

# Rural Health Roundtable Lincoln County, Washington

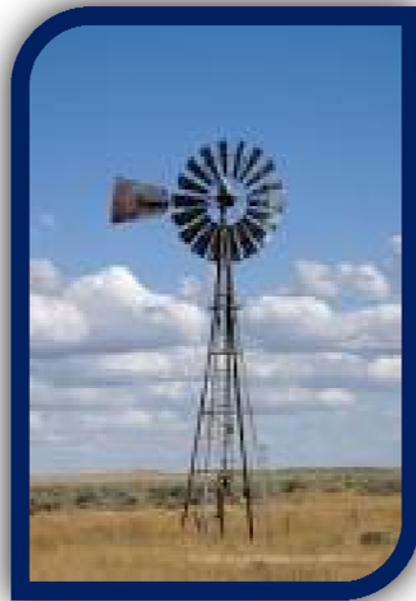


Washington Rural Health Association  
January 16, 2013

## Executive Summary

With fewer human and financial resources available in rural communities, town hall meetings can be a good approach to garner input from stakeholders about health and health care services. As a local venue to discuss what works and what doesn't, they can be used to identify delivery gaps, brainstorm collaborative solutions and express changing needs in the current health care and economic environment.

The Washington Rural Health Association Board of Directors decided to host town hall meetings in three rural counties across the state. Called, *Rural Health Roundtables*, their purpose was threefold: 1) to exchange information, 2) to serve as a catalyst for collaboration, and 3) to promote partnerships. The first Roundtable was held in the high school auditorium on a cold winter evening in Lincoln County. This report summarizes the findings.



### Special thanks to:

Ed Dzedzy at the Lincoln County Health Department, Tom Martin and Jennifer Larmer at Lincoln Hospital for their support in organizing the Roundtable.

Davenport School District for generously lending the WRHA their auditorium for the evening and,

The Washington Hospital Association for access to Lincoln County data and their continued support to the WRHA.

## Roundtable Participants

A small taskforce was convened to promote the event. Together, they identified over 140 individuals that represented a diverse range of health “stakeholders” in Lincoln County. Each stakeholder received a personal invitation by mail encouraging them to participate in the event.



Other dissemination strategies included event signage posted in high traffic areas: hospitals, clinics, grocery stores, library, fitness center, and alike. Press releases were run in two local papers. (See Appendix).

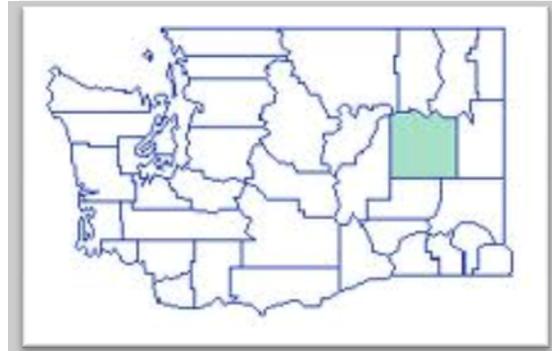
Approximately 50 people attended the event including hospital administrators, County Commissioners, medical providers, a dentist, the School District Superintendent, many community members, local reporters, bankers, teachers, public safety, local and national foundations, and even congressional district staff.

## Setting the Stage

To lay the groundwork for the discussion, Lincoln County's demographics, health status and an overview of health reform were provided using a PowerPoint presentation.

### Demographics and Health Status: Rural

Lincoln County is located in eastern Washington. The economic center is agriculture, primarily wheat farming making the county the second-largest producer of wheat in the United States. Defined as a "frontier county", Lincoln County is designated as a medically underserved area and a health care shortage area for primary, mental and dental services. Its home to two critical access hospitals, Lincoln Hospital and Odessa Memorial Healthcare Center, and four rural health centers.



#### County Facts...

**Population is 10,600**  
**4.9 person per square mile**  
**1 in 5 is 65 years or older**  
 (up 13.5% since from 2000)  
**1 in 8 has no medical insurance**

#### Social Determinants...

	<u>Lincoln</u>	<u>State</u>
<b>Income:</b>	<b>\$22,417</b>	<b>\$29,733</b>
<b>Poverty:</b>	<b>7.9%</b>	<b>7.9%</b>
<b>Unemployment:</b>	<b>8.0%</b>	<b>9.2%</b>
<b>High School:</b>	<b>90.3%</b>	<b>89.6%</b>
<b>No College:</b>	<b>79%</b>	<b>69%</b>

The arrows in the chart below point to rates of county-specific risk factors and chronic diseases which are higher than State averages.

	<u>Measure (Rates)</u>	<u>Lincoln</u>	<u>WA State</u>
➔	Obesity (BMI>30)	31.5%	25.6%
	Current Smoker	15.2%	15.7%
	Heavy Drinking	4.0%	5.6%
	Low Physical Activity	28.7%	37.2%
➔	Physical Inactivity	11.3%	9.0%
	High Blood Pressure	26.8%	25.6%
➔	High Cholesterol	49.5%	37.2%
➔	Asthma	12.4%	9.2%
➔	Diabetes	9.4%	7.2%
	Heart Disease	3.4%	3.4%
	Poor Mental Health	15.6%	14.6%

**Healthcare Reform:** The current U.S. healthcare delivery system is not sustainable and several federally sponsored models are being tested to decrease costs and improve outcomes. The Institute of Health Improvement's *Triple Aim* framework to achieve better care, better health at a lower cost framework was highlighted.



### Lincoln County's Response to Reform:

- ✓ **Medical Homes** Hospitals have allocated resources to support the *patient centered medical home*. This includes redesigning staff positions and purchasing IT equipment to enhance the capacity to aggregate and exchange data. This model emphasizes management of chronic conditions, integrated health information systems, team based care and transitions from episode-based medicine to person-based health care services. This model also promotes collaboration with regional stakeholders.
- ✓ **Access** Lincoln County uses telehealth equipment to increase access to health care services.
- ✓ **Targeted Interventions** Lincoln County participated in the *Collaborate for Healthy Weight Program* that encouraged healthy behaviors across a diverse spectrum of stakeholders. It was sponsored by the National Initiative for Children's Healthcare Quality.
- ✓ **Networks** Lincoln County has established a formal inter-local agreement between the two critical access hospitals. Steps have been taken to expand this network to include the county health department and mental health providers. Further, both hospitals participate in a regional network of critical access hospitals.
- ✓ **Coordination across the Continuum of Care** Collaboration between the county's rural facilities and specialty providers/urban tertiary centers are operationalized with shared regional protocols and referral agreements.

### Discussion, Findings, and Themes

After the presentation, the Roundtable participants joined in an hour long discussion targeting health and health services in Lincoln County. Flipcharts were also available for those who preferred to express their opinions/concerns in writing.

**Sustained Community Collaboration:** The projects that were discussed in the presentation described programmatic activities (e.g. medical home, weight collaborative, grant programs) with committed stakeholders but how are collaborations sustained? The question was asked: "What if there is no grant?" A retired hospital administrator summarized her views on community collaboration: "We have a long history of discussing the need to collaborate in Lincoln County now we just have to learn how to do it". Several

participants joined in the discussion offering suggestions and strategies to promote continued collaboration.

**Advocacy, Transparency, and Communication.** As state and federal budget cuts continue and reimbursement rates decrease, operating rural health facilities becomes more difficult and requires innovative solutions to keep our doors open explained a hospital administrator. Advocating and educating policy makers of the value of critical access hospitals and cost based reimbursement is essential to the health of rural communities.

One Roundtable participant wrote about the need to educate policy makers on a flipchart, “Decreasing state funding for health services backfires. As Medicaid for adult dental services dries up, the costs go up. This is because the patient waits until his dental problem drives him to the emergency room, where care is most expensive.”

One participant stated a single word, “Voice”, as a means to express the importance of two way communications between policy makers and those who are impacted. He stressed the need to maintain the rural culture and protect its people.

**Patient Compliance, Motivation, and Education** Participants believed that health care must be available to all, and that it should include a basic array of preventive care, screenings, primary health care services, disease management and hospitalization. They also thought that each individual should be responsible for making wise lifestyle choices to reduce health care costs. Strategies to improve the healthcare industry primarily target financial or quality reform, yet, patient education and compliance is often overlooked or not linked to these reforms.

One participant used the example of oral health explaining that insurers will pay for prevention and specific prescribed treatments only on a scheduled basis. There is an inherent financial incentive for patients to comply with good oral health practices otherwise it’s an out-pocket-expense. System reforms should promote compliance.

It is suggested that informing patients before, during, and after procedures will help reduce costs and improve quality. As patients become responsible for their own care and outcomes, this will help contain healthcare costs. Yet, one participant noted that this is difficult for some patients that have little or no motivation. Adding that often patients lack an understanding of their health status and therefore no idea what questions to ask so that they can better educate themselves. Health literacy includes not only the ability to read, but to comprehend, understand and reason.

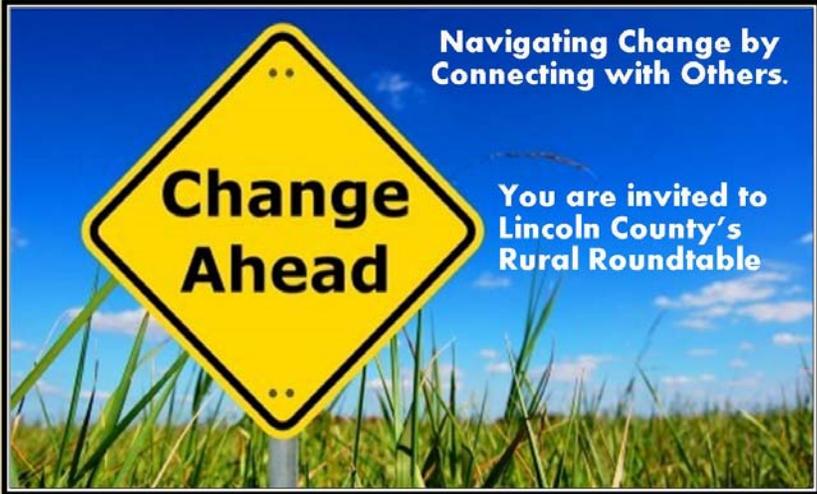
**Shared Resources** One provider expressed that many of her patients have limited resources to allocate to health care expenses. Their paychecks cover basic necessities of housing, food and utilities. She explained that collaboration/service reform create opportunities to share resources and improve access for those with low incomes.

## Conclusion

Following a lively discussion about the current environment of Lincoln County, the meeting adjourned with a pledge from the County Health Department of their continued commitment to community collaboration and the WRHA thanking everyone for their participation.

## APPENDIX

### Roundtable Poster and Postcard Invitation



**Navigating Change by  
Connecting with Others.**

**Change  
Ahead**

**You are invited to  
Lincoln County's  
Rural Roundtable**

**Lincoln County's Rural Roundtable  
January 16, 2013 6pm  
Davenport High School Auditorium**

The purpose of the Rural Roundtable is to discuss the health of Lincoln County. Questions about health care reform are on minds of all Americans. Our discussion aims to help our community understand what health policy means for local families and neighbors. Building momentum around health care reform begins with you.

Sponsors: Washington Rural Health Association, Lincoln County Hospital, Odessa Memorial Healthcare Center, and Lincoln County Department of Health



## Press Release



**Rural residents are requested to share health concerns** The health of Washington's rural residents is an ongoing concern. To address these concerns, the Washington State Rural Health Association, established in 1981, organized to collaboratively strengthen and improve the health of rural communities. Their work helps to establish policies and activities towards resolving identified issues relating to health and health care services for rural residents. Currently, they are seeking input from rural residents throughout the state of Washington and selected Lincoln County to host a "Rural Health Roundtable" meeting. Other communities hosting these town hall meetings include Aberdeen and Grays Harbor.

"We are excited that Lincoln County has been selected as one of three locations for "town hall" meetings to get input from people in rural areas about health concerns," stated Ed Dzedzy, Administrator of the Lincoln County Health Department. The session, called the *Lincoln County Rural Health Roundtable*, is scheduled on Wednesday, January 16<sup>th</sup> from 6 p.m. until 8 p.m. at the Davenport High School Auditorium. The Washington Rural Health Association wants to know what people in rural areas think about health in their communities and is sponsoring these sessions. "Questions about health care reform are on the minds of our communities. The more public awareness about what health policy means for local families and neighbors the better", said Tom Martin, Administrator at Lincoln Hospital.

Starting at 6p.m. light refreshments will be provided and residents in Davenport, Reardan, Wilbur, Odessa, Harrington, Creston, Edwall, Almira and other surrounding communities are invited to participate. The facilitator, Sue Deitz, Director of the eastern Washington Critical Access Hospital Network, will lead the discussion and comments from participants will be documented and provided to the Washington Rural Health Association. These sessions allow local people an opportunity to share what matters to them and what they think should be emphasized when it comes to health in rural areas.

Rural health has some unique characteristics related to the delivery of health care services because there are often limited providers, transportation is often a key issue and many of the people living in rural areas work for small employers who are not able to provide health insurance. “Living in a rural area in Lincoln County provides many great opportunities when it comes to families and having good relationships but we are often challenged to receive all health services within our own county and many travel to Spokane for care—we are very fortunate to have a local hospital and physicians that provide great services,” said Jennifer Larmer, Chief of Patient Access & Service Integration Officer and Care Coordination at Lincoln Hospital and North Basin Medical Clinics. For more information please contact Ed Dzedzy, Administrator of Lincoln County Health Department 509-725-2501