

## **Office of Research, Demonstrations, and Rural Health Development**

**Mission:** The Office of Research, Demonstrations, and Rural Health Development performs a number of functions to strengthen primary care development in medically underserved areas of the state. Its chief mission is to provide technical assistance to primary care centers in rural and underserved communities. The office was founded in 1973 and is responsible for provider recruitment, technical assistance to small rural hospitals, and technical, and grant assistance to community health care centers. The office encompasses broad-based programs that promote research into health access issues, support demonstration projects to improve access, and strengthen rural health services in North Carolina. <http://www.dhhs.state.nc.us/docs/divinfo/orhrd.htm>

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**Priority Conditions/Issues:** According to their response, the Office of Research, Demonstrations, and Rural Health Development does not focus on any particular disease area. However, current ACCESS II and III programs target congestive heart disease, asthma, and diabetes. The Office also focuses on farm worker health.

**Service Delivery Challenges:** For the Office, retention of providers in rural settings and getting health care agencies and providers to collaborate are the top service delivery challenges faced by the Office.

**Socio-cultural Challenges:** The top socio-cultural challenges identified relate to the three service delivery challenges. The Office cited establishing trust among providers and between providers and patients, isolation and distance of populations served and the lack of resources as the top socio-cultural challenges.

**Disparity Focus Areas:** The focus areas for the office include race/ethnicity, income, education, and geographical location. The criteria used in selecting these focus areas include: recognition of the needs of Latinos in NC due to the fact that over 90% of the target population for the Farm workers Health Program is of Latin American origin. In addition, income is a focus area because classifications of underserved populations are based on economic indicators such as percent living in poverty.

**OFFICE OF RESEARCH, DEMONSTRATIONS, AND RURAL HEALTH DEVELOPMENT  
HEALTH DISPARITIES IMPLEMENTATION PLAN**

**KEY**

**RECOMMENDATIONS      ACTION STEPS      TIME LINE      EVALUATION      DATA NEEDS      AVAILABLE RESOURCES**

<p>1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability, and socioeconomic status.</p>	<p>Develop a health "report card" including information on disparities for all funded center service areas to be presented to health center boards and staffs on an annual basis. Conduct a Spanish language capability assessment for services.</p>	<p>-By August 2003</p>	<p>-Report cards completed</p>	<p>Medicaid, Health Dept. community assessments, State Center, Sheps Center</p>	<p>-ORDRHD Staff</p>
<p>2. Communicate, document, and champion best-practices in eliminating health disparities.</p>	<p>Encourage Centers to participate in chronic disease quality improvement initiatives, especially through ACCESS II and III, to obtain best medical practices for managing diseases that disproportionately affect minority and low income populations.</p>	<p>-By June 30, 2003 -All centers aware of initiatives by 12/31/03</p>	<p>-Survey complete -Operations team report</p>	<p>Center Budgets submitted ACCESS II and III information</p>	<p>-NCPHCA, ORDRHD -ORDRHD Staff</p>
<p>3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status.</p>	<p>Engage community governing board participation in discussion on disparities using health report cards. Encourage Centers to offer cultural competency training.</p>	<p>-By December 2003</p>	<p>-Discussions held at centers</p>	<p>Board meeting minutes</p>	<p>-ORDRHD Staff</p>
<p>4. Monitor progress towards the elimination of health disparities</p>	<p>Monitor use of Medical Access Plan (MAP) funding for health centers. MAP ensures that grants from this office are used for medical care discounts given by centers to low income, uninsured patients.</p>	<p>-Ongoing</p>	<p>-Monthly Reports</p>	<p>Monthly Reports</p>	<p>-ORDRHD Staff</p>

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HEALTH DISPARITIES IMPLEMENTATION PLAN**

KEY RECOMMENDATIONS	ACTION STEPS	TIME LINE	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
5. Promote customer friendly services that meet the needs of under served populations (i.e., low-income and minority groups)	Promote diversity in hiring at funded centers so that staff reflects diverse population.	-By June 30, 2003	-Staffing will more closely reflect the demographics of the service population.	Population and staff demographics	-ORDRHD Staff
6. Increase resources/investments to eliminate health status gaps	Increase percentage of operational funding that supports MAP (funding for indigent care).	-By June 30, 2003	-Monthly Reports and Annual Operational Budgets	Monthly Reports	-ORDRHD Rural Health Center Grant Funding
7. Build, support, and fully utilize a diverse workforce capable of working in cross-cultural settings.	Through our Medical Placement Services, increase the cross-cultural and bilingual candidate pool for medical and dental providers.	-By June 30, 2003	-Examination of the candidate pool	Practice Sites Software	-Medical Placement Services Incentive Funding
8. Identify and advocate for public policies that aid in closing the health status gap.	Participate in the development of a Statewide Strategic Plan in conjunction with the NC Primary Health Care Association.	-By June 30, 2003	-Meetings held	Meeting Agendas	-NCPHCA and ORDRHD staff
9. Demonstrate Accountability and Ownership for Health Outcomes	Generate discussion among boards and staffs around disparity issues identified in their health report card.	-By December 2003	-Discussions held at centers	Board meeting minutes	-ORDRHD staff