

NOSORH Leadership Institute
Shawn Balleydier, West Virginia
Recruitable Community Program Community Assessment Tool Capstone Project
September 26, 2011



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Capstone Project
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ABSTRACT

The Recruitable Community Program (RCP) is administered through the Department of Health and Human Resources, Bureau for Public Health, Office of Community Health Systems and Health Promotion, Division of Rural Health and Recruitment.

The Recruitable Community Program is a collaborative effort of the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Community Health Systems and Health Promotion, Division of Rural Health and Recruitment and the West Virginia University Extension Service Program, along with other institutions and agencies.

RCP focuses on the role of the community in the recruitment and retention of health care professionals in communities located in rural West Virginia. The RCP Program is designed to enhance the ability of the small rural community to recruit and retain health care professionals through education, community development, community revitalization and civic awareness.

The Division of Rural Health and Recruitment has spearheaded this initiative for the past six years and presently going into the seventh year of the program. As time has progressed with the program, there have been several instances in which data collected over the whole course of the process was not available. The data is in desperate need of being collected in one document to assist with the revitalization implementation in RCP communities.

With the program growing every year I have realized that something needed to be done to better help each community with assessment of their needs throughout the process. Therefore, with this capstone project for the NOSORH Leadership Institute, I began work on a RCP Community Assessment Tool.

This tool will be a continuing development through the years as it is fine tuned to be able to collect only the data needed to assist each community. The data collected will assist these communities with vital information on what the communities goals are; what projects they would to see developed; and how the community can develop resolve each to meet their needs. It will provide the community with information on how it can improve in ways to attract and retain health care professionals.

PROJECT GOALS AND OBJECTIVES

ASSESSMENT OF RECRUITABLE COMMUNITY PROGRAM RURAL COMMUNITY RESOURCES AND ACTIVITIES		
Identify and connect rural community partners to additional resources to improve the ability to recruit and retain health care professionals.		
Activities	Process Measures	Impact/Result
1) Provide rural communities with the tools to improve recruitment and retention of health care professionals.	Meetings with communities and collection of data/information provided by each community on improvement projects.	Improved assessment of community needs and direction through the improvement process.
2) Identify resources and ways for communities to obtain these resources for improvements and revitalization.	Work with partners to identify critical areas that are eligible for grant funding for community revitalization.	Increase of community funding for revitalization beyond the RCP process to continue community improvement in the ongoing need for recruiting and retaining health care professionals.
3) Provide detailed technical assistance to rural communities through the process towards community revitalization.	Work with the West Virginia University Extension Office, the Community Design Team, and the First Impressions Team to provide detailed technical assistance to each community.	Increased community goals as identified with the assessment tool through working with partners in each step of the revitalization process.

BACKGROUND

RCP is a collaborative effort of West Virginia University Department of Family Medicine and the Division of Rural Health and Recruitment along with other West Virginia institutions and agencies. The main objective of this project is to assist rural West Virginia communities recruit and retain health care professionals. The project provides beneficial advice, assessment and suggestions for enhancing community development and recruitment and retention techniques. It also reinforces recruitment and retention efforts by strengthening community ties to training programs and state agencies and funding resources.

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In order for a community to be considered for participation in the RCP, the community must:

- Demonstrate a need for primary care physicians and/or mid-level health care providers
- Select a Recruitment Board of local knowledgeable individuals and opinion leaders in order to enhance the recruitment organization and effort (e.g. physician, health care agency administrator or board member, realtor, banker, social worker, merchant, board of education member, extension agent, RHEP Site Coordinator, RHEP board members, local government officials, community economic development professionals and lay people, etc.).
- Identify a Sponsor (e.g. hospital, clinic, chamber of commerce, business, civic group) that will provide some financial backing for practice start-up cost.
- Develop a Preliminary Plan for long-term practice viability that identifies how a new provider will have access to financial and support services.

The First Impressions Team (FIT) Services include a community assessment utilizing the First Impressions model performed by the WVU Cooperative Extension Service. The Extension Service organizes teams of professionals and volunteers to give their "First Impressions" upon entering and spending approximately six hours in a community. The team investigates the health care system, retail stores, residences, educational system, government, tourism, and accessibility to services. The First Impressions Report facilitates the work of the RCP community recruitment board and provides information for the subsequent Community Design Team effort. The First Impressions Program report emphasizes the importance of a community's appearance and aesthetics, and its role in downtown revitalization, business retention and expansion, and tourism development. The team raises local awareness of how outsiders view the community's appearance, its strengths and weaknesses. Also included in the team's report are recommendations and suggestions of actions the community may take to create a more pleasant and desirable place to live and work.

Upon completion of the First Impressions visit and report, the Community Design Team (CDT) is selected. The Community Design Teams services are provided by the WVU Community Design Team. By reviewing the First Impressions report and meeting and talking with community leaders and residents during a comprehensive three-day review of the entire community, the CDT collaboratively assist the community members in laying a course for future development and for recruitment of health care providers. The CDT typically consists of landscape architects, healthcare professionals, tourism specialist, historic preservationist, public administrators and economic specialist. During the last day of the CDT visit a detailed plan of action is presented to the community recommending how the community can further its development in areas of health care, appearance and design, recreation, transportation and economic development. A comprehensive written report is also prepared and presented to the community at a later date. Follow-up community visits are made by the CDT members.

It is important to note that the First Impression Team and the Community Design Team yields approximately \$25,000.00 worth of expertise to the selected community.

METHODOLOGY

The development of the assessment tool began with collection of data and information provided during the application process for RCP by the community to our Office. This will begin the collection of data that will set the ground work started for what the community is looking for and what they see as the greatest need for improvement to their community. These improvements usually begin with how their main street looks or what it represents and how it represents the community as a whole.

Among this data is the information provided through “fresh eyes” by the FIT members. This input can help provide the community insight towards improving its physical look to those seeing the community for the first time. How a community is perceived can definitely set either a negative or positive effect for a first time incoming health care professional to this area. If they see a community with many closed business, empty store fronts, decayed or dilapidated building, etc. this may give them the impression that this is a community they would not like to work or reside in.

The questionnaire provided to each FIT member assist them with collecting their first impressions information that is a spring board to provide the community with how they are seen to an outside eye. This in many instances has greatly influenced the community into action throughout the process.

There are many meetings with the community leaders in which they provide input on how they see the community and what they see as needed improvements. They provide throughout the RCP process including during the CDT what they will be looking for as improvements to their community.

With the continued development of this assessment tool, the RCP Coordinator along with the involvement of our partners will be able to not only track this information throughout the Programs process, but it will also be able to help set some clearly defined goals and objectives for each community and provide technical assistance for funding these improvement projects.

FINDINGS

The assessment tool will continue to be hone down to provide the best data available throughout the RCP process. This assessment, to be completely successful, should not only provide a snap shot of what the community needs, it should also provide what is seen by those involved in the process.

The successful outcome of the assessment tool will be to provide a clear cut picture of how these improvements can be accomplished. This will continue to be expanded and develop through the use of the assessment tool and fine tweaking it over many years.

CONCLUSIONS

The assessment tool for the RCP program with its many facets will assist the community and the program to improve on recruitment and retention of health care professionals in West Virginia.

This tool will provide the ability to track and respond to the needs of the community throughout the improvement process. Though each step of the process as information is provided, the data can be entered in to the assessment tool (which is at this point created in Microsoft Word) and carried out even past the completion of the CDT.

Through collection of this data the RCP Coordinator and the community can track their progress, discover lessons learned and find ways to improve their community and ways we can improve our program....together.

PERSONAL LEADERSHIP EXPERIENCE

I am glad that I have participated in the NOSORH Leadership Institute. This process has given me the opportunities to expand and grow in my wealth of knowledge and leadership development. I continue to desire to expand my knowledge and be a leader in not only my Division but for rural health care in West Virginia. I feel this training has made me a better equipped rural health leader.

I will continue to strive for greater understanding of rural health and the ability to support the growth of my staff in any way I can. I believe that working with the NOSORH Leadership Institute as well as my fellow students has given me the desire to continue on expanding our recruitment activities, supporting rural systems of care and providing the constituents in West Virginia with rural, community care. I believe the NOSORH Leadership Institute has assisted me in expanding these opportunities for our Division, Bureau, Department and State.

I am glad that I have participated in the NOSORH Leadership Institute. I continue to look forward to the opportunity to grow and become a stronger rural health leader.

ACKNOWLEDGMENTS

I would like to thank NOSORH for providing this opportunity to the State Offices of Rural Health and its partners. It has been a great experience and I would highly recommend it to anyone looking to expand their knowledge in working with communities and becoming a Rural Health Leader in their state.

I would also like to thank my Mentor Dr. Drema Mace, PhD. She was always available to bounce ideas off of and is not only a great mentor but a wonderful friend.