24, 1980, the Rural Development Act (P.L. 96-355) was signed into law. Included in this legislation, the creation of a position of Under Secretary for Small Community and Rural Development in USDA, for facilitating the implementation of the Rural Development Act of 1972, and establishment of a Working Group for Rural Development to assist the Secretary of Agriculture in designing, coordinating, and implementing federal rural development efforts in cooperation with rural development programs of state and local governments.

Policy recommendations developed at the Conference on Health Planning and Rural Development:

- Continue to support legislative efforts which seek to maintain active rural development activities and centers in USDA and HHS.
- An important factor in developing policy is local leadership. It is essential to seek the knowledge, ideas, and suggestions of these leaders if policymakers wish to

address the pressing issues in rural areas in an effective manner. The development of local leadership is important for rural areas to be able to take the initiative and responsibility for local health problems.

- Encourage the exchange of information, institutional flexibility, and cooperation among federal, state, regional and local programs in formulating health care policy which meets rural needs. Federal and state programs must be evaluated from the perspective of local resources before they are implemented.
- Modification of reimbursement policies and regulations which have an adverse effect on the viability of hospitals and clinics in rural areas.
- Regulations regarding personnel licensure should be reviewed and where necessary modified to allow for different mixes of health professionals to deliver care in underserved rural areas.

### Coordination

Cooperation and interaction among federal, state, regional, and local health planners, educators, and researchers is imperative to maximize output from limited resources and avoid duplication of effort. The Land Grant universities through the Cooperative Extension Service, the Department of Health and Human Services through its Health Systems Agencies (HSAs) and regional offices, and the U.S. Department of Agriculture through its various divisions, have begun to share information and experiences. More of this interagency coordination is warranted to deal effectively with rural health concerns.



Recommendations developed in the area of coordination

- Increase the cooperative efforts between the Department of Health and Human Services and the U.S. Department of Agriculture to share research and technical assistance to rural areas especially at the federal and regional levels
- Maintain the linkages between AHECs and teaching research institutions and establish linkages among AHECs, Health Systems Agencies, and the Extension Service in order to coordinate health education efforts and develop a channel of communication
- Provide for state level linkages with federal and state agencies, Land Grant institutions, and local Health Systems Agencies for dissemination of research and resource data related to health services delivery in rural areas
- Continue the process of developing points of interface between health planners, researchers, Extension personnel, and community development programs. State rural development councils should include representation from health planners and Land Grant universities to provide a mechanism for collaboration on rural concerns within the structure of state government. While there is a desire for some type of formal relationship between health system agencies and Land Grant universities, it is not necessary to wait for this organizational vehicle to initiate exchange. For example, several Extension professionals currently attend local HSA meetings and include HSA staff as joint authors in various projects. This type of cooperation should be further developed
- As the broad range of technical expertise to deal with rural health problems does not exist at a single institution, regional rural development centers and regional health planning centers should be supported as the focal for coordination and dissemination of technical assistance on community development and rural health problems — and solutions

### Research Activities

There are crucial gaps in scientific research on rural health care problems. Relevant baseline information should be developed for evaluation of proposed and ongoing projects and demonstrations. Research recommendations

- Given limited concentrations of relevant faculty, the regional research approach needs to be developed to initiate and to support work in the area of health
- Assess the quality of care and the economics of procedures performed in

rural hospitals. The objective is to aid health planners in determining the level and scope of services that can be offered appropriately and safely at the local level

- Determine the immediate and long-term impacts of rural hospital closure on the overall economy of a community. Likewise, determine the effect of a new facility or expansion of an old facility on potential economic growth
- Determine the level of economic incentive that is necessary to retain a provider in an area and the possible impact of providing that incentive through public and private expenditures under various financing arrangements
- Determine the extent to which economic competition exists between providers. This research should examine the effects of distance and population on providers and the types of health care resources available at each site. The results of this type of research could help determine the influence of one provider on the viability of another provider in the same or nearby community
- Develop methodologies and systems of forecasting communities and HSAs of rapid population growth or decline and potential impact on an area's health care system
- Develop anthropological and sociological methods for educating health personnel to the realities of rural areas. Similarly, develop means to help rural residents gain realistic expectations of medical personnel and the delivery system
- Assess the characteristics of the population and their health priorities to develop an effective health education program
- Evaluate and redefine standards for health education in the school system

The final act of the participants of the Conference on Health Planning and Rural Development was formation of a Working Committee on Rural Health with the commitment to carry forward these recommendations. The Health Resources Administration and the U.S. Department of Agriculture have taken the initiative to collaborate on rural health issues and along with the Western Rural Development Center and the Western Center for Health Planning to form the organizational vehicle for dissemination of the results of this conference

It is the hope of the sponsors of the conference that better integration of rural health programs and activities will result. Further, it is our hope that in this era of constrained resources we will more effectively use those resources available to us

# Conference on Health Planning and Rural Development: *An Agenda for the Future*

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July 21-22, 1980

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