


Center for Rural Health ruralhealth.und.edu




Building Community Capacity: Celebrating the Power of Rural through Community Development

NOSORH Annual Meeting
September 7-9, 2011 Denver
Brad Gibbens, Deputy Director and Assistant Professor


Connecting resources and knowledge to strengthen the health of people in rural communities.

Center for Rural Health

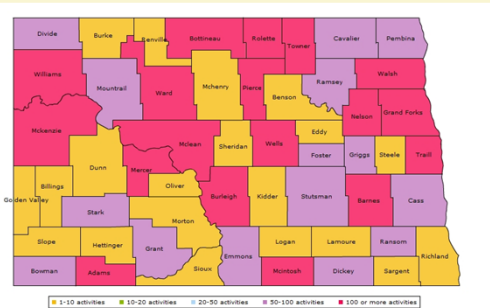


- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country's most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Focus on:
 - Education, Training, and Resource Awareness
 - Community Development and Technical Assistance
 - Native American Health
 - Rural Health Workforce
 - Rural Health Research
 - Rural Health Policy
 - Program Evaluation
- Web site: ruralhealth.und.edu


Center for Rural Health



July 1, 2011 – June 30, 2011



Map showing activity counts by county for the period July 1, 2011 – June 30, 2011. Legend: 1-10 activities, 10-20 activities, 20-50 activities, 50-100 activities, 100 or more activities.




Jonathan Swift once said:

“Vision is the art of seeing things invisible”



Rural Health Issues Shaping the Need for Community Development

- **Demographics** – population decrease or increase, change in ethnic composition
- **Economics**
- **Health Facility Stability and Viability**
 - Reimbursement and other financial factors
 - Volume
 - Federal and State Policy
- **Health Professional Workforce**
- **Technology**
- **Community Attitudes**
 - Sense of community – identity with others, history, culture
 - Rural fatalism “agrarian” – ability to adapt and change or not
 - My community vs. our region



Comparative Rural and Urban Strengths and Weaknesses

<u>Rural</u>	<u>Urban</u>
Strengths:	
Strong informal support networks	More stable economy
Fundraising	Availability of resources
Cohesive – need to get along	Availability of professionals
Stable institutions	Structure and process valued
Established interdependence	Growing and diverse population
Collaboration	Change is natural
Weaknesses:	
Skewed population demographics	Lack of cohesiveness
Fluctuating economy	Limited informal support
Resistance to change	Competition among providers
Shortage of professionals	Competition for fundraising
Lack of resources	More contentious- independence
Nepotism over merit	Speed over reflection



Rural Community Sectors

- Education
- Business/Economic
- Government
- Faith Based
- Health Care



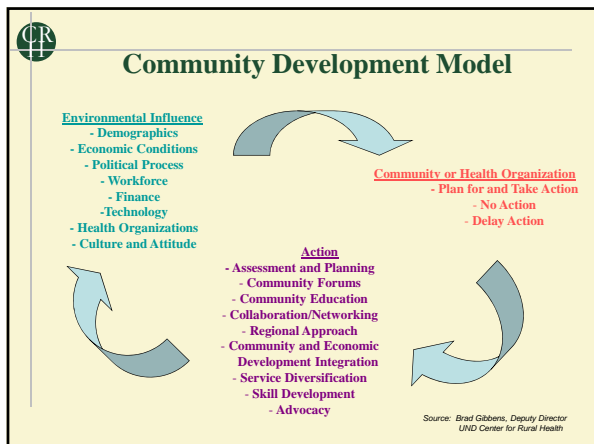
What Is Community Development?

- Process to facilitate the establishment and/or strengthening of the relationship of a health organization with its community
- Building community and/or organizational capacity – local control
- Community engagement is a closely related concept
- Identifying community input and creating involvement in local health decisions – EMPOWERMENT
- Listening to and acting upon the wants and desires of the public
- Two-way communication (inputs and outputs) – mutually beneficial
- Democratic and transparent
- Old fashioned *marketing* – finding out what people want and giving them more, finding out what they don't want and giving them less
- KEY CONCEPTS: listening, awareness, responsiveness, input/output, working together, sharing, mutual respect, mutual benefit, interdependence



Why is community development important?

- Health organization cannot survive in isolation
- Health organizations are part of a complex and unpredictable environment
- Facilitate and manage change
- The community is a source of the following:
 - Ideas/expertise Workforce (employees) volunteers/clients
 - Needs (current) Funding - donations/planned giving/ payment for services
 - Wants (future) Physical resources – mortar and brick
- Community engagement creates new resources, new vitality, synergy
- Can create, build, and develop **new leadership**
- Community engagement should be democratic and can **lessen the elitist** tendencies that can come to control and dominate local decision making.
- Community development is necessary for organizational sustainability



Why is Community Development not used or why is not always successful? (Barriers)

- Threatening to the way we are used to doing things
- Threatening to some who have power, influence, and status – “the powers-that-be”
- Challenges ideas, conventional wisdom, vested interests
- Work and time – no guarantee – not easy to do
- Can be co-opted – not sincere – appears open, benign, but is it?
- Existing relationships – history and trust

What is the Role for SORHs with Community Development? What to do?

- Can cover wide range or levels of service to communities – convey information (phone assistance, electronic) to direct community TA
- Direct Community Technical Assistance
 - Facilitate community forums/dialogues – work with local health organizations
 - Outreach, Network Planning, and Network Development grants - opportunities to build greater local capacity, partnerships, facilitation, assessment/planning, evaluation, sustainability
 - Partnership for Patients – linkage for SORH and Flex around quality
 - CDC Community Transformation Grants
 - Techniques
 - Community forums
 - Community based workshops – grant writing involving numerous communities and organizations
 - Develop community work groups on health subjects – input to hospital/public health, local leadership
 - Community assessments
 - Community planning/organization strategic plan
 - Focus groups/key informant interviews

CRH

What are some Community Development Techniques or Tools?


- **Community Forum or Community Dialogue**
 - General Subject – “how to improve rural health in our community?” or “how to build a regional health system?”
 - Specific Subject – “how to attract and retain rural health providers?” or “what do we do to strengthen our hospital?”
 - Neutral outside facilitator
 - Promotion and advertising
 - General open audience or special invitation
 - Opening presentation on rural health issues and trends
 - Small discussion groups
 - Take notes – flip chart
 - Report back to community
 - Local media
 - Advantage – direct input, flexible, fast, educational
 - Disadvantage – not scientific, how to use the information, “smoke and mirrors”, gripe session, less representative of population




CRH

What are some Community Development Techniques or Tools?


- **Focus Groups**
 - Group interview process on specific subject with pre-determined questions (assessment)
 - 6-12 people in each group – group formed around similarities, but each group can be different
 - ✓ Age (seniors in one group, youth in a second, middle years in a third)
 - ✓ Employment (employer group, employee group, retired, skilled or unskilled)
 - ✓ Insurance (Medicare, Medicaid, insured through employer, self-insured)
 - ✓ Health care (nurses, physicians, board members, department heads, administration)
 - Neutral facilitator
 - Qualitative analysis – thematic codes, patterns of thought
 - Used to populate planning process – can also be used to drill down on issues raised from a planning process; tool for assessment and evaluation process
 - Advantage – faster than survey, ability to probe with additional questions, more flexible
 - Disadvantage – lacks the scientific standards of a well implemented survey, group effect, difficulty in assembling the group, control by the organization

 **What are some Community Development Techniques or Tools?**


- **Key Informant Interviews**
 - One-on-one interviews with selected individuals
 - Neutral outside interviewer
 - Pre-determined questions – general and/or specific
 - Tool for planning, assessment, and evaluation
 - Advantages – anonymity to participant (organization may select, but do not review participants answers), participant when confident in process can be very forthcoming and honest, probative quality, flexible, fast, no group effect
 - Disadvantages – lacks scientific rigor, lose benefit of mutual discussions

 **What are some Community Development Techniques or Tools?**

- **Community survey**
 - Sample of the population (e.g. service area) – most scientific (quantitative)
 - BUT can use less scientific and partner with local groups for dissemination
 - Typically a closed ended instrument (some open ended questions)
 - Comparison of responses more reliable than quantitative
 - Mailed, telephone, electronic
 - Good tool for measuring attitude (e.g., quality of hospital care, service need)
 - Advantages - most scientific and reliable, representative of the population, commonly used and accepted, most data
 - Disadvantages - most expensive, less flexible or probative, possibly over-used, response rates, not everyone has computers, phone numbers for cell phones (younger respondents)

 **What are some Community Development Techniques or Tools?**

- **Strategic Planning**
 - Process to set a direction for an organization or a community
 - ✓ Relies on data
 - ✓ Data sources can be from a community survey, focus group, key informant interviews, secondary data (data that exists for another purpose)
 - ✓ Input from key constituents (e.g., community members/stakeholders, constituents, clients, patients)
 - ✓ Primary purpose is decision making – what are the issues? What do we do about the issues? What are our goals and objectives? Who is responsible for carrying out goals/objectives? What is our timeline?
 - Techniques
 - ✓ Strength, Weaknesses, Opportunities, Threats –(SWOT)
 - ✓ Agreement on values – respect of values
 - ✓ Mission and vision along with goals and objectives
 - ✓ T Chart (Advantages and disadvantages)
 - ✓ Balanced Score Card



Takeaways

- Flexibility in the process is essential (no one best way)
- Be aware of your audience (including partners) and the different actors, motives, and agendas that may be in play
- Determine commitment from participants (identify their roles)
- Encourage openness and participation
 - Elitism vs. Populism
- Don't confuse tools with process and process with outcomes
- Community development is an on-going process



Takeaways.....

- Community development impacts individuals, organizations, and communities (are we developing communities or developing individuals within the community?)
- Use national resources as guiding principles (e.g., HP 2020, ORHP grants, CMS Center for Innovation, CDC Community Transformation)
 - serve as a focal point for community development activity
 - SORH can work with Flex, PCO, State Rural Health Association, PCA, others
 - Rural Assistance Center (www.raconline.org) – national rural health and human services resource center at the Center for Rural Health
- Practice what you preach (integration of community dialogue process into strategic planning)
- Community development process examines internal and external environments, increases awareness and involvement, helps to market the local health facility, and shapes the context for planning which can lead to a stronger and more viable system



ruralhealth.und.edu

Center for Rural Health

Contact us for more information!

Center for Rural Health
501 North Columbia Road, Stop 9037
Grand Forks, ND 58202-9037

Phone: 701.777.2569 (direct)
Fax: 701.777.6779
Brad.Gibbens@med.und.edu
ruralhealth.und.edu




Connecting resources and knowledge to strengthen the health of people in rural communities.
