Dartmouth Health

Center for Advancing Rural Health Equity

The First Gathering of the Center for Advancing Rural Health Equity:
Working Together to Improve Health for Rural New England Communities
November 7, 2022

OPEN SPACE IDEA GENERATOR
SUMMARY OF KEY THEMES

Maternal and Child Health

Barriers and gaps

- Participants identified a variety of groups with unique barriers to maternal and child health, many of whom were populations with multiple/intersectional needs (e.g. historically marginalized populations, those with transportation needs, and those lacking childcare or other familial/social supports).
- Participants identified several gaps related to cultural awareness, stigma, and patient/provider relationships. These include inappropriate and/or ineffective communication (e.g. need for inclusive language and translation services), room for greater transparency and shared decision making, and the role of bias and discrimination in maternal and child health settings.
- Barriers related to accessibility of services included rurality, limitations at the policy level (e.g. contraception and abortion rights, parental leave, Medicaid reimbursement, and insurance challenges), opportunities for integrated care, and need for an improved childcare system.
- Participants noted barriers related to a limited workforce and accompanying challenges of site closures.

Strengths

- Participants identified several well-functioning elements of the maternal and child health system outside of Dartmouth Health. These included family resource centers, research efforts, home visiting programs, parental education, federal programs such as WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children), and community coalitions.
- Existing hospital services that were determined to be working well were Dartmouth Health prenatal and postpartum care overall, collaboration with community health workers, and quality improvement initiatives such as the Northern New England Perinatal Quality Improvement Network (NNEPQIN).

Strategies

- Participants repeatedly identified coordinated and collaborative care as an opportunity to improve access to maternal and child health services, reduce stigma, and provide the opportunity for co-creation with local organizations.
- Participants presented several ideas for workforce expansion via provider education, targeted recruitment, and proactive anti-bias trainings.
- Intentional incorporation of the patient voice arose in each of the topics covered in this exercise. Regarding maternal and child health specifically, participants suggested deliberately seeking input from pregnant and postpartum populations, expanding community engagement and assessment efforts, and advocacy for policy/program changes that yield appropriate and effective care.

Housing and Transportation

Barriers and gaps

- Participants identified a variety of groups with unique barriers related to housing and transportation. Frequently named groups included those with or in recovery from substance use disorders, previously incarcerated people, aging populations, and people without cars.
- Identified gaps in existing transportation supports included unhoused people's ineligibility for Medicaid rides, limited days/hours of public transit operation, and lack of walkable communities.
- Regarding housing, the most frequently cited gap was insufficient affordable housing supply (especially options that lead to home ownership). Restrictive zoning laws, prevalence of older housing stock with indoor pollutants, and resistance to low barrier shelters exacerbate the issue.
- Community attitudes repeatedly arose as barriers to housing challenges. "NIMBYism," the idea of "keeping things rural," and resistance to development were mentioned several times.

Strengths

- The most cited housing-related strength was growing awareness of the regional housing crisis.
- Existing collaboration (and the potential to further build upon cross-border relationships) was also identified as a strength in the housing and transportation arena.

Strategies

- Area strategies for improving transportation include expansion of fare-free bus systems, mobilization of school buses in summer months, and volunteer driving programs.
- Area strategies for improving housing include home share programs, increased investment in community loan funds, and capacity-building for existing organizations (e.g. Twin Pines, Neighbor Helping Neighbor) and coalitions.
- Hospital strategies for transportation and housing include distribution of grant funded gas cards, investment in community housing funds, alternative methadone strategies that don't require travel, expansion of telehealth services, and collaborative/integrated care to limit the number of trips required of patients.
- Overall principles and approaches to these interconnected issues included "smart growth," holistic consideration of "households" in housing, and cross-sector collaboration. Again, participants suggested intentionally incorporating residents'/patients' voices in planning and engaging community organizations in policy development.
- Participants also noted the need for sustainable solutions, which could be strengthened via collaboration with business owners motivated by the positive impact on sustainable workforce supply.

Food

Barriers and gaps

- Participants identified multiple groups facing unique barriers to accessing healthy and affordable food, including those with transportation needs, people experiencing homelessness (or otherwise lacking ability to store/cook/prepare foods), families of low socioeconomic status, and older adults.
- Stigma was cited as a barrier to accessing food-related resources.
- Barriers related to existing food supports included challenges around special dietary needs, the need to rethink distribution and "meet people where they are," nutritional limitations of shelf-stable foods, and the practical support needed to ensure that all people eligible for support programs are able to apply for/receive benefits.

Strengths

- Participants cited several food-related programs that are currently working well. These included the Haven, Listen's prepared meals, summer lunch programs, clinic food bags, and other local food banks and pantries.
- Community awareness of food access as a contributor to health outcomes was also identified as an asset.

Strategies

- Area strategies for improvement around food access included rethinking delivery models (e.g. replicating COVID models of pop-up pantries, mobile food pantries, and more centralized food distribution) and expansion of community garden programs.
- Participants noted low enrollment in WIC and other federal nutrition programs as an area in which to improve.
- Hospital strategies included Food is Medicine programs, clinic food pantries, increased food security screening, and CBO/provider partnerships to help patients apply for SNAP/WIC.
- General strategic approaches heavily emphasized collaboration among healthcare providers and community organizations, increased patient education (e.g. nutrition classes, cooking on a budget), program co-creation with patients, and the formation of intergenerational partnerships (e.g. connecting young people with aging populations for food-related help).

Substance Use Disorder and Behavioral Health

Barriers and gaps

- Participants identified groups facing unique barriers around SUD and BH as the un(der)employed, people in recovery, the uninsured, communities of color, pregnant and parenting people, children, people with transportation challenges, and those with technology access issues.
- Attitudes and stigma were repeatedly cited as barriers to SUD and BH care (e.g. fear of legal ramifications, bias in all forms, and stigma/punitive messaging around seeking support).
- Many workforce issues related to SUD and BH services were identified. These included long waitlists and lack of providers, barriers to prescribing medication-assisted treatment (MAT), insurance coverage/reimbursement limitations, telehealth challenges related to our bi-state catchment area, and lack of a sustainable hiring pipeline.

Strengths

- Participants cited several programs/approaches that are working well, including Moms in Recovery, presence of care coordinators and recovery coaches, recovery housing, mobile crisis units, and peer support services.
- Increasing community awareness and motivation around the issues of SUD and BH services were also named as assets.

Strategies

- Policy-related strategies included advocacy for harm reduction funding, a policy audit of NH and VT, and quality measure accountability for Accountable Care Organizations (ACOs).
- Prevention strategies included mobile syringe services, Getting to Y youth programming, Narcan distribution and other harm reduction services, ECHO programs (https://www.dartmouth-hitchcock.org/about/project-echo), increased support for pediatric mental health services, and behavioral health trainings to expand the scope of current providers' services.
- Treatment strategies include MAT, sustained SUD treatment post-discharge, expansion of crisis stabilization units, adding more integrated services to DH clinics, and increased low barrier treatment options.
- Strategies around patient/community engagement included intentionally seeking the voices of those most impacted by SUD and BH issues as well as investment in a pipeline program to attract more providers to the area. Participants also listed organizational intersectionality and collaboration as a general strategy approach (e.g. public/private partnerships).