


Community Development & Its Relationship to Workforce Recruitment and Retention


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Presentation Outline

- The Rural Context
- Community Development-an asset based approach
- Workforce Recruitment
- Workforce Retention
- How do we link community together to support local health care?




Rural Context

- Little Employment in Agriculture
 - Agriculture is more dependent upon the rural economy than the rural economy is dependent upon agriculture
- Demography
 - Dropping birthrates and youth outmigration
 - Population increases depend on retirees, low-skilled foreign workers
 - Public Services- demand and delivery issues
 - Economic restructuring-



Nonmetropolitan Employment BEA Analysis 2006

Manufacturing	11.7%
Retail Trade	11.6%
Local Government	10.1%
Health Care and Social Assistance	9.2%
Accommodations and Food Service	6.6%
Farming	5.9%

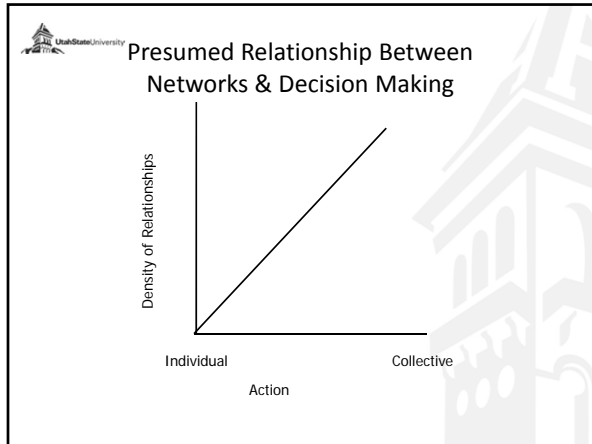


Rural Disadvantages: Health and Human Services

- Availability and Accessibility of Services
 - Only 10% of physicians practice in rural areas
 - Medically underserved areas/ health profession shortage areas are largely rural
 - Rural Areas have lower access to mental health services

– Source: Health Resources Services Administration, January 2008

Attribute	Rural	Urban
<i>Community Interaction</i>	<i>Mandatory</i>	<i>Voluntary</i>
<i>Roles</i>	<i>Ascribed</i>	<i>Achieved</i>
<i>Sanctions</i>	<i>Particularistic</i>	<i>Universalistic</i>
<i>Orientation</i>	<i>Group</i>	<i>Individual</i>
<i>Leadership</i>	<i>Traditional</i>	<i>Rational</i>
<i>Role Expectations</i>	<i>Fit Individual</i>	<i>Individual Fits Role</i>
<i>Norms</i>	<i>Informal</i>	<i>Formal</i>
<i>Relations</i>	<i>Primary</i>	<i>Secondary</i>
<i>Goals</i>	<i>May Not Justify Means</i>	<i>Justify Means</i>
<i>Authority</i>	<i>Traditional</i>	<i>Rational</i>



	<u>Traditional Path 1</u>	<u>Alternative Path 2</u>
Basis:	Needs	Assets
Goal:	Institutional Change	Building Communities
Conversation:	Problems & Concerns Power Consumer, Client	Gifts & Dreams Relationships Producer, Owner
Change Agent:	Needs based on community "Problems"	Assets based on community "Treasures"
View of Individual:	Unemployment, gangs, truancy, broken families, housing shortage, crime, child abuse, illiteracy, welfare, dropouts, etc.	Youth, elderly, artists, churches, schools, businesses, parks, libraries, cultural groups, community colleges, clubs, hospitals, farms, ranches, etc.

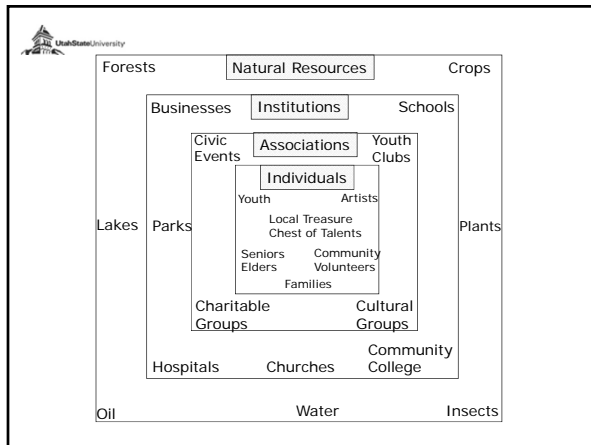
Asset-Based Community Development

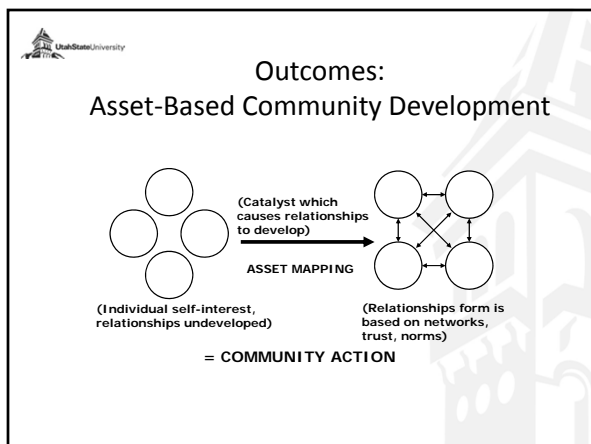
- The ABCD approach sees the community as a "treasure chest" to be built upon. Resources from outside the community (e.g., external grants) should be used only as a last resort in order to fill "gaps."
- Asset mapping and asset mobilization are very different concepts.
- Asset mapping is an inventory of the community's treasure chest. In the process of this inventorying, important relationships are developed. However, asset mapping is NOT an action step.


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Community Assets

- Individual Assets
- Associational Assets
- Institutional Assets
- Economic Assets
- Natural Resources and Cultural Assets








Workforce Recruitment

- Nebraska 2003 Study (390 rural Physicians surveyed)
 - A majority of physicians had a Nebraska background (68%)
 - Loan Repayment Program Participation (38%)
 - Graduated from Rural Nebraska High School (63%)
 - Interest in rural medicine before leaving high school (63%)




Practice Related Factors of Satisfaction

- Patient Relationships
- Clinical Autonomy
- Variety of medical Conditions



Community and Lifestyle Satisfaction Factors

- Rural/Small Town Lifestyle
- Quality Schools System
- Variety of Religious Organizations
- Cost of Living
- Opportunities for Social and personal Relationships



Economic Impact of Rural Physicians

- In 1998 a rural doctor was worth \$343,706 per year in economic impact
- 17.8 jobs in the rural community
- George Wright in Textbook of Rural Medicine calculated that a town with a pop. of 2,000 generates \$3,000,000 in health care with \$417,000 being spent on rural primary care office visits.




The Future of Rural Health Care

- 1) Grow your own- identify early those with interests in health care and different levels- provide training and support.
- 2) Develop overlapping circles of others in rural communities, such as housing advocates, education, human services, economic development.



The Future of Rural Health Care cont.

- More than a service provider- a community facilitator role.
- Enhance social relationship structures-
 - Provides higher level of diffusion of knowledge
 - Higher quality care- monitoring, improving
 - Multi-faceted technology use- build partnerships across regions
 - Build community



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