Improving Health Research in Rural Areas: The Case of Kentucky

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The Case of Kentucky

4 M people, 120 Counties; Largest Jefferson 762,000
Smallest Robertson 2155; Median Marion 19,820
Appalachia Kentucky

ARC-Designated Distressed Counties, Fiscal Year 2018

Data Sources:

Created by the Appalachian Regional Commission
County Health Rankings

2015 Health Factors - Kentucky

Rank 1-30 □ Rank 31-60 □ Rank 61-90 □ Rank 91-120
Community engaged research

Community Engaged Research

• is a collaborative process between the researcher and community partner designed to benefit the community and advance knowledge

• it identifies the assets of stakeholders and incorporates them in the design and conduct of the research process; asset mapping

• includes community based participatory research and participatory action research.
Community Asset Mapping

Asset mapping is a tool that relies on a core belief of asset-based community development; assets suited to advancing those communities.

Assets include physical and economic assets, stories, local residents, local associations, local institutions.
Community Engaged Research

![Diagram: Increasing Level of Community Involvement, Impact, Trust, and Communication Flow]

**Outreach**
- Some Community Involvement
  - Communication flows from one to the other, to inform
  - Provides community with information.
  - Entities coexist.
  - Outcomes: Optimally, establishes communication channels and channels for outreach.

**Consult**
- More Community Involvement
  - Communication flows to the community and then back, answer seeking
  - Gets information or feedback from the community.
  - Entities share information.
  - Outcomes: Develops connections.

**Involve**
- Better Community Involvement
  - Communication flows both ways, participatory form of communication
  - Involves more participation with community on issues.
  - Entities cooperate with each other.
  - Outcomes: Visibility of partnership established with increased cooperation.

**Collaborate**
- Community Involvement
  - Communication flow is bidirectional
  - Forms partnerships with community on each aspect of project from development to solution.
  - Entities form bidirectional communication channels.
  - Outcomes: Partnership building, trust building.

**Shared Leadership**
- Strong Bidirectional Relationship
  - Final decision making is at community level.
  - Entities have formed strong partnership structures.
  - Outcomes: Broader health outcomes affecting broader community. Strong bidirectional trust built.

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*Reference: Modified by the authors from the International Association for Public Participation.*

*Figure 1.1. Community Engagement Continuum*
Location of Existing UK Outreach and Community Activities
UK Research Outreach: Patient and Population Illustrations

- UK Center of Excellence in Rural Health (Hazard)
- CTSA/CCTS Research Liaison (ATRN-ETSU, Marshall, WVU, OSU, Ohio University, UC) (Hazard and Morehead-Research Study Coordinator)
- UK/Kentucky Regional Medical School Program (Morehead, Bowling Green, Covington, Hazard)
- Markey Cancer Center Outreach
- UK Cooperative Extension (Project HEEL)
- Area Health Education Centers (Morehead, Hazard, Covington, Mt Vernon)
- Research Networks (KAN, KPHREN, Dentistry, Rehabilitation)
Illustrations of opportunities and Mature Coalitions
PHAB Accreditation Standards

Standard 1.1 Participate in or Lead a Collaborative Process Resulting in a Comprehensive Community Health Assessment

Standard 5.2 Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan
PHAB Accreditation of Local Health Departments in Kentucky
Non-profit Hospitals and CHNA

- Recent changes in legislation (ACA) now require that non-profit hospitals explicitly and publicly demonstrate community benefit by conducting a community health needs assessment (CHNA) and adopting an implementation strategy to meet the identified community health needs.

- ACA added new requirements that 501(c)(3) hospitals must conduct a CHNA at least once every three years in order to assess community need and annually file information regarding progress toward addressing identified needs.

- This can involve partnerships with other clinical, public health, and population health focused organizations.
MODELS OF COLLABORATION INVOLVING HOSPITALS, PUBLIC HEALTH DEPARTMENTS, AND OTHERS
Improving Community Health through Successful Partnerships

• To identify, compare, and contrast exceptional models of collaboration involving community hospitals, public health departments, and other stakeholders who share commitment to improving community health and determine the key lessons learned from their experience.

• Identify models of collaboration in improving community health that are operational and considered to be highly successful;

• Produce insights that will assist policy makers and leaders of public and private organizations in building strong, successful partnerships designed to improve community health.

• http://www.uky.edu/publichealth/studyOverview.php
Illustrative Coalition Effort: Markey Cancer Center and Cancer Coalitions
Kentucky Regional Comprehensive Cancer Control

- The Kentucky Cancer Consortium (KCC) focuses on multi-regional and state-level efforts in cancer control. KCC is funded through CDC.
- The Kentucky Cancer Program (KCP) is a state-funded, university-affiliated, and community-based regional cancer control program, focused at the regional and local level.
- KCP operates through a network of 13 regional offices staffed by cancer control specialists who lead cancer prevention and control initiatives for all of Kentucky's 120 counties.
- KCP works closely with 15 District Cancer Councils across the state to analyze local cancer data, identify and prioritize the community's cancer needs, and develop interventions/solutions.
- KCP is jointly administered by the University of Kentucky Lucille Parker Markey Cancer Center and the University of Louisville James Graham Brown Cancer Center.
The mission of the Kentucky Cancer Consortium shall be to achieve reductions in the incidence, morbidity and mortality of cancer in Kentucky through a comprehensive, integrated and coordinated approach to cancer control. This approach covers the cancer continuum from prevention, early detection, treatment and care.

The Consortium is Kentucky’s state comprehensive cancer control coalition - a statewide partnership of 70+ diverse organizations united to reduce the burden of cancer in Kentucky.

The Consortium provides a common forum for like-minded organizations to take collective action. Through group consensus at Consortium meetings, statewide cancer control events, and evaluation, the Consortium determines common priorities, prevents overlap, maximizes resources, and evaluates impact.
Keys to Success

- Rural focused dissemination and implementation science
  - Extensive formative research, training, resources, funding, technical assistance
- Sustainability
- Coordination of activities and players / silos of funding and initiatives within CRC
  - Benefit of KCC to bring together and lead all of these partners
- Innovative use of “other settings”, community-based networks and staff, and health communication in combination with personal-touch
- Capitalize on community-clinical linkages
- Patient-centered communication / patient navigation
That’s all folks!
Questions?
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