FORUM PROCEEDINGS

Regional Public Health Practice & Research Forum
Monday, May 14, 2012
The Inn at Virginia Tech

Supported by:

Center for Public Health Practice & Research
Department of Population Health Sciences
Virginia – Maryland Regional College of Veterinary Medicine
Institute for Society, Culture and Environment

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FORUM PROCEEDINGS

The primary goal of the Forum was to provide a space for a representative group of public health professionals (1) to discuss existing and emerging health issues in our region of the state; (2) identify the issues that we can address most effectively (i.e., where can we have an impact); and, (3) maximize and seek new resources and funding through interdisciplinary collaboration.

The Forum was designed to be representative of public health. Forum participants represented broad interest in public health and included professionals from the Virginia Department of Health (Regional and District offices), Planning Districts, Carilion Giles Community Hospital, Community Services Board, Healthy Appalachia Institute, National Center for Rural Health Policy, NRV Agency on Aging, Partnership for Access to Healthcare (PATH), One Care, SWVA Behavioral Health Board, Virginia Rural Health Association, University of Virginia, and Virginia Tech (Dept. of Population Health Sciences, Institute for Policy and Governance, Office of Economic Development, and Psychology)[1].

FORUM AGENDA

The Forum's first two goals (i.e., issues in the region and ones that we can address) were discussed during the morning sessions, while the afternoon was devoted to recommendations that have been proposed and how we as a group can move the recommendations forward with existing and new resources (e.g., funding). The Forum identified action items and next steps to be taken.

Much of the discussions of issues, recommendations, and next steps were based on documents and publications created and developed by the Virginia Department of Health, Virginia Rural Health Association[2], Healthy Appalachia Institute[3, 4], and One Care[5]. These documents describe public health issues and propose solutions and recommendations to address issues. These documents were consolidated into one overarching document (Appendix A), which was included in the materials provided to Forum participants.

PUBLIC HEALTH ISSUES

The following summary documents Forum proceedings, beginning with a description of the public health issues in the region and followed by a recap of recommendations, resources, and action items/next steps. This approach to summarizing the Forum departs from a purely linear

[1] A number of participants represent more than one agency or organization.
[2] 2008 Virginia Rural Health Plan
[3] 2009 Blueprint for Health Improvement and health-Enabled Prosperity
[4] 2011 Blueprint for Health Improvement and health-Enabled Prosperity Progress Report
[5] 2011 Blueprint for Substance Abuse and Misuse Prevention, Treatment and Control

and chronological recap, and thematically presents the discussions and decision made during the day. The diversity of participants likely contributed to the rich discussion among Forum participants.

Among public health issues identified in the rural health plans and blueprints, **substance abuse**, **social determinants of health**, and **public health workforce** were discussed frequently and lengthily. While these issues are summarized as distinct, many participants made the point that there are links across all three issues.

Substance abuse. Substance abuse and the totality of its impact on health was the most discussed health issue. The issue was discussed in terms of its impact on individuals to include its relationship to mental health, higher probability of having an infectious disease, and increased incidences of mortality. Substance abuse also was framed in the context of community.

Individuals who abuse prescription and illegal drugs are at higher risk for mental health issues and tend to engage in high risk behaviors, such as intravenous drug use. Intravenous drug users also are more likely to be diagnosed with an infectious disease due to needle sharing. The result of these abuses and lack of utilizing healthcare services (either by choice or limited to no access to care) can result in increased and early mortality.

A number of participants identified substance abuse as a cultural issue with deep roots in Southwest Virginia and more broadly Appalachia. The culture of substance abuse includes selling and using drugs. The area has a long history of alcohol and drug use, starting with whiskey in the 18th century, culminating in the Whiskey Rebellion when residents in western Virginia and Pennsylvania refused to pay taxes on their alcoholic products. While alcohol remains an issue, other substances to include prescription and illegal drugs are, according to some participants, almost epidemic.

Much of the discussion about community impact focused on distribution, as the following anecdotes indicate.

> *We happen to live in a great area to be a seller of drugs where you can get prescription drugs from across state lines. At the same time, it is a great economic opportunity to sell drugs because of the amount of money you can get and how easy it is. It's very easy to go to Florida to get one thousand oxycontin and come back and sell them for $50 each. Try to get a job that pays six figures.*
>
> *In Wise County, a seventy year old stated he sold his one hundred twenty lortabs each month to pay his high electric bill. They go get their xanax and percocet and supplement their incomes every month. A lot of people don't start with drugs by doing them at parties, but their neighbors give them drugs until they're hooked.*

In addition to the health impact and economic incentive to sell prescription and illegal drugs, substance abuse also has an economic impact on community and economic development, especially if employers are unable to fill positions due to failed drug tests.

They have similar problems in the Martinsville/Danville area. Recently an employer was looking to fill fifty factory positions and something like forty-five [percent] of the fifty applicants failed their drug tests, so it is a serious problem.

Social determinants of health. Social determinants of health, as an explicit *term* and public health issue, seldom were raised; however, many issues participants discussed pertained to this aspect of health. Transportation, technology, and culture were the prevailing social determinants that participants raised.

Rural areas, given the dispersion of the population, are particularly susceptible to transportation issues where patients and clients may not have access to transportation, may not have financial resources to secure transportation, or may have unreliable transportation to make appointments. Some participants identified transportation as a leading cause for missed appointments.

Other participants discussed effective *public health* programs in other parts of the state that may not be tenable in some rural areas because of transportation.

There is a summer food program designed to provide nutritious meals to children when schools are out. When you look at a map of 1,500 sites with this program, there are very few west of Roanoke. Transportation is going to be an issue for getting kids to the sites during the summer. There are funds for food and a slight overhead, but no funds for transportation expenses.

While technology widely is perceived as one of the remedies for public health issues, this type of solution has limitations in rural areas where mobile phone reception is still tenuous, not to mention how limitedly broadband is available. Furthermore, there is still a digital divide between rural and urban areas that can be attributed to infrastructure issues and disposable income to *technologize* homes and, to some extent, offices.

Culture (beliefs, values, and practices) was frequently mentioned as a public health issue where rural residents do not see their health status and outcomes in the same ways as healthcare professionals; and, conversely, healthcare professionals have not made health salient and relevant for some rural patients (e.g., limited cultural competence, translational and transactional models of healthcare delivery).

There is a study being conducted by the West Virginia School of Osteopathic Medicine, which documents where people see themselves. People mostly said they are "healthy" contrary to all data that says otherwise. Any prevention message sent out about needing to eat well and be healthy will go right over those peoples' heads.

Failure of a program can come from the fact that the issue is somewhat accepted in the community. It's part of the culture. Programs sometimes don't work because they don't offer a reason to change. We have to understand the psychology of what people are going through and offer them more options. Some

programs don't work because they don't consider that people have different needs.

Tobacco use statistics are abysmal. People don't see it as that big of a problem. Health issues are coming from their behavior, and we have a problem in the area. There has not been a lot of change in farming practices; the same numbers of people are smoking every day. It is an economic issue but should be on the list of priorities.

Other cultural descriptions of the area include bartering, which is related to the substance abuse issue. Prescription and illegal drugs are sometimes used as currency in lieu of money or as a means to acquire legal tender.

Public health workforce. How does public health attract and retain a workforce in rural communities? Participants identified this question and issue as impacting all other issues. Rural hospitals are constantly grappling with attracting and retaining healthcare professionals. While the number of medical schools has grown (dental schools have not), the number of residency sites in the state has not grown, so many physicians who complete their education in Virginia have to leave the state for a residency match. The outcome is that many physicians practice medicine where they complete their residency.

Public Health Issues Questions:

- Which issues can Forum participants, as a group, impact?
- What public health issues were not discussed during the Forum that participants can address?
- What are the top priorities? Are these the top issues?
- How can participants leverage limited resources to tackle these issues?
- What approaches and solutions are effective and which ones are not?

PUBLIC HEALTH SUCCESSES

Although there are many public health issues that rural Virginia needs to address, the state has addressed successfully other public health problems. Participants identified the following successes.

Oral health. There are only two evidence-based dental procedures: sealants and fluoridation (to minimize tooth decay). Virginia has been effective in both of these areas.

Vaccinations. Virginia has had high success with some vaccinations, such as immunological and influenza vaccines. In fact, in southwest Virginia, children are required to get vaccines in order to come back to school.

Telemedicine. Through a HRSA grant at UVA, telemedicine has been effective in providing obstetric care to high-risk pregnant women. Since implementing the program, preterm baby delivery has been reduced 25% in the area and a significant amount of money has been saved.

Public Health Successes Questions:

- How do public health professionals duplicate these successes?
- Are there data and evidence to support these findings?
- Are these successes collaborative and interdisciplinary?
- How do public health professionals promote these successes to policy and decision-makers?
- Can successes be leveraged to secure funding to expand?

RECOMMENDATIONS

In addition to the recommendations that are proposed in the rural health plans and blueprints, participants identified the following additional approaches to address health issues, including funding.

There are many public health initiatives in southwest Virginia that Forum participants were unaware of prior to the discussions, leading to a recommendation that there should be a single coordinating agency or organization that is aware of and communicates with other public health agencies and organizations about all public health work, projects, and programs. This could facilitate collaboration and minimize unnecessary duplication.

As funding and justification for continued funding become more difficult and as accountability becomes more important, public health will need to focus more on return on investment (ROI); in other words, what does the public get in return for a particular program. Discussing ROI is not just an analysis of the financial picture, but describes and explains the social and operational return on an investment.

> *For example,*
> *We can look at improving the health of babies. In the public healthcare arena, everyone wants to save babies. So when we look at how many dollars the government puts into saving babies that is the social return on investment. When we look at how the public health system addresses saving babies that's the operation return on investment. Then, we look at the bottom line of how much that investment is leveraged and how it impacts health, which is the financial return on investment.*
> [Does the program provide a social good in an effective and efficient way that saves money or reduces costs?]

Rural communities either need to expand their population base or get funding agencies to understand that different metrics need to apply. For instance, some funding agencies believe they have a greater return on investment when a study or proposal has a large footprint or population base, so southwest Virginia minimally may need to start in Roanoke. Also, related to the population mass of rural communities, some metrics based on urban statistics skew rural results. For example, a rural hospital's operational compliance may appear overly negative due to a single incident compared to an urban hospital whose volume statistically makes such incidences *zero*.

Policy change may be the area where public health professionals have the greatest impact. The goal will be to identify those policy areas where this group can have an impact and subsequently improve public health and longstanding problems. Then, the issue becomes policy development.

There are limited resources to address public health issues; therefore, this group and others should prioritize problems into those that a collaborative group actually can address; problems where there are either resources or the likelihood of obtaining resources to address the issue; and, problems that represent the most pressing concern for the public.

Documenting the outcomes of a program is problematic without a solid evaluation plan; thus, it becomes a challenge to demonstrate and provide evidence on the efficacy of the program or intervention. Program evaluation should be developed during the design and development of a program and not the end. Program evaluation is not a skill set that everyone has; so, programs end up collecting extensive data that does not get evaluated or data that are not tenable for program evaluation. Program evaluation is needed as a service and component of program design.

Mapping what is occurring in the state and region can be a resource for identifying and forging collaborations; evaluating duplicative services and whether or not these duplications are necessary; developing policy; helping to prioritize problems; and being a means to learn which programs are being evaluated and which ones are not. In other words, mapping the issues and resources will be a resource and evidence for moving forward with other recommendations.

The state's universities should engage in more collaborative and community-based research and this group should better utilize lobbying groups, such as the Virginia Association of Cities and Counties.

An interstate compact among Kentucky, Ohio, Virginia, and West Virginia may provide the critical mass and population base to compete for large grants. These states, to some extent, have an Appalachian population and share many of the same public health issues and concerns, such as substance abuse. The interstate compact is a long-term recommendation and would require multiple legislative actions.

RESOURCES

All of the recommendations above, of course, require resources. While some participants have secured funding to address public health issues around their specialties, participants identified several other resources that can be channeled into solutions and action items.

Participants identified the following resources:
Agencies and Organizations (public health professionals and experts in the field)[6]

- Carilion Giles Community Hospital
- Community Service Board
- Healthy Appalachia Institute

[6] See Appendix B for the complete list of participants and their organizations.

- NRV Agency on Ageing
- National Center for Rural Health Policy
- One Care Inc.
- Partnership for Access to Healthcare
- Planning Districts
- Southwest VA Behavioral Health Board
- University of Virginia (Charlottesville and Wise)
- Virginia Department of Health (State and District offices)
- Virginia Rural Health Association
- Virginia Tech
    - Center for Public Health Practice & Research
    - Department of Population Health Sciences
    - Institute for Policy and Governance
    - Office of Economic Development
    - Psychology
    - Virginia Tech/Carilion School of Medicine

There are also agencies and organizations that were not represented at the Forum but should have been, such as law enforcement.

Data (What is known? What is known to be unknown? What data are needed? How are additional data collected?)
Center for Applied Research and Environmental Systems (http://cares.missouri.edu/)
Virginia Rural Health Association Data Portal (http://www.vrhrc.org/data-portal/index.htm)
Virginia Health Chart Book (http://www.vnghr.org/healthchartbook/hcb_beta.html)
Virginia Underserved Area Application (http://www.va-underservedareas.org/)

Additional and better integrated data are also needed.

Plans and Blueprint (many public health issues and recommendations for solutions have been documented)

- 2008 Virginia Rural Health Plan will be revised
    - October 8-9, Charlottesville, VA (contact Beth O'Connor at bconnor@vcom.vt.edu)
- VDH's report
- Healthy Appalachia Institute's Blueprints
- OneCare's Blueprint

NEXT STEPS AND ACTION ITEMS

The Forum concluded with a list of action items to move forward. Specifically, these next steps and action items are the foundation for implementing many of the additional recommendations proposed during the Forum and documented in this report.

- Identify an agency/organization to facilitate program/data/resource sharing

- Map the state of health, healthcare, and outcomes (funding, policy, programming/organization, political)
    - Intentionally collaborate with mapped partners
- Engage communities by learning what they need and how they define health issues
- Determine the built environment of the region, particularly farmer's markets/nutrition/sustainability
- Determine the most salient aspects of social determinants of health to tackle, particularly economic issues
- Identify program design support, specifically program evaluation
- Make link between health and economic development/determine health impact on economic development and vice versa
- Combine reports comprehensively (issues raised/recommendations/work to do)
- Determine what data are available, the ability to integrate and link data, and what additional data need to be collected
- Determine what it will take to create an interstate compact to compete competitively for grants

Thank you for participating in the Regional Public Health Practice & Research Forum

APPENDIX A

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Partial list of Public Health Issues identified in State Plans and Blueprints

- Psychosocial factors of substance abuse
  - Parental drug use leading to foster care [SWVA > state]
    - 32% of foster care cases in SWVA indicate parental drug use
  - Parental alcohol use leading to foster care [PD 3 > state]
  - Suicides [PDs 1 – 4 > state]
  - Unintended drug overdoses [SWVA 2.5 – 6 times statewide rate]
  - Crime related to drug offenses [SWVA > state]

- Tobacco use [particularly among PDs 1 and 3 > state]
  - 45% of adults smoke in the home and in the workplace [PD3]

- Mental health issues (particularly harm to self) [47.1% of adults in PD 1 and 2 compared to 37.1% for the state]

- Prevalence of obesity [PDs 1 and 2]
- Heart disease as the leading cause of death in PDs 1 and 2
- Solid tumor cancer [PDs 1 and 2]
- Chronic diseases, particularly diabetes

- Unhealthy lifestyles
  - Tobacco use
  - Nutrition/food desert
  - Physical activity
  - Health literacy

- Access to care
  - Capacity/capability to provide healthcare
  - Availability of providers
  - Infrastructure
  - Obstetrics & gynecology
  - Mental/behavioral health
  - Oral health

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Proposed Recommendations in State Plans and Blueprints

- Access
  - Improve treatment and access
  - Support group (peer and professional workforce) expansion
  - Local workforce pipeline to recruit healthcare professionals in area
  - Increase access to oral healthcare via dental hygienists

- Education
  - Improve education, health literacy, and cultural competence
  - Prevention and underlying contributors …
  - Promote physical activity to include build environment issues
  - Development of prevention and intervention programs
  - Change culture

- Research & Evaluation
  - Understanding, impact, and best practices for public health
  - Substance abuse and domestic violence
  - Improve data about health disparities and inequities
  - Address and understand social factors that impact health
  - Model dissemination and implementation public health practices (timely, accurately, and actionable research)
  - Pursue external funding
  - Program and outcome evaluation

- Policy
  - Address supply issues (prescribed medications and illegal drugs)
  - Patient centered medical home
  - Health information technology
  - Changes to reimbursement models
  - Leverage resources
  - Local communities take primary responsibility for infrastructure issues

- Networks & Communication
  - System for sharing best practices
  - Annual summits for strategy planning
  - Improve communication among partners