



A Health Equity Foundation

Health Equity Learning Series

Health Equity in Rural Communities

Dedicated to Achieving Health Equity for All Coloradans

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HEALTH EQUITY LEARNING SERIES



Denise Gonzales
Program Director
Con Alma Health Foundation
Santa Fe, New Mexico

The Colorado Trust Health Equity Learning Series

Health Equity in Rural Areas

*Denise Gonzales
Program Director
Con Alma Health Foundation*

July 2015





Health Equity

“Health equity is the assurance of the conditions for optimal health for all people.” *Camara Jones* www.cdc.gov/media/subtopic/sme/jones.htm

Health Equity: Concerns “those differences in health that can be traced to unequal economic and social conditions and are systemic and avoidable – and so essentially unjust and unfair.”

Unnatural Causes, www.unnaturalcauses.org

Healthcare is only a small part of what REALLY affects our health.
The choices we make, our behavior, has a large impact on our health.

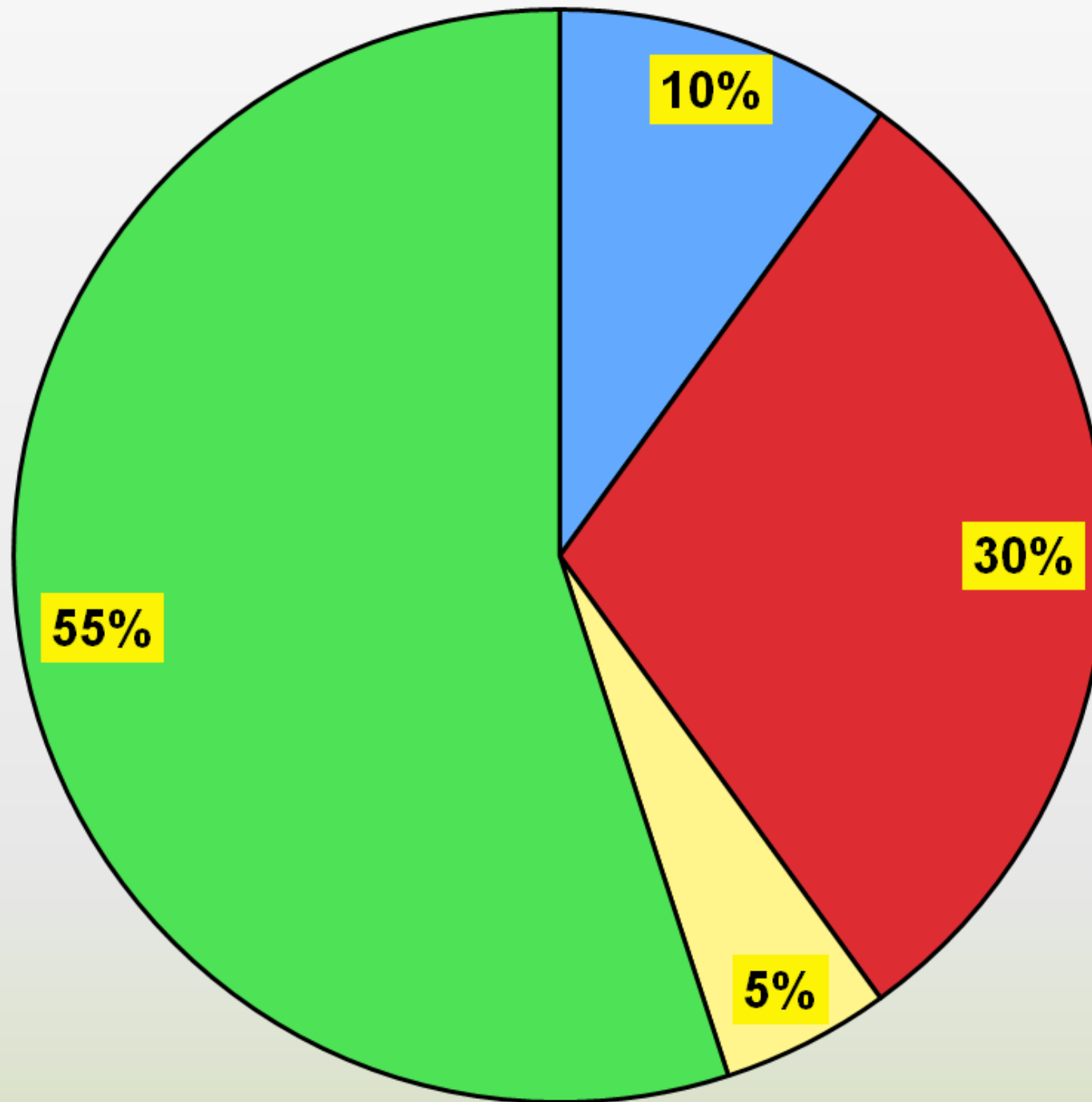
BUT, the places where we live, work, and play
- our social conditions - affect the choices we make.

New Mexico Health Equity Working Group
(<http://nmhewg.weebly.com/index.htm>)

Differences Between Health Equity and Health Disparities

Health Disparity	Health Equity
Any difference in health between groups of people	The term is based on the belief that everyone is entitled to a healthy life
Some health disparities are NOT inequitable (biological differences resulting in different mortality rates between males & females)	However, most health disparities are avoidable, often the result of social and/or economic conditions/policies (e.g. obesity & smoking rates between lower & upper income families)
Public health has traditionally attempted to reduce health disparities by targeting its interventions at individuals within vulnerable populations	Good health requires not only the traditional approach but must also focus attention to address the broad policy and systems environment that influence health

What determines health status?



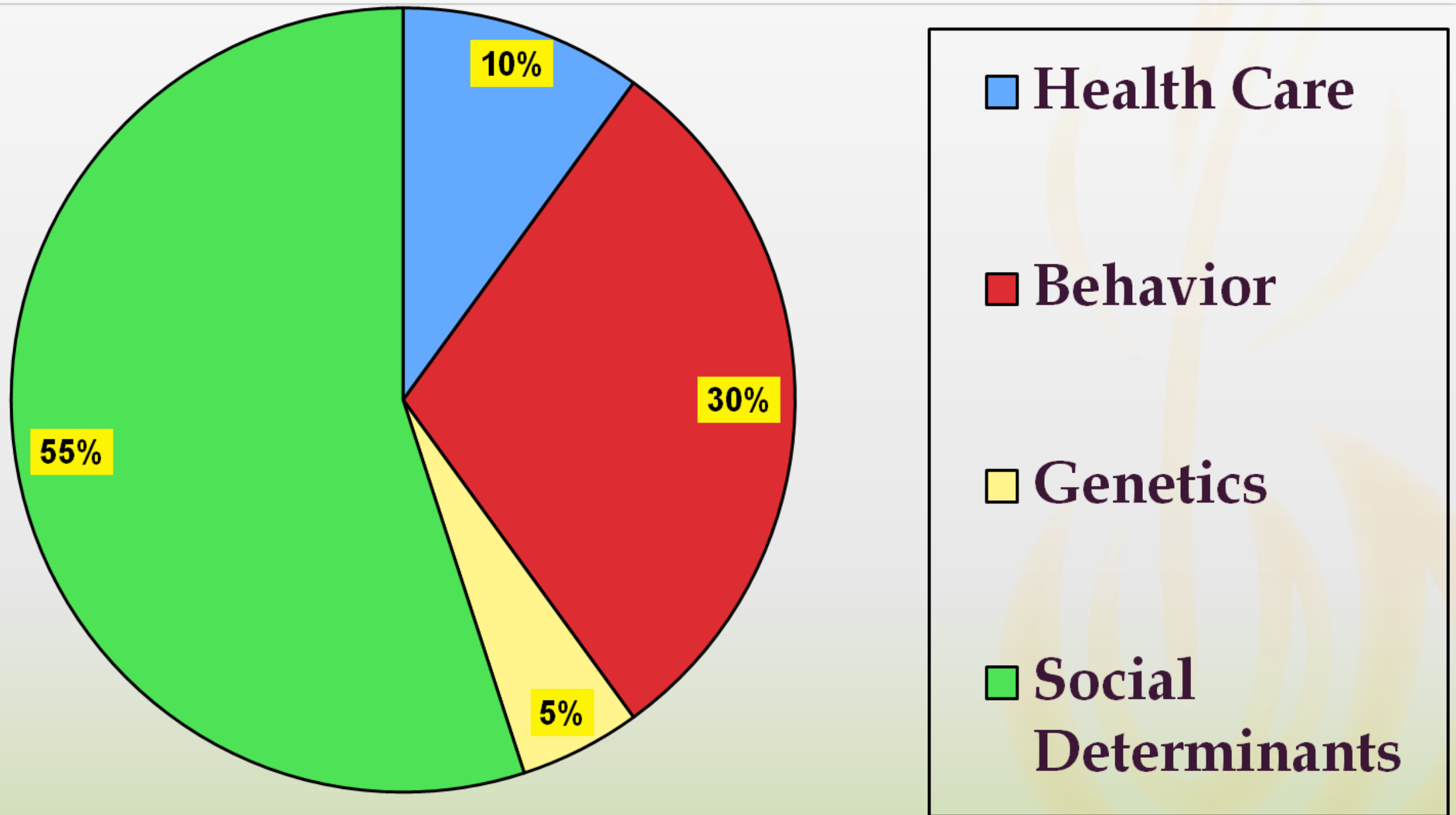
Health Care

Behavior

Genetics

Social
Determinants

SOME ANSWERS:



Social Determinants of Health

(Social Conditions)

- Conditions in which people are born, grow up, work, play and age (place matters)
- Shaped by historical decisions, economics, social policies and politics
- Include race/ethnicity, socio-economic status and access to opportunities

QUESTION:

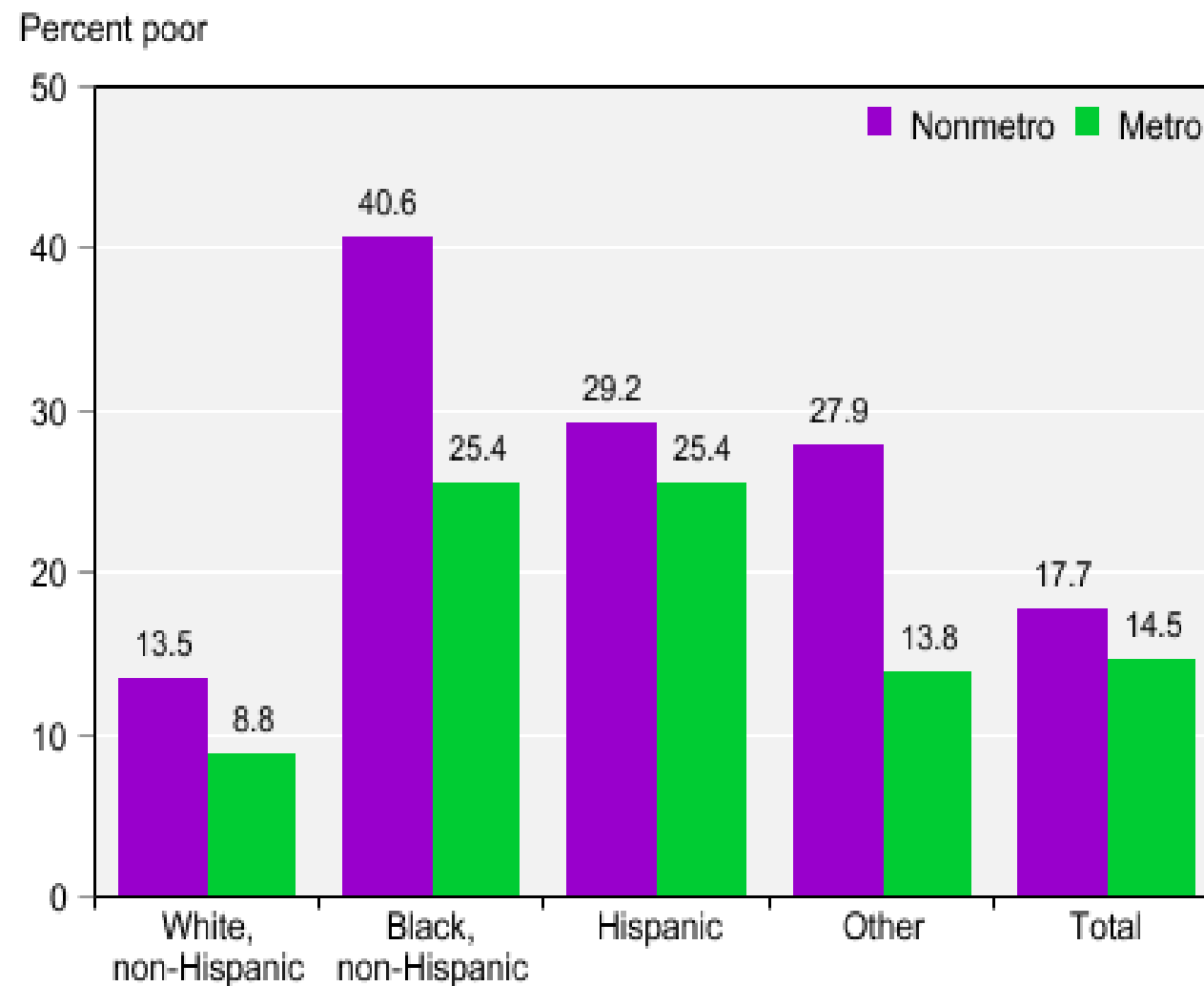
What two factors best predict a community's health?

ANSWER:

**ZIP CODE
AND THE COLOR OF YOUR SKIN**

Poverty by Race/Ethnicity

Poverty rates by race/ethnicity and metro/nonmetro residence, 2012



Source: USDA, Economic Research Service using data from U.S. Census Bureau, 2013 Annual Social and Economic Supplements.

Areas with a high incidence of poverty often reflect the low income of their racial/ethnic minorities.

Nonmetro Blacks had the highest incidence of poverty in 2012 at 40.6%.

The 2012 poverty rate for nonmetro (rural) Hispanics was 29.2% but their share of the nonmetro population increased faster than other racial/ethnic groups over the last two decades.

Income & Poverty in Colorado

The median household income in rural counties is 26.5% less than the median household income in urban counties

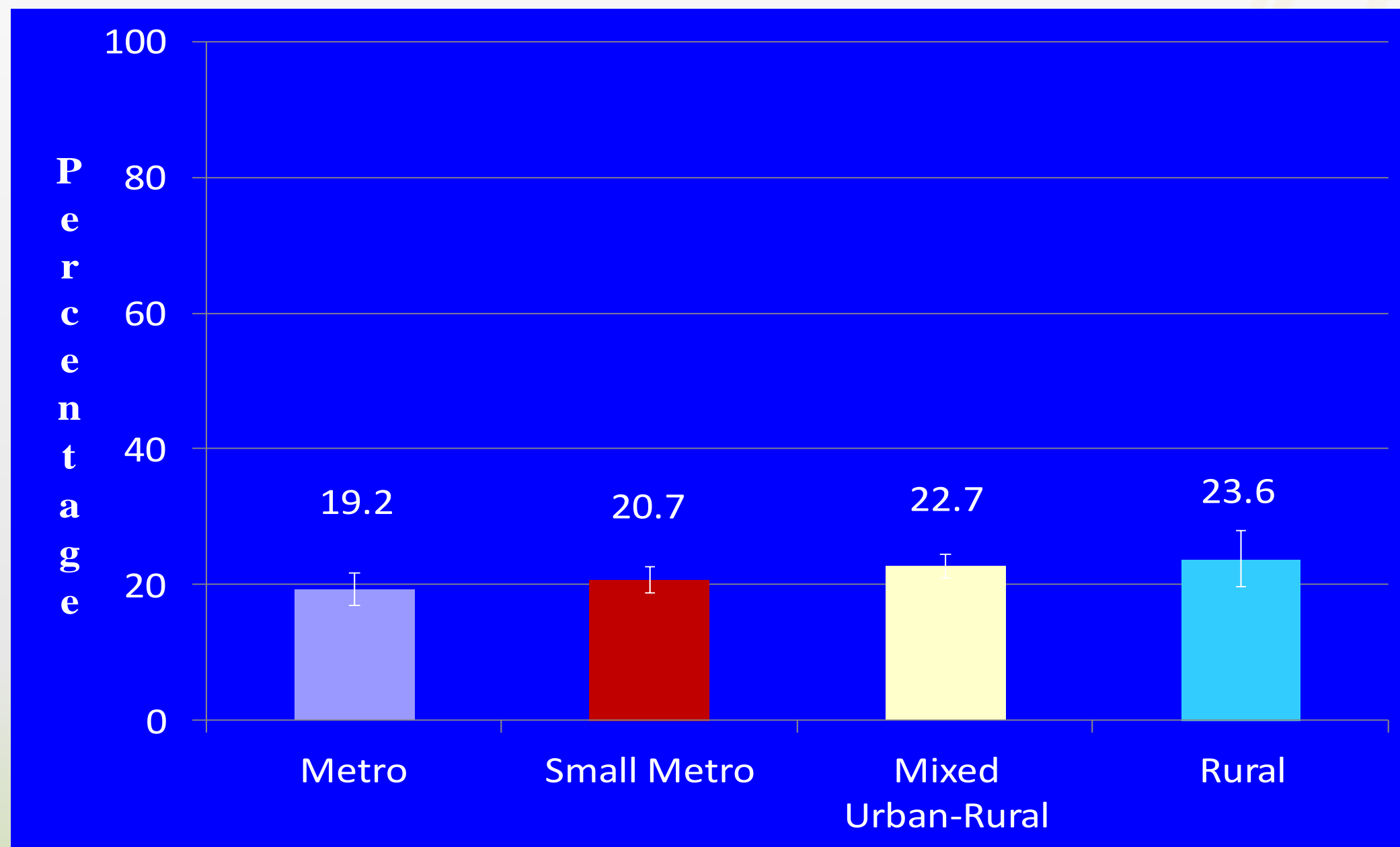
9.8% of families living in rural counties live below the Federal Poverty Level (vs. 8.9% of families in urban areas)

24.5% of children residing in rural counties live in poverty, as compared to 15.8% of urban children

Snapshot of Rural Health in Colorado, 2014

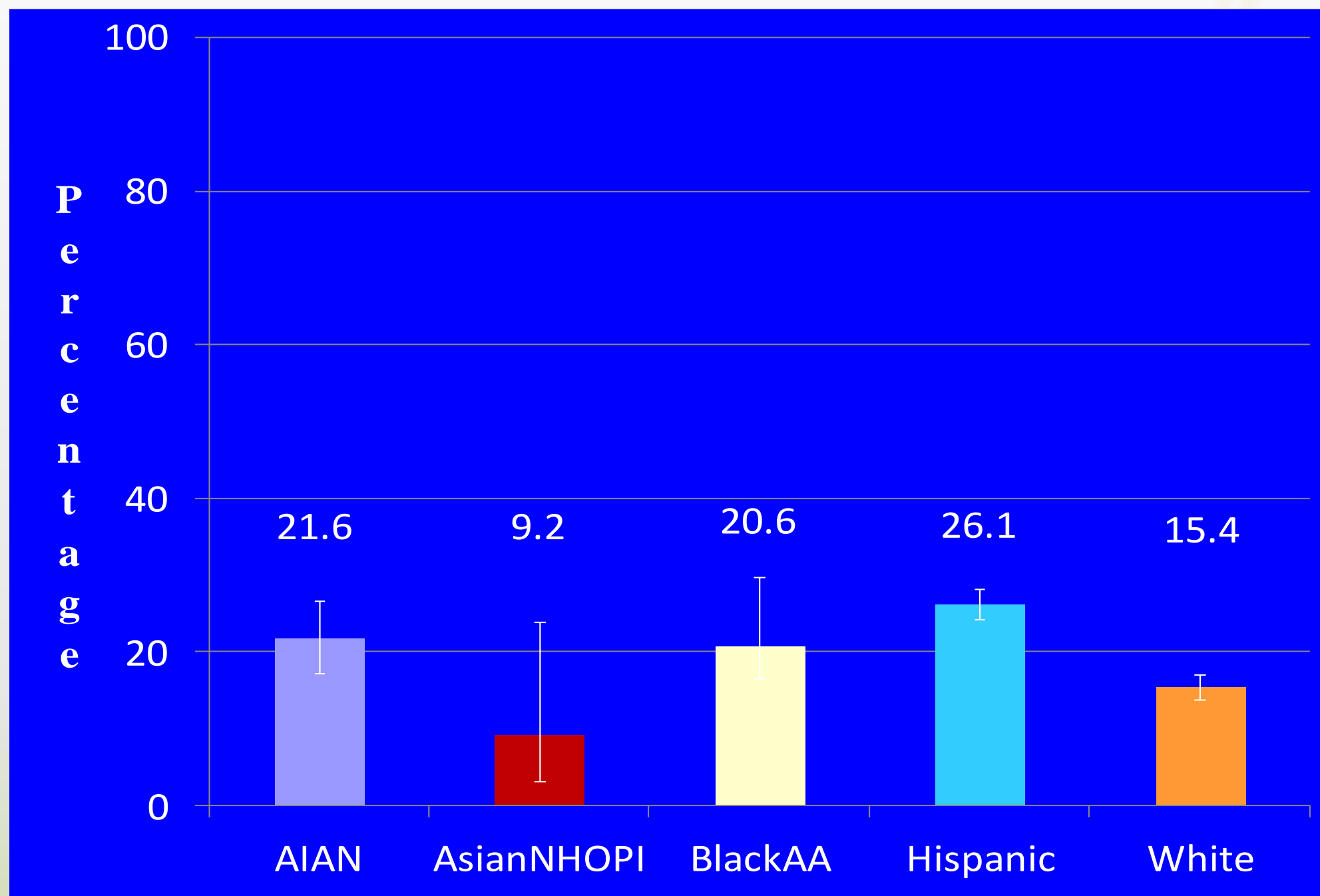
<http://coruralhealth.org/wp-content/uploads/2014/09/2014.RuralHealth.Snapshot.pdf>

General Health Status Reported As Fair or Poor Among New Mexico Adults by Urban/Rural, 2013



SOURCE: Behavioral Risk Factor Surveillance System

General Health Status Reported As Fair or Poor Among New Mexico Adults by Race/Ethnicity, 2013



SOURCE: Behavioral Risk Factor Surveillance System

Shifting Demographics

Colorado:

From 1980-2010, people of color went from 17.3% to 30.1% of the population.

By 2040, 42.2 % of the population will be people of color.

US:

In 1980, 80% of the population was White.

By 2043, a majority of all Americans will be people of color.

National Equity Atlas (Poverty Link)
<http://nationalequityatlas.org>

WHY IT MATTERS

The U.S. is undergoing a dramatic transformation in which people of color will become the majority by 2043.

As people of color continue to grow as a share of the workforce & population, their social and economic well-being will determine the country's success & prosperity.



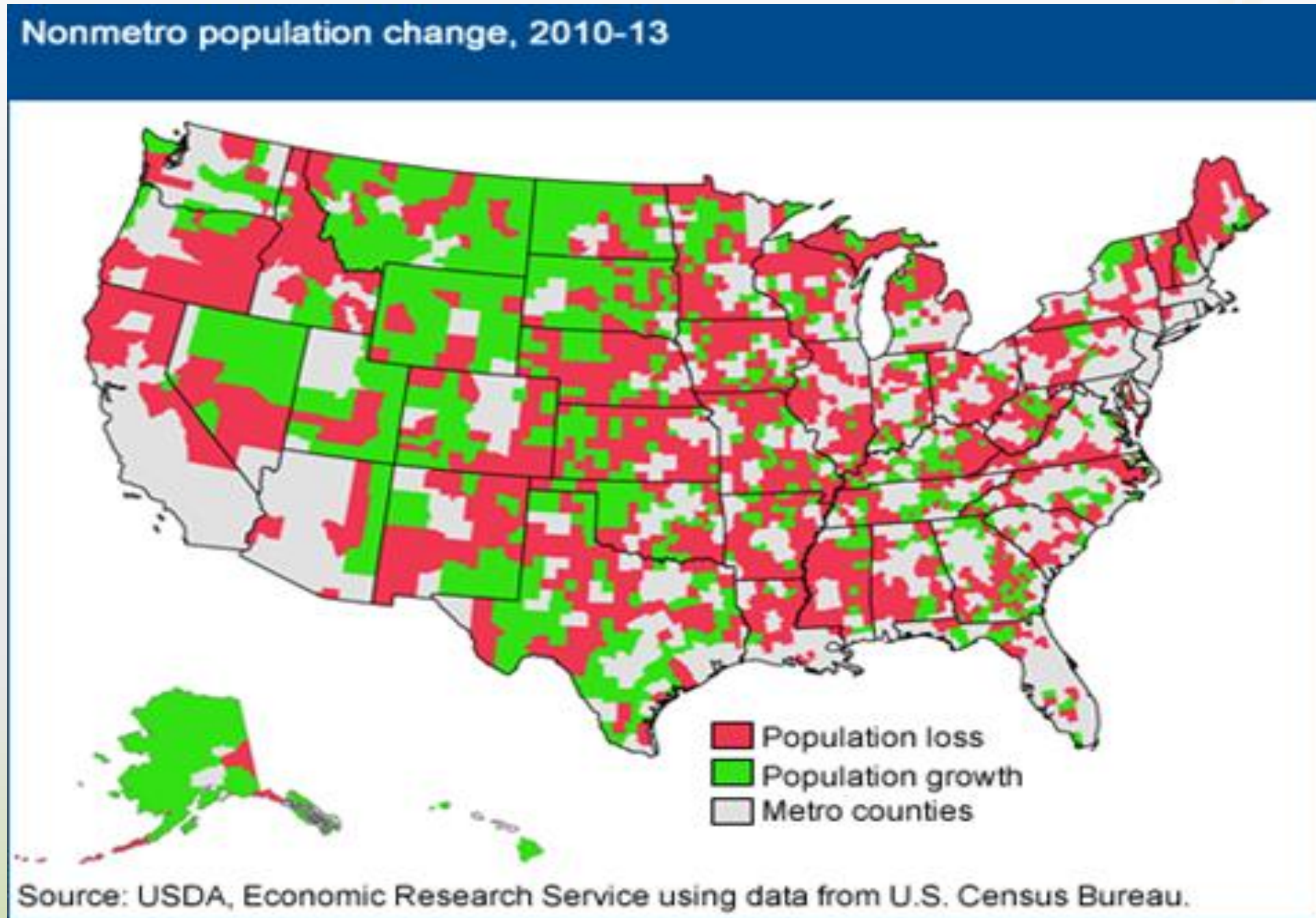
National Equity Atlas
(Poverty Link)
<http://nationalequityatlas.org>

A National Rural Health Snapshot

<http://www.ruralhealthweb.org/go/left/about-rural-health>

	Rural	Urban
Percentage of USA Population**	nearly 25%	75% +
Percentage of USA Physicians**	10%	90%
Num. of Specialists per 100,000 pop**	40.1	134.1
Population aged 65 and older	18%	15%
Population below the poverty level	14%	11%
Average per capita income	\$19K	\$26K
Adolescents (Aged 12-17) who smoke	19%	11%
Male death rate per 100,000 (Ages 1-24)	80	60
Female death rate per 100,000 (Ages 1-24)	40	30
Population who are Medicare beneficiaries	23%	20%
Medicare per capita compared to USA avg.	85%	106%
Medicare hospital payment-to-cost ratio	90%	100%
<i>Statistics used with permission from "Eye on Health" by the Rural Wisconsin Health Cooperative, from an article entitled "Rural Health Can Lead the Way," by former NRHA Pres., Tim Size; Executive Director of the Rural Wisconsin Health Cooperative (2010)</i>		

Population Change - Rural America



Snapshot of Rural Health In Colorado (2014 Edition)

Rural State

- ▶ 73% of Colorado's 64 counties are rural; 17 urban; 24 rural; 23 frontier
- ▶ 77% of Colorado's land mass, approximately 79,884 sq. miles, is rural.
- ▶ The average rural county covers nearly 1,700 sq. miles. Las Animas is the largest co. with 4,773 sq. miles (4 times the size of Rhode Island)

Population

- ▶ 16% of the pop., or 697,748 people, reside in rural counties. Five rural counties have less than one person per square mile.
- ▶ Median age in a rural county is between 45-64, vs. 18-44 in urban counties
- ▶ By 2018, group most projected to grow in rural counties is the 65+ pop.

Source: The Colorado Rural Health Center, <https://coruralhealth.org/wp-content/uploads/2014/09/2014.RuralHealth.Snapshot1.pdf>

NM Rural & Frontier Data & Quick Facts

7 counties in NM are urban metro

26 (out of 33) are rural, non-metro (78% rural)

40.62% of the total area of state of NM is owned by federal & state government



Acequia Mural by Alejandro Lopez
Photo taken by Sam Fernald, Espanola, NM



Acequia tour & study, La Cienega, NM, 2009



"Summer in New Mexico" by Glen Strock
Santa Fe, NM

Key Rural Health Disparities

- ▶ Less access to health services
- ▶ Less likely to have employer-provided health care or prescription drug coverage
- ▶ Fewer physicians & dentists practice in rural areas
- ▶ Racial/ethnic minorities suffer higher rates of mortality & illness compared with other Americans, & receive a lower quality of health care
- ▶ Rural poverty rates are higher than in urban areas
(*disparity is greater for minorities living in rural areas*)

Rural Communities - Risks

Rural communities are at higher risk for:

- suicide
- alcohol abuse
- use of smokeless tobacco & cigarette smoking
- methamphetamine use
- obesity & hypertension
- motor vehicle fatalities
- higher mortality

Rural Assistance Center - www.raconline.org

National Center for Frontier Communities, Silver City, NM - www.frontierus.org

Rural Communities

- ▶ **Our Strengths:**
look to culture, tradition & community for existing strengths and assets that can serve as solutions to community needs
- ▶ **Our People:**
resilient, resourceful, self-reliant
- ▶ **Our Values:**
community based, family, inter-generational, multi-cultural
- ▶ **Innovation:**
Rural communities are natural & expert innovators

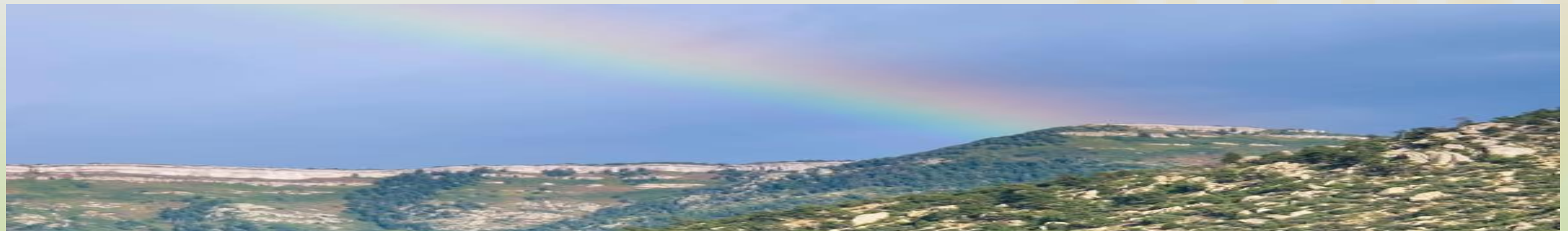


Con Alma Health Foundation Mission

To be aware of, and respond to, the health rights and needs of the culturally & demographically diverse people & communities of New Mexico

To improve health status & access to health care

To advocate for health policies that will address the health needs of all

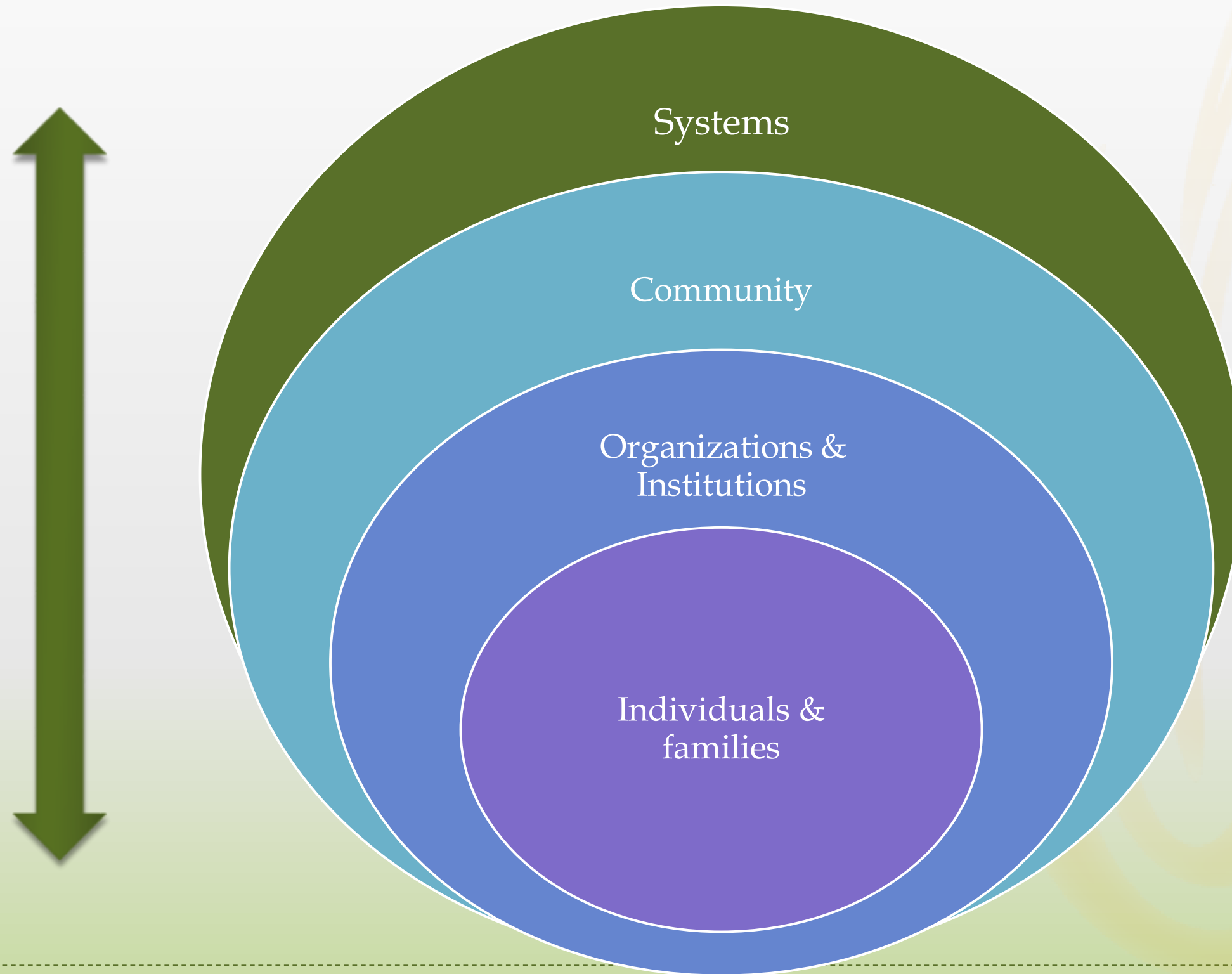


WHAT WE DO – Grantmaking & Beyond

Con Alma Health Foundation:

- promotes and advances health equity
- advocates for all with an emphasis on culturally diverse, rural and tribal communities
- defines health broadly
- views health as more than health care
- builds partnerships/leverages resources
- engages stakeholders in public policy issues
- looks to culture, tradition and community for existing strengths and assets
- serves as a catalyst for positive, systemic change

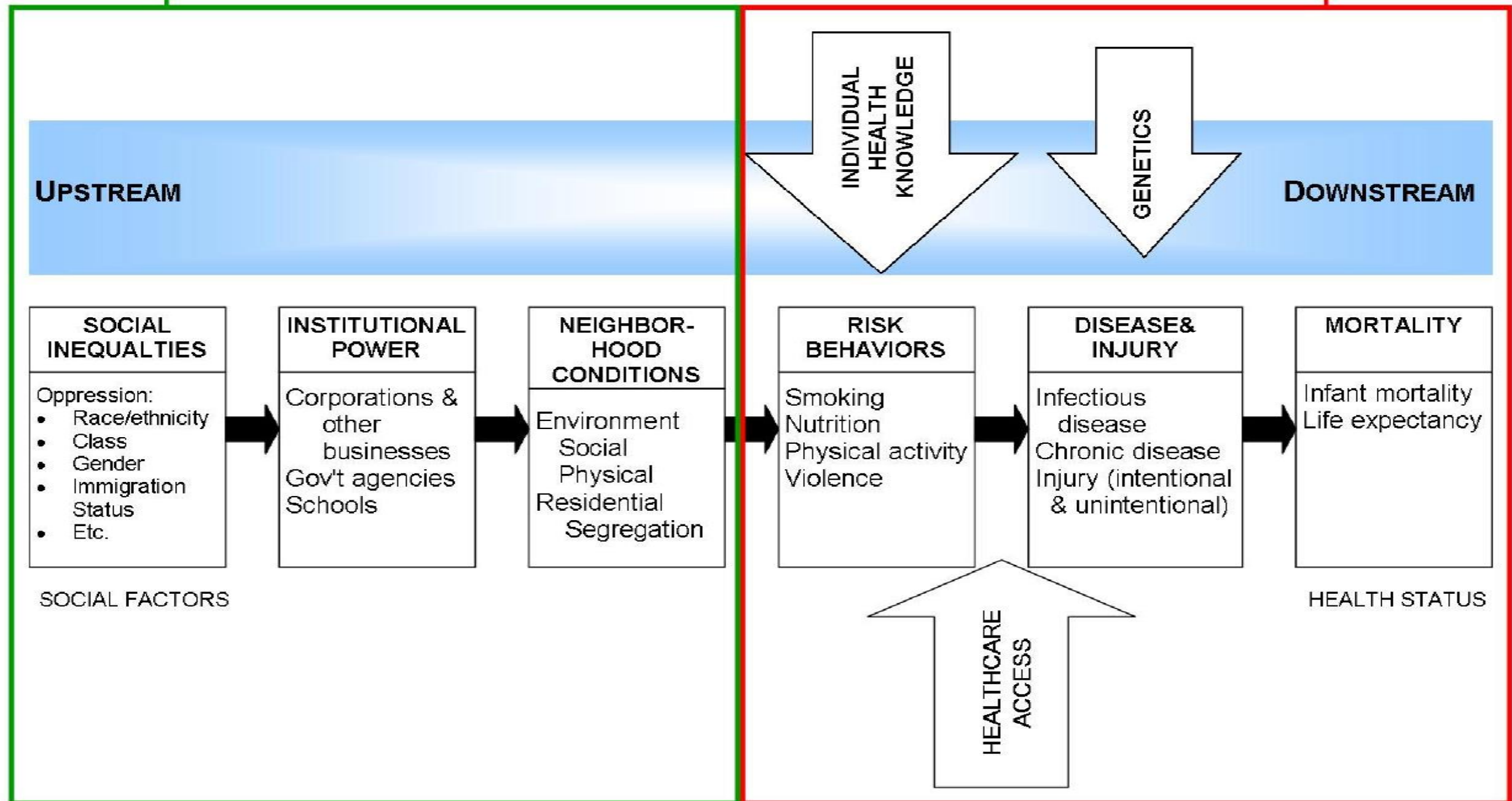
Con Alma Grantmaking Focus: Systemic Change vs. Direct Services



Socio-Ecological

A Framework for Health Equity

Medical Model



- From the Bay Area Regional Health Inequities Initiative

Con Alma Health Foundation

Health Equity in NM: A Roadmap for Grantmaking & Beyond

Key Findings:

1. Improved conditions/policies that address SDOH and advance health equity can significantly improve health.
2. Access to quality/affordable health care continues to be a barrier to good health, especially in rural areas and communities of color.
3. Prevention, nutrition, health promotion and holistic health are critical to improving health.
4. Our rapidly changing environment, including demographic shifts, will have major implications in health locally and in the U.S.

RECOMMENDATIONS:

- | | | |
|---|---------------------|--------------------|
| -Invest in communities
basics/prevention
change | -Invest in health | -Invest in systems |
| | -Leverage resources | |

Con Alma Report: Health Equity in NM: A Roadmap for Grantmaking & Beyond, 2012

Con Alma Health Foundation Strategic Goals

Today's rapidly changing environment provides both challenges and opportunities. Issues include

- ▶ changing demographics
- ▶ economic environment
- ▶ health care and health care reform, and
- ▶ changes affecting governmental, business, and nonprofit sectors

Con Alma's Strategic Goals:

Advance health equity by:

1. Impacting health policy to address health needs in NM
2. Serving as a resource to nonprofit organizations & communities

Healthy People, Healthy Places

Promoting Health and Equity through Built Environment & Food Access Policy

- ▶ 3-year national & state funders' collaborative
- ▶ focus (NM project) on rural, low-income, & communities of color
- ▶ multi-sector/field effort to increase equitable built environment and access to healthy food
- ▶ support the preservation and enhancement of cultural and spiritual assets in the community
- ▶ develop capacity by creating a long-term commitment to equity-focused policy & environmental efforts statewide



Con Alma Health Foundation Grantmaking Examples

Amigos Bravos

To support community voice on proposed changes to downgrade NM's water quality standards, which are some of the strongest in the nation. Proposed standards could affect the health of NM's largest & most indigenous communities. The proposed rollbacks would also affect native plant species & wildlife crucial to rural and native communities.



New Mexico Community Health Worker Association

(\$50,000, 3-yr. multi-year grant) to recruit, train and mentor Community Health Workers to assist with the certification efforts of the 2014 Community Health Worker Act in NM.

COLLABORATION

~ some examples ~



GIH State Grant Writing Assistance Fund

Brought in over \$34 million to NM to plan HIX

ACA Assessment/Monitoring Project

- Assess ACA impact in NM (strengths & gaps)
 - ACA in NM report (will be modeled after TCF report, "Health Equity and the Affordable Care Act")
-

Health Care Reform

- BluePrint for Health
 - *Multi-sector/field*
 - *Public-private collaboration*



Opportunities to Collect/Share Data & Resources on Rural Communities



Opportunities:

- Policy/Research
- Census
- Funding
- Best Practices
- Foundation Reports
- Initiatives
- Collaborations
- Strategic Plans



Some Resources:

- The Colorado Trust
- The Colorado Rural Health Center
- Grantmakers In Health (GIH)
- National Rural Health Association
- Nat'l Ctr. for Frontier Communities
- Office of Minority Health, HHS
- Office of Rural Health Policy, HRSA
 - Rural Health Research Gateway
 - Rural Assistance Center
- White House Rural Council



Resources & Contacts



Con Alma Health Foundation, www.conalma.org

Health Equity in New Mexico: A Roadmap for Grantmaking and Beyond

New Mexico Health Equity Working Group (NMHEWG),

<http://nmhewg.weebly.com/index.html>

Select slides from "Mind the Gap: Health Equity in NM PowerPoint Presentation" to Con Alma Health Foundation Board, April 2013,, Kristine Suozzi, Ph.D. NMHEWG Coordinator, Bernalillo County Place Matters Team Leader

National Equity Atlas (Policy Link), <http://nationalequityatlas>



Con Alma Health Foundation

Mil Gracias



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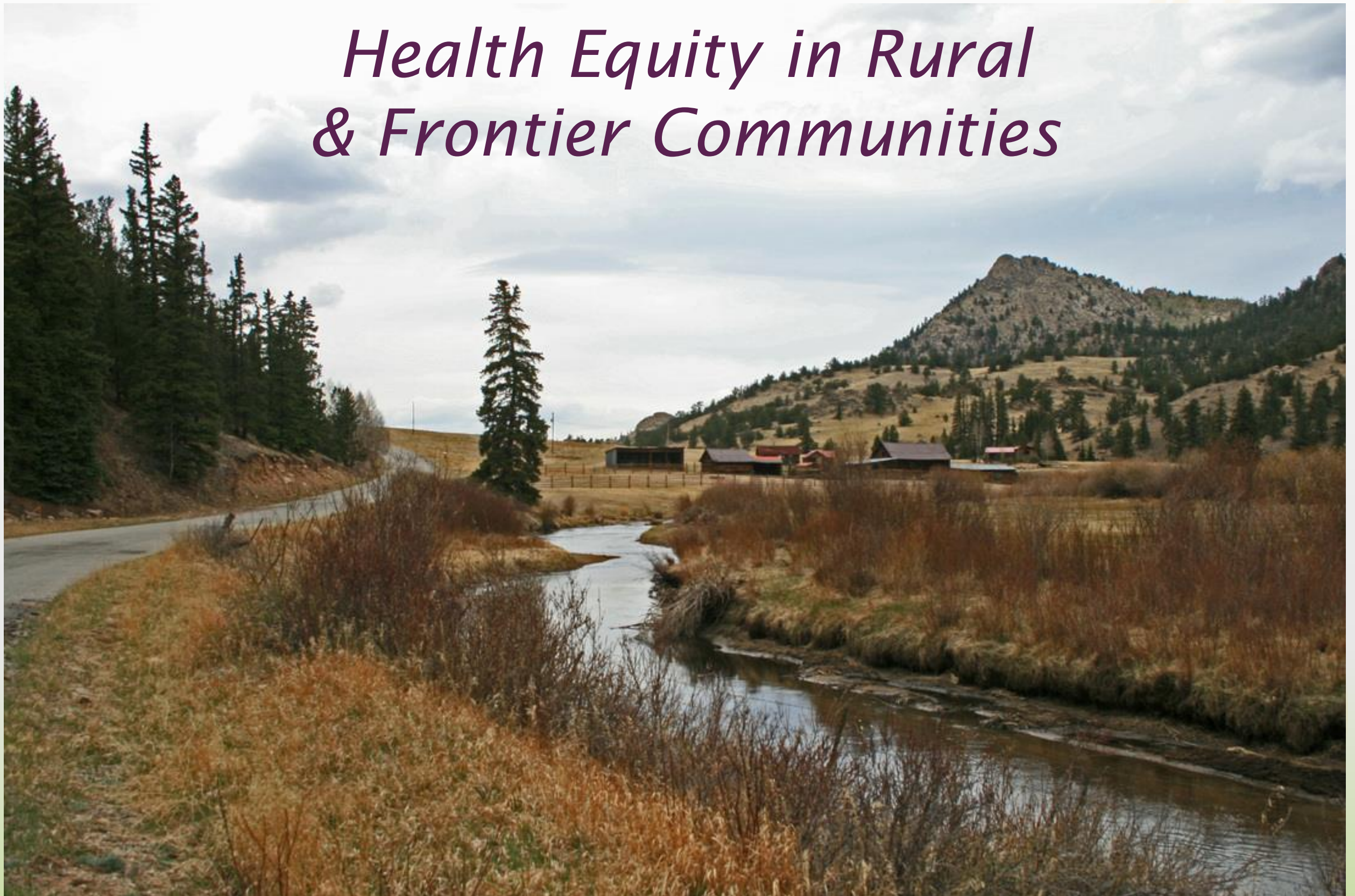
Susan Wilger, MPAff

Director of Programs

National Center for Frontier Communities

Silver City, New Mexico

Health Equity in Rural & Frontier Communities





17 Urban 24 Rural 23 Frontier

Urban counties are those counties that meet the Office of Management and Budget criteria for metropolitan counties. Frontier is a subset of rural; they are counties with a population density of six or fewer people per square mile.

Source: Colorado Rural Health Center. Retrieved 6/21/2015 from

<http://coruralhealth.org/wp-content/uploads/2014/09/2014.RuralHealth.Snapshot.pdf>

Defining Rural and Frontier

- ▶ Distance: Most measure distance to a pre-defined population center (city over 50,000 pop.) or distance to a designated services (e.g. grocery store or hospital)
- ▶ Travel Time: 60 minutes travel time to reach a service area is most common.
- ▶ Population Density: Population density is used by most definitions. Frontier is typically 6 or fewer per square mile.

Why Urban vs. Rural vs. Frontier?

- ▶ Geographic areas are different and require a different approach to assure adequate services.
- ▶ Rural and frontier areas may require unique interventions to assure access to a core set of services.
- ▶ Assure the geographic equity of the service system.
- ▶ Establish capacity for access to basic and key services where low volume makes market solutions unlikely.



&



Working in partnership:

- ▶ Strengthening capacity of rural and frontier nonprofit organizations and coalitions to advance health equity
- ▶ Leveraging resources
- ▶ Engaging local stakeholders in food justice and policy issues
- ▶ Promoting systemic change to improve health outcomes of low-income individuals and families in rural and frontier communities



Vision Statement

The National Center for Frontier Communities is a leader and partner in advocating for frontier communities. Frontier America is a vital, integral and significant component of our national fabric and is equitably reflected in policy and programs.

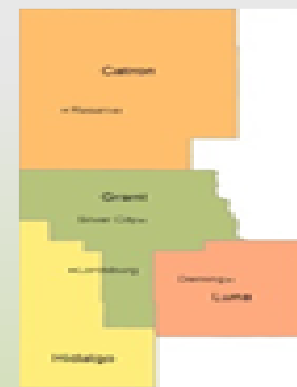
Mission Statement

Provide national leadership and build collaboration on issues important to frontier communities

National Center for Frontier Communities

Capacity Building

Frontier Food Security



**Southwest
NM Food
Policy
Council**

Food Equality and Food Justice

FAIR distribution of the burdens and benefits of the food system.

- ▶ Health
- ▶ Environmental
- ▶ Economic
- ▶ Social Well-being



Food Injustices

Food Insecurity - Households that are uncertain of having , or unable to acquire, enough food to meet the needs of all members because of insufficient money or other resources for food (USDA)

- ▶ Poverty Rates
- ▶ Food Insecurity Rates

Health Disparities

- ▶ Obesity
- ▶ Diabetes
- ▶ Chronic Heart Disease
- ▶ Depression

Access

- ▶ Food Quantity
- ▶ Food Quality

Workers Rights

- ▶ Safety
- ▶ Legal Status
- ▶ Fair Wages



Working in Partnership: *Strengthening Capacity*

- Funded in 2014 to build capacity of regional food policy council
- NCFC serves as the backbone organization
 - ▶ Bylaws created
 - ▶ Multi-sector membership
 - ▶ Policy priorities established
 - ▶ Communications strategies developed
 - ▶ Diversified funding
- Increase member capacity
 - ▶ Access to data
 - ▶ GIS mapping skills
 - ▶ Strategic communication skills
 - ▶ Evaluation methods and analysis



Working in Partnership: *Leveraging Resources*

- In 12 months secured \$95,000 in new funding
 - Health Impact Assessment (Kellogg Foundation)
 - USDA - Local Food Promotion Program
- Additional matching/in-kind resources from:
 - ▶ NM Community Data Collaborative
 - ▶ NM State University & County Extension Offices
 - ▶ NM Farm to Table
 - ▶ Local Health Councils
 - ▶ Local Health Promotion Team
 - ▶ Western NM University



Working in Partnership:

Engaging Local Stakeholders in Policy Issues

Food Pantry Coordinators: Members of the Council, survey respondents, pilot sites for food quality tool, source of information on system and policy issues, feedback on policy recommendations

Food Pantry Food Recipients: Members of the Council, survey respondents, provide feedback on policy recommendations, assist with information dissemination and education.

Food Advocates: Members of the Council, provide data, provide guidance, assist with information dissemination and education.

Elected Officials: Assist with data collection, provide guidance

Public Health/Population Health Advocates: Members of the Council, assist with data collection, assist with information dissemination and education.

Working in Partnership: Promoting Systemic Change

Agency Rule Change

- ▶ The Emergency Food Assistance Program (TEFAP) – Change formula for food distribution to consider health outcomes

Regional Food Banks

- ▶ Nutrition standards for food donations
- ▶ More frequent distributions to rural and frontier areas

Local Food Pantries

- ▶ Nutrition standards for food donations

Rural and Frontier Communities

- ▶ Create healthy food alternatives to fill gap between supply and demand (Grow a Row to Share, healthy food drives, gleaning)

Contact Information:

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