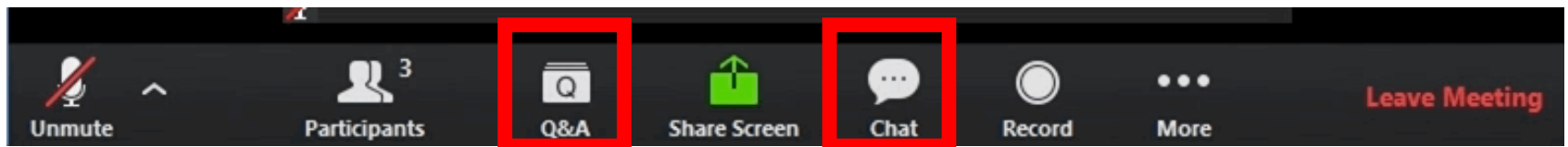


# Advancing Rural Health Equity through Integrated Care ECHO

## Session 1

Wednesday, November 17, 2021  
11:30am-1:00pm ET

# How to Ask a Question/Make a Comment



Type in a **question** in the **Q&A box**

Type in a **comment** in the **chat box**

Located at the bottom of your screen.  
We'll answer as many questions as we can during today's session.

# Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

[www.samhsa.gov](http://www.samhsa.gov)

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Wellbeing

# Welcome from the National Council for Mental Wellbeing!

Founded in 1969, the National Council for Mental Wellbeing is a membership organization that drives policy and social change on behalf of nearly **3,500 mental health and substance use treatment organizations** and the more than 10 million children, adults and families they serve. We advocate for policies to ensure equitable access to high-quality services. We build the capacity of mental health and substance use treatment organizations. And we promote greater understanding of mental wellbeing as a core component of comprehensive health and health care.

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## CENTER OF EXCELLENCE for Integrated Health Solutions

*Funded by Substance Abuse and Mental Health Services Administration  
and operated by the National Council for Mental Wellbeing*

# Introductions



**Carolyn Rekerdres, MD**  
Medical Director, East Texas  
Behavioral Health Network,  
NE Region,  
National Council for Mental  
Wellbeing, Medical Director  
Institute



**Christina Arredondo, MD**  
Medical Director of Behavioral  
Health, El Rio Community Health  
Center, National Council for  
Mental Wellbeing, Medical  
Director Institute



**Shauna Reitmeier, MSW, LGSW**  
CEO, Alluma, Inc.,  
National Council for Mental  
Wellbeing, National Board



# Introductions



**Danica Love  
Brown, MSW, PhD**

*Choctaw Nation of  
Oklahoma*

Northwest Portland  
Area Indian Health  
Board,  
Behavioral Health  
Programs Director



**Kait Hirschak, PhD,  
MHPA**

*Eastern Shoshone*  
Assistant Professor,  
PRISM Collaborative,  
Elson S. Floyd College of  
Medicine, Washington  
State University



**Thomasine  
Heitkamp, MSSW**

Professor, University of  
North Dakota



**Dennis Mohatt,  
MA**

Vice President for  
Behavioral Health,  
Western Interstate  
Commission for Higher  
Education

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# Why Rural Health Integration?

Rural Communities face a unique set of challenges and health inequities that are not seen in urban communities (transportation, internet and infrastructure, distance to provider, workforce shortages, etc.). [Approximately 63% of Primary Care Health Professional Shortage Areas are in rural areas](#) and related to mental health and substance use treatment services, [65% of rural areas do not have a psychiatrist, and 47% do not have a psychologist.](#)

## Goal of this ECHO:

To bring together industry leading experts and rural health organizations to explore challenges, innovative opportunities, and evidence-based solutions to address health disparities within rural communities, including workforce shortages, access to care, and other social determinants of health. Through a safe and supportive environment, ECHO supports peer-to-peer learning, and interactive training and education to promote knowledge growth and generate long term strategies.

# Learning Objectives

By participating in this ECHO, participating organizations will be able to...

- Understand and describe **Structural Urbanism** and be able to recognize its effects in their own rural communities on how healthcare services are delivered.
- Recognize the **social determinants of health** that shape health outcomes in rural areas and describe opportunities to address them.
- Identify and discuss **solutions to address the current workforce shortage** within their communities and to improve recruitment and retention of staff working within integrated care settings.

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# Learning Objectives (cont'd)

By participating in this ECHO, participating organizations will be able to...

- Identify and discuss **solutions to improve access to comprehensive and integrated care services** within their communities, specifically to support those with severe and persistent mental illness and those with substance use challenges.
- Begin to implement, or plan to implement, innovative solutions and improvements as an organization within their communities to **address the highest barriers** to providing integrated care services.
- Gather useful **information, guidance, and support from other rural health experts** and organizations involved in this ECHO to identify best practices and innovative solutions to address health service barriers in rural communities.

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# Curriculum

Month	Session Topic
November	Session 1: Structural Urbanism and its Impact on Rural Health Outcomes
December	Session 2: Identifying equitable approaches and providing culturally responsive services to those most in need in rural communities
January	Session 3: Improving capacity of primary care provider organizations to address mental health and substance use needs
February	Session 4: Innovative community partnerships to improve mental health and substance use service delivery and reach
March	Session 5: Innovative approaches to improving workforce capacity and wellbeing for rural health providers
April	Session 6: Sustainability considerations and opportunities (funding, local policy and advocacy, etc.)

# What is ECHO?



## **(Extension for Community Healthcare Outcomes)**

Project ECHO is a revolutionary guided-practice model that reduces health disparities in under-served and remote areas of the state, nation, and world.

Through innovative telementoring, the ECHO model uses a hub-and-spoke knowledge-sharing approach where expert teams lead virtual clinics, amplifying the capacity for providers to deliver best-in-practice care to the underserved in their own communities. Learn more: <https://hsc.unm.edu/echo/>

# Hope For This ECHO?

- Didactic learning & shared knowledge growth
- Open and supportive discussions
- Gain practical skills to improve services
- Peer to peer learning
- Tools and strategies
- Sense of community and support

# Engagement is Key

## **ECHO Host Team and Faculty**

- Lead all presentations and discussions
- Be present and prepared
- Be on video
- Engage in the open discussion
- Provide ECHO charter and curriculum
- Share slides and case presentation information prior to session
- Share any additional information or guidance as requested by participants
- Incorporate feedback and improvements as suggested by participants

## **Participants**

- Join every session
- Be on video
- Engage in the open discussion
- Share your expertise
- Use the chat box
- Share your learnings with your team
- Share feedback and suggestions with us for how we can improve

# Safe Space Guidelines

## Setting the Foundation

- We have been socialized to believe that it is not polite and not always comfortable to talk about health and racial equity and social determinants.
- We ask ourselves and participants to be mindful of assumptions and biases during this presentation.
- We ask ourselves and participants to be aware of multiple identities, backgrounds and perspectives in our virtual space.

## Requests

- Be present & avoid multi-tasking
- Respect
- Listen to understand
- Time Out
- One person speaks at a time

# Poll #1: What best describes your role?

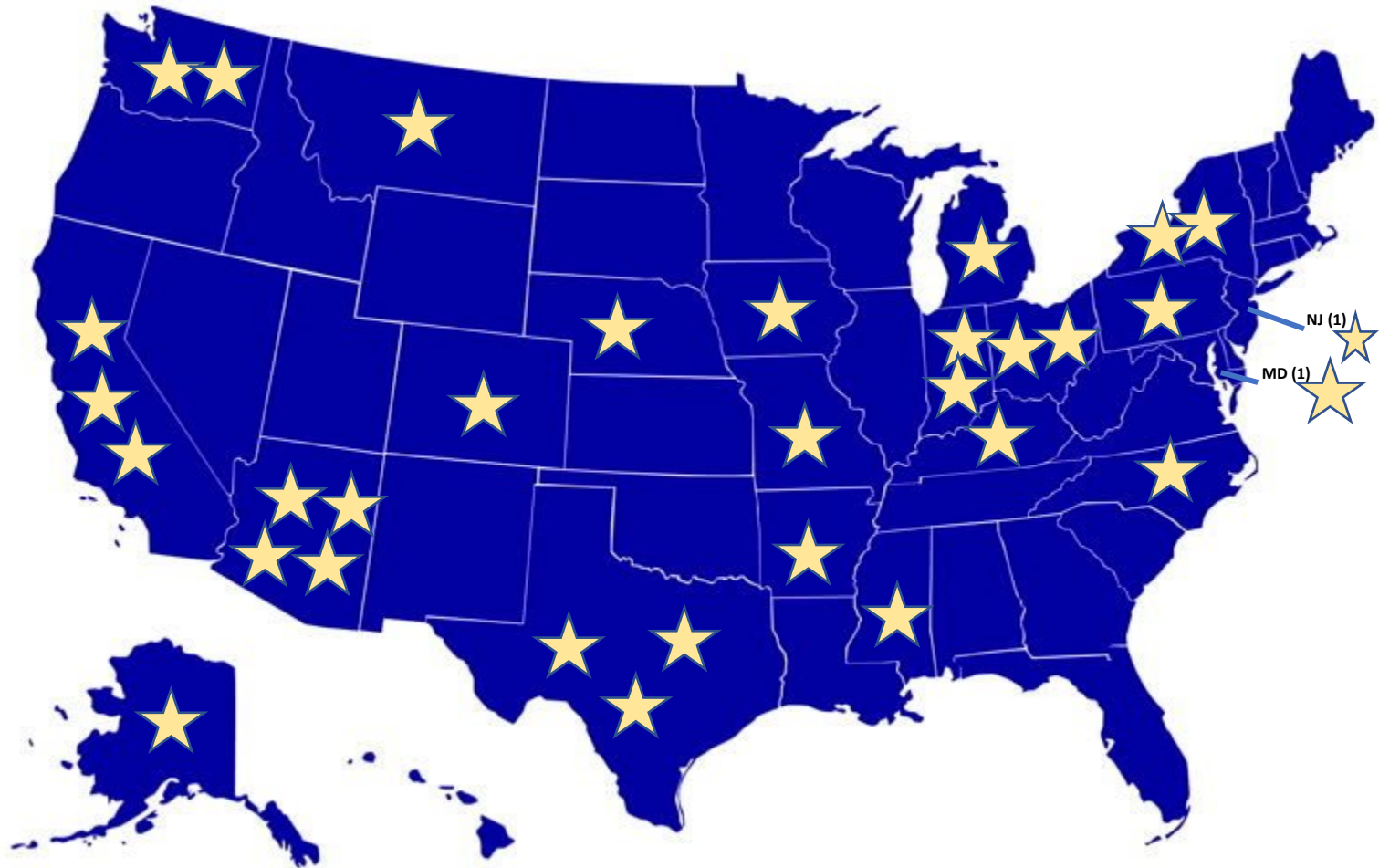
- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)

# Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider
- Mental Health Provider
- Substance Use Disorder Provider
- Other (specify in chat box)



# Joining from all across the nation!

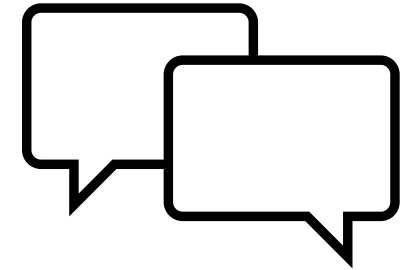


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# Rural Populations Served

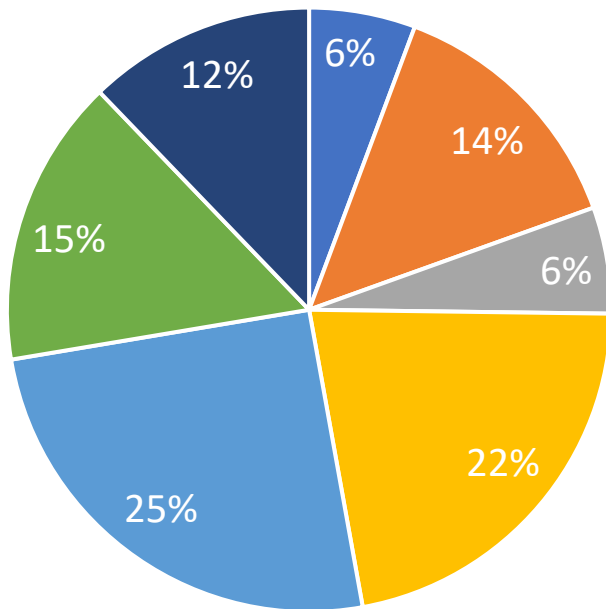


24% serve **frontier populations**  
16% serve **Native American or Tribal Communities on Reservation settings**  
38% serve **American Indian or Tribal Communities – on non-reservation settings**



40% serve **persons who speak languages other than English**

Populations/Communities of Color

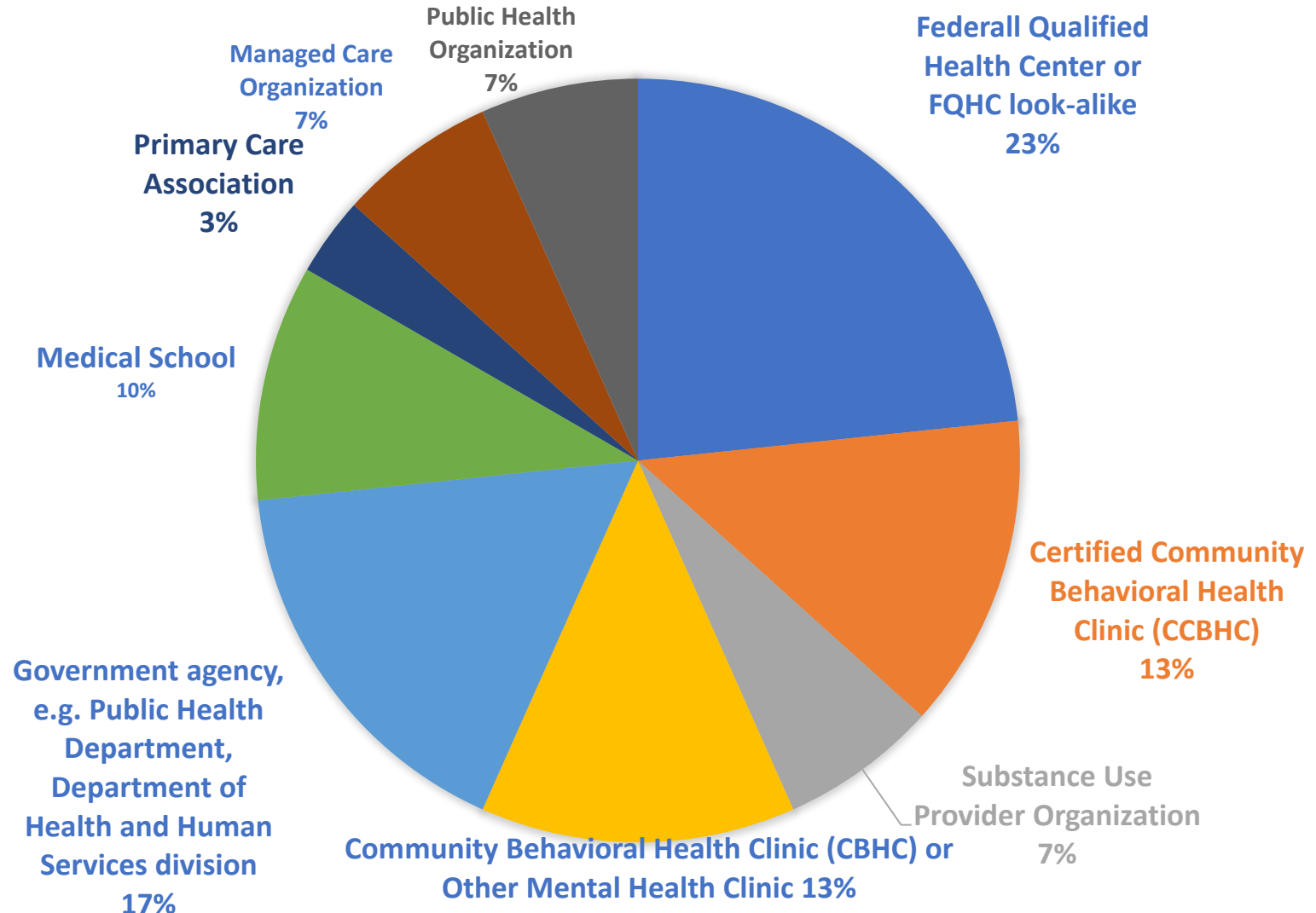


- American Indian or Tribal Communities - Reservation settings
- American Indian or Tribal Communities - Rural settings (non-reservation)
- Alaska Natives Populations
- Black or African American Populations
- Latino/Latina, Latinx or Hispanic Populations
- Asian American or Pacific Islander Populations



47% serve persons who are **Migrants, Immigrants and Refugees**

# Provider Type



# Who is in the Room?

Share in the chat your  
**Name, Title, Organization and State**

Didactic Presentation:  
Structural Urbanism and its  
—— Impact on Rural ——  
Health Outcomes

**Dr. Carolyn Rekerdres MD**

Medical Director, East Texas Behavioral Health Network, NE Region  
National Council for Mental Wellbeing, Medical Director Institute

# Objectives for Today

After this webinar, participants will be able to:

- **Define** ‘Structural Urbanism’ and be able to recognize its effects on rural service delivery.
- **Recognize** the social determinants of health that shape health outcomes in rural areas.
- **Identify** evidence-based solutions that can help health care institutions in rural areas.

# Social Determinants of Health

**Social determinants can be changed or influenced** - they were all constructed by people in the first place.

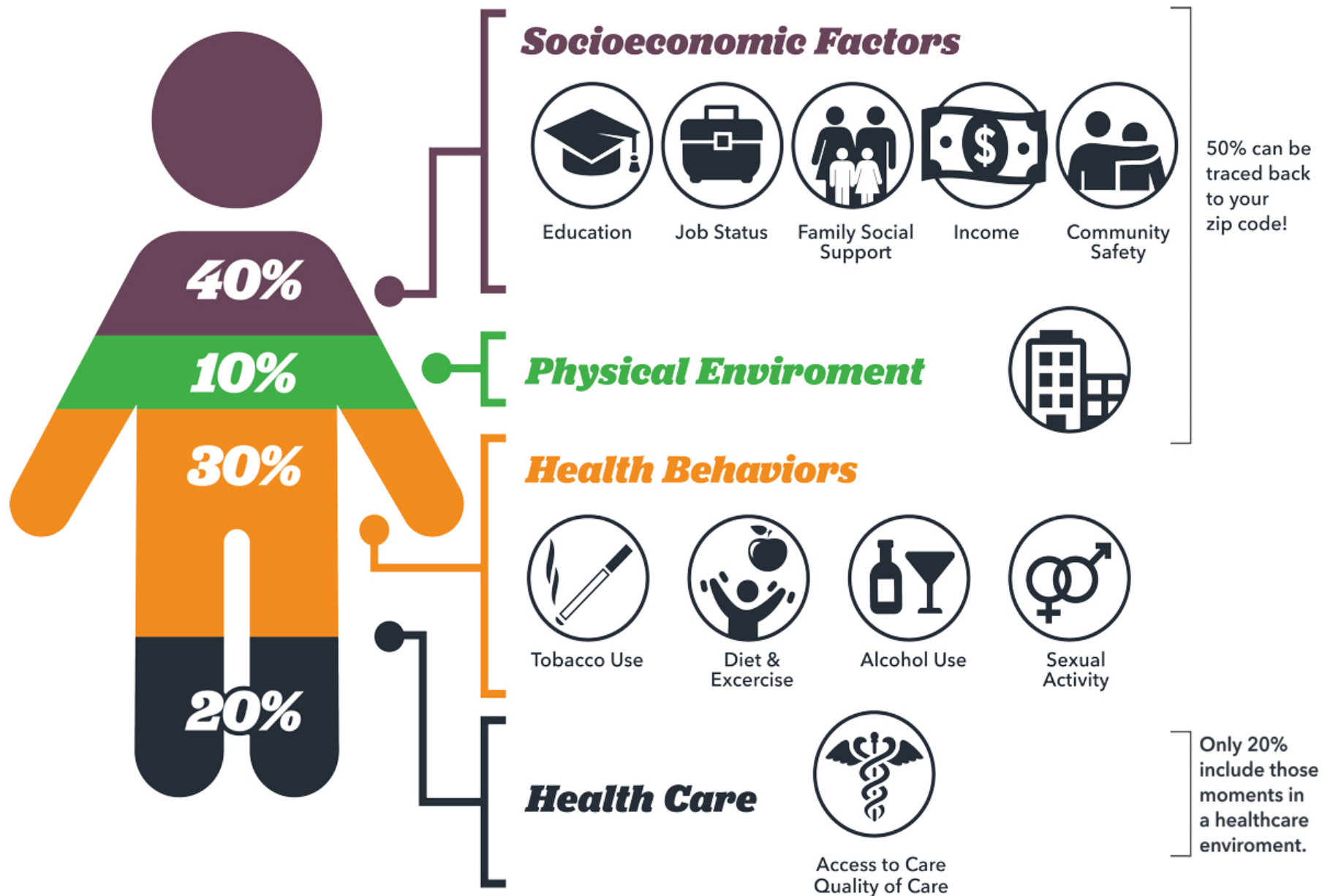
- race as a cultural and social construction, wage inequity, access to housing, banking, medical care



**Physical or biological determinants are immutable, or cannot be changed:** immutable genetic factors, non-built environment, weather, etc.



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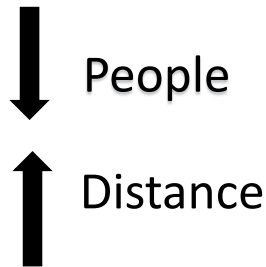




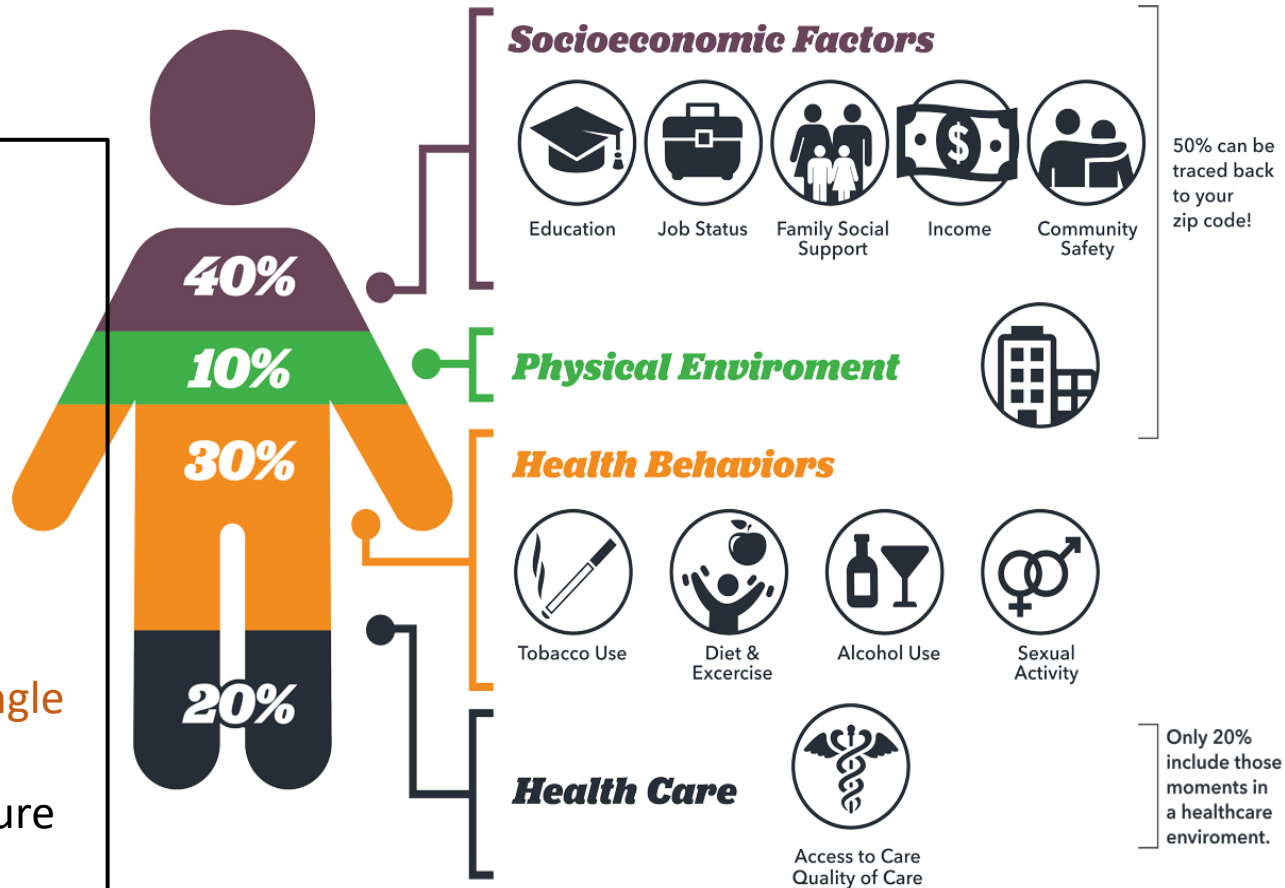


"Notice how the table is round, so that everyone sitting at it is equal."

# Rural Areas in America



- Higher poverty
- Higher rates of trauma
- Higher levels of uninsured people
- Lower levels of education
- Fewer jobs available
- Higher rates of smoking, obesity
- higher overdose rates
- more children born into single parent homes
- Less healthcare infrastructure
- Fewer Hospitals



# Structural Urbanism

**Definition:** Biases in current models of health care funding, which treat health care as a service for an individual rather than as infrastructure for a population, are innately biased in favor of large populations

***A culturally derived bias operating at the institutional level that creates downstream negative changes for people living in rural areas. Social determinants of health are then amplified with this added bias.***

Examples:

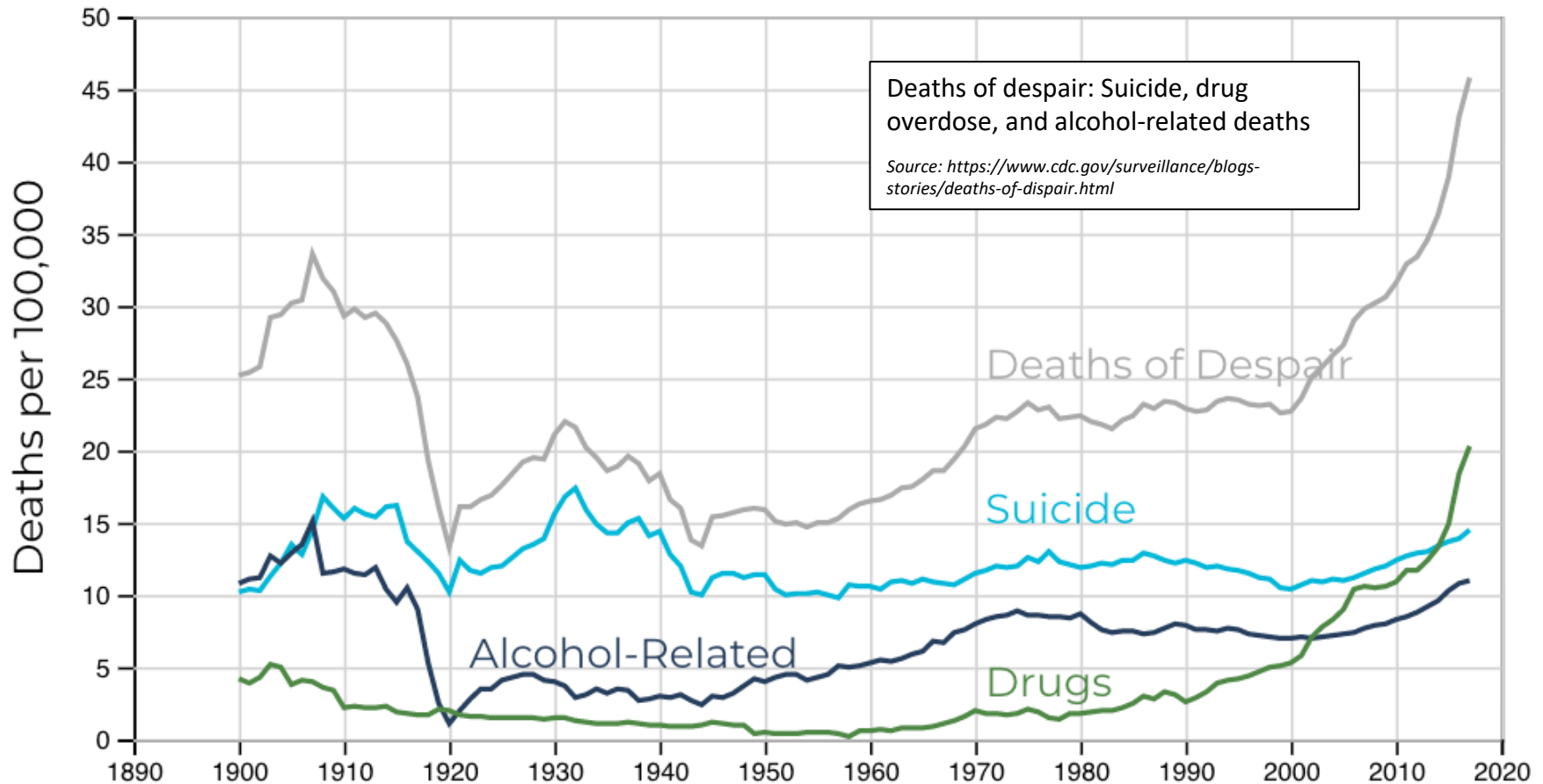
- Hospitals shut down due to costs when there are too few people using them.
- People who are poor in rural towns have even higher rates of heart attacks.

Source: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00914>





# Mental Health in America: Deaths of Despair





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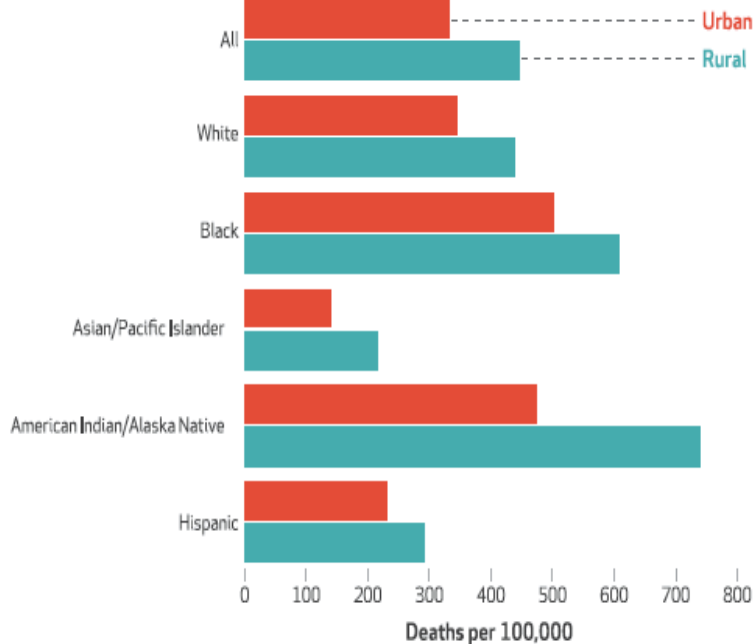
# Impact

## RURAL HEALTH

### EXHIBIT 1

Age-adjusted death rates per 100,000 population among adults ages 25–64, by rurality of county of residence and race/ethnicity, 2017

AGES 25–64



**SOURCE** Authors' analysis of data from the Centers for Disease Control and Prevention's Wide-ranging Online Data for Epidemiologic Research (WONDER) database for 2017, using Multiple Cause of Death files. **NOTES** Urban counties included those classified as large central metro, large fringe metro, medium metro, and small metro counties, as defined by the National Center for Health Statistics (NCHS). Rural counties included those classified as micropolitan nonmetro and noncore nonmetro counties as defined by the NCHS. "Hispanic" includes all persons classified as Hispanic, regardless of race. All other categories include only non-Hispanic persons.

## RURAL HEALTH

By Janice Probst, Jan Marie Eberth, and Elizabeth Crouch

DOI: 10.1377/hlthaff.2019.00914  
HEALTH AFFAIRS 38,  
NO. 12 (2019): 1976–1984  
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The People-to-People Health  
Foundation, Inc.

### OVERVIEW

## Structural Urbanism Contributes To Poorer Health Outcomes For Rural America

**ABSTRACT** Rural populations disproportionately suffer from adverse health outcomes, including poorer health and higher age-adjusted mortality. We argue that these disparities are due in part to declining health care provider availability and accessibility in rural communities. Rural challenges are exacerbated by “structural urbanism”—elements of the current public health and health care systems that disadvantage rural communities. We suggest that biases in current models of health care funding, which treat health care as a service for an individual rather than as infrastructure for a population, are innately biased in favor of large populations. Until this bias is recognized, the development of viable models for care across the rural-urban continuum cannot move forward.

**Janice Probst** (jprobst@mailbox.sc.edu) is a distinguished professor emerita in the Department of Health Services Policy and Management, Arnold School of Public Health, University of South Carolina, in Columbia.

**Jan Marie Eberth** is an associate professor of epidemiology and biostatistics at the University of South Carolina.

**Elizabeth Crouch** is an assistant professor in the Department of Health Services Policy and Management, Arnold School of Public Health, University of South Carolina.

# Possible Evidence-Based Solutions

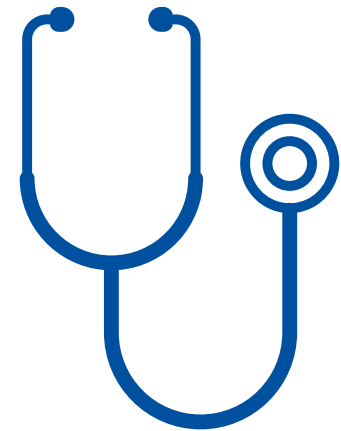
1. Increase equitable funding strategies - including Medicaid expansion
2. Increase infrastructure equity, in particular internet and cellular access
3. Telehealth
4. ECHO & learning collaboratives
5. Increase recruitment from rural areas and programs to entice providers to rural areas



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# 1. Increase Equitable Funding Strategies

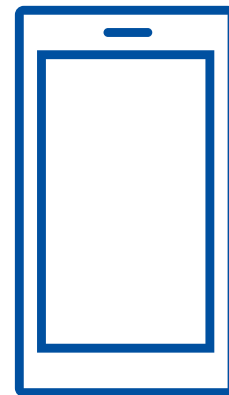
*State-level strategies &  
Organization-level strategies*





## 2. Increase Infrastructure Equity

**In particular - internet and cellular access**



# 3. Telehealth



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

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## 4. ECHO Learning Collaboratives



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## 5. Increased Recruitment to Rural Areas



**Increase recruitment from rural areas and programs to entice providers to rural areas**

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# Questions, Comments?



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# References

- [Going Beyond Clinical Walls: Solving Complex Problems - Social Determinants of Health](#)
- [United States Congress Joint Economic Committee](#)
- [Structural Urbanism Contributes to Poorer Health Outcomes for Rural America \(Probst, Eberth & Crouch 2019\)](#)

# Case Presentations

- Critical component of every ECHO session
- Facilitates learning related to specific examples
- Peer-to-peer learning in a supportive and safe environment
- This is where we want to hear from you!
- Reminder: no recordings will be shared with others outside of this group

Submit your team's [case form](#) by Friday December 3rd! Email your form to [PaulaZ@thenationalcouncil.org](mailto:PaulaZ@thenationalcouncil.org).

# Case Presentation

Client X is a 43 year old female with a 2 year history of heroin use. Client came to my clinic and at the time was 3 days without use. Client was interested in MAT (Medication-Assisted Treatment) options available to her.

Even though I feel clinically competent in using treatments like Vivitrol, the nursing staff in my clinic are resistant because they do not feel “equipped” to provide this treatment.

Client last used IV heroin 3 days prior and was in mid-moderate withdrawal. Because she is also experiencing homelessness, she would benefit from respite care which is possible, but the staff feel uncomfortable dealing with even mild opioid use symptoms.

**Main Question from the presenter:** How to address MAT hesitancy among providers and prescribers within our organization, especially when there is an increase in clients in our service area who would benefit?



# Open Discussion



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# Discussion Conclusion



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# What's next?

## 1. Case Presentation Submission

Please submit [one form](#) for your team by emailing to [PaulaZ@thenationalcouncil.org](mailto:PaulaZ@thenationalcouncil.org) by Friday Dec 3, 2021.

## 2. Pre-ECHO Evaluation Survey

All participants – [please complete survey](#) by Friday, Dec 3, 2021

**3. Next Session (Session 2)** December 15, 11:30am-1pm ET  
**Topic:** Identifying equitable approaches and providing culturally responsive services to those most in need in rural communities

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# Resources (shared in Chat)

- [Health Affairs Article on Structural Urbanism \(from didactic presentation\)](#)
- **Indian Country ECHO** - <https://www.indiancountryecho.org/>
- **Brooking Institute Article** [“Reimagining Rural Policy Organizing Federal Assistance to Maximize Rural Prosperity”](#)
- Resource from **HRSA funded RHI HUB** that provides a host of resources on addressing rural disparities: <https://www.ruralhealthinfo.org/topics/rural-health-disparities>
- **SMI Adviser resource on rural and remote disparities in serving persons with serious mental illness** – [September 2021 Report](#)
- Link to **the new drug policy from the new administration with infrastructure supports**: <https://www.whitehouse.gov/ondcp/briefing-room/2021/04/01/biden-harris-administration-announces-first-year-drug-policy-priorities/>
- [Article](#) – Systemic Review of patient satisfaction with telehealth
- [Loan forgiveness programs](#) to help with retention and recruitment of rural workforce

# Resources (shared in Chat)

- **Mobile health unit for expanding MAT** - <https://www.dea.gov/press-releases/2021/06/28/dea-finalizes-measures-expand-medication-assisted-treatment>
- **Bioacoustical Utilization Device (BAUD):** can be used to assist with the trauma - addiction continuum. It has been found to be effective for cravings and specific trauma memories that contribute to relapse. [http://www.mybaud.com/about\\_baud.html](http://www.mybaud.com/about_baud.html)
- **Safe & Sound protocol for vagus nerve regulation:** <https://integratedlistening.com/>
- **HHS Overdose Prevention Strategies:** <https://www.hhs.gov/overdose-prevention/>
- **HRSA's Rural Opioid Response Program (Planning and Implementation Grants)** are a great resource to help focus on local development and jump starting program. <https://www.hrsa.gov/rural-health/rcorp>
- **JAMA Research Article:** Ethical Imperatives to Overcome Stigma Against People With Substance Use Disorders VADM Jerome M. Adams, MD, MPH and Nora D. Volkow, MD AMA J Ethics. 2020;22(8):E702-708. doi: 10.1001/amajethics.2020.702 <https://journalofethics.ama-assn.org/article/ethical-imperatives-overcome-stigma-against-people-substance-use-disorders/2020-08>

# Additional Resources

- [Project ECHO](#)
- [Mental Health and Rural America: Challenges and Opportunities](#)
- [Mountain Plains Prevention Technology Transfer Network](#)
- [Mountain Plains Addiction Technology Transfer Network](#)
- [Mountain Plains Mental Health Technology Transfer Network](#)
- [National Association for Rural Mental Health](#)
- [National Rural Health Association](#)
- [National Association for Rural School Mental Health](#)

# Upcoming CoE Events:

CoE Office Hour: Q&A – Introducing an Innovative Toolkit to Advance Health Equity in Integrated Care Settings

[Register for the office hour](#) on Thursday, November 18, 2-3pm ET


Interested in an individual consultation with the CoE experts on integrated care?  
[Contact us through this form here!](#)

Looking for free trainings and credits?  
[Check out integrated health trainings from Relias here](#)

Subscribe for Center of Excellence Updates  
[Subscribe here](#)

# Rural Interest Group Signup and Engage Online Community

national-council-interest-groups/



## NATIONAL COUNCIL INTEREST GROUPS

improve care within historically underserved communities? Want to move mental health and substance use treatment forward for those in need?



ing advantage of our Interest Groups, a new member benefit! Join one or several of our digital communities to examine and interventions for select populations.

asier for you to network with likeminded peers, stay on top of social issues and trends, guide forward-looking conversations and actions to pressing problems.

oup member, you can explore our content and share your own, attend webinars, download resources, and build connections online al platform.

ing one or several of our Interest Groups? [Fill out our interest form](#) to get started!

out this new member benefit, [contact us](#).



Interest Groups | New Tab | Rural Interest Group - National C

engage.thenationalcouncil.org/communities/community-home?CommunityKey=03d60ad2-a57e-476c-823b-6916fc7315fe

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### NATIONAL COUNCIL for Mental Wellbeing

ALTHY MINDS • STRONG COMMUNITIES

HOME COVID-19 COMMUNITIES DIRECTORY EVENTS BROWSE PARTICIPATE HOW TO

#### RURAL INTEREST GROUP [SETTINGS](#)

MUNITY HOME DISCUSSION 4 LIBRARY 0 MEMBERS 32

##### LATEST DISCUSSION POSTS [ADD](#)

**RE: HELLO - TESTING**  
By: [Joseph Johnston](#), 7 days ago

it summarizes rural issues very well Joseph "Chip" Johnston, LMSW Executive Director Centra Wellness Network Board Member National Association of County avioral Health and Developmental Disabilities Directors The Bureaucracy ...

**RE: HELLO - TESTING**  
By: [Joseph Johnston](#), 9 days ago

I have. It is a very good summary of what rural behavioral health providers

##### LATEST

Create a Library Entry This Lib multimedia through a new Libra

[CREATE A LIBRARY ENTRY](#)

### NATIONAL COUNCIL for Mental Wellbeing

Sign up for the Rural Health Interest Group at:  
<https://www.thenationalcouncil.org/national-council-interest-groups/>



TheNationalCouncil.org



# Rural Interest Group Community Chat: December 14<sup>th</sup>, 3pm ET

We invite and encourage you to please join us for our [Interest Group Community chat on December 14th at 3pm ET.](#)

This chat will:

- Help guide the creation of content for 2022
- Help the National Council understand the challenges rural, frontier, and tribal-serving providers and how the National Council can help address them.
- Guide the National Council in developing resources that are vital and timely.

Save-the-  
Date!

NatCon22 will have  
a Rural Summit  
focused on Rural  
and Frontier  
programming.  
Learn more about  
NatCon22 at:  
[www.NatCon22.org](http://www.NatCon22.org)



# Share Your Thoughts and Ideas with Us!



- **Tamanna Patel**
- [tamannap@thenationalcouncil.org](mailto:tamannap@thenationalcouncil.org)
- Director, Practice Improvement and Consulting
- National Council for Mental Wellbeing Rural Health Interest Group Staff Lead

# Thank You

## Questions?

Email [paulaz@thenationalcouncil.org](mailto:paulaz@thenationalcouncil.org)

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

**[www.samhsa.gov](http://www.samhsa.gov)**

1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)