

Rural Healthy People 2010—Evolving Interactive Practice

Larry Gamm, PhD, and Linnae Hutchison, MBA

The objectives of the *Rural Healthy People 2010* project are to employ a survey of state and local rural health leaders to identify rural health priorities, to synthesize available research and other publications on these priorities, to identify and describe models for practice employed by rural communities to address these priorities, and to disseminate this information to rural communities. We describe these priorities; the content of *Rural Healthy People 2010* products, methods, and target audiences; and the continuing evolution of the program. *Rural Healthy People 2010* encourages rural support of *Healthy People 2010* goals and invites state and local rural health leaders to share their successful models with others. (*Am J Public Health*. 2004;94:1711–1712)

*Rural Healthy People 2010: A Companion Document to Healthy People 2010*¹ is a continually evolving resource for understanding rural dimensions of the topics addressed in *Healthy People 2010: Understanding and Improving Health*.² In this brief, we describe *Rural Healthy People 2010* products, an overview of rural health priorities addressed in *Rural Healthy People 2010*, continuing steps in the *Rural Healthy People 2010* program, and methods of disseminating its products. We also intend to attract more people to *Rural Healthy People 2010* resources, encourage rural support of *Healthy People 2010* goals, and invite more rural public health practitioners to submit their community health accomplishments for consideration as *Rural Healthy People 2010* “models for practice.”

With grant support from the Office of Rural Health Policy, *Rural Healthy People 2010* was released in spring 2003 by the Southwest Rural Health Research Center at

the Texas A&M University System School of Rural Public Health. The 2-volume document addresses 10 of the 14 highest-ranking rural health priorities from the 28 focus areas targeted by *Healthy People 2010*. Volume 1 contains a brief overview of each of the selected rural priority areas, rural disparities, barriers to addressing disparities, and possible solutions.³ Following each overview, 3 or 4 “models for practice” briefly describe how selected rural communities are addressing the problems associated with each priority area and offer contact information for readers who seek more detail. Volume 2 provides a more lengthy literature review for each rural priority area included in the first volume.⁴

State and local rural health leaders from across the nation were asked to complete a brief survey to produce a ranking of rural health priorities from the 28 *Healthy People 2010* focus areas. Each respondent was asked to select his or her top 5 choices from the 28 focus areas as rural health priorities. Of 999 surveys, 501 were completed. The top 14 rural health priorities identified in this survey are presented in Table 1.

The percentages reported in Table 1 are the average of the percentages of 4 groups of respondents—(1) state offices, (2) rural public health agencies, (3) rural health clinics and community health centers, and (4) rural hospitals—who chose each focus area as 1 of their top 5 priorities. Variations in the priorities given by the state rural health leaders and the 3 types of local rural health leaders, as well as differences across 4 regions of the nation, have been discussed elsewhere.⁵ However, about two thirds or more of all 4 types of leaders nominated “access to quality health services” as 1 of their top 5 priorities. Moreover, nearly one third of at least 3 of the 4 groups of leaders nominated each of the next 4 highest-ranked priorities listed in Table 1 among their top 5 choices.

In addition to discussions of 10 of the top 14 focus areas identified in Table 1, 3 objectives within the access to quality health services focus area are discussed in the initial 2 volumes of *Rural Healthy People 2010*. These objectives are emergency medical services, health insurance, and access to primary care. In spring 2004, 2 additional priority focus

TABLE 1—Healthy People 2010 Priorities Selected by State and Local Rural Health Leaders (N = 501)

Rank	Healthy People 2010 Focus Areas	Percentage Nominating ^a
1	Access to quality health services	73
2	Heart disease and stroke	41
3	Diabetes	40
4	Mental health and mental disorders	37
5	Oral health	35
6	Tobacco use	26
7	Substance abuse	25
8	Education and community-based programs	25
9	Maternal, infant, and child health	24
10	Nutrition and overweight	22
11	Cancer	22
12	Public health infrastructure	21
13	Immunizations and infectious diseases	17
14	Injury and violence prevention	16

^aThe percentages reported are the average of the percentages of 4 groups of respondents—(1) state offices, (2) rural public health agencies, (3) rural health clinics and community health centers, and (4) rural hospitals—who chose each focus area as one of their top 5 priorities.

areas in Table 1 were added: injury and violence prevention and immunization and infectious diseases. During the summer 2004, public health infrastructure, education and community-based programs, and long-term care and rehabilitation will be added. The first 2 of these are listed in Table 1, and the third is an objective within the access to quality health services focus area.

The *Rural Healthy People 2010* products—rural priority overviews, literature reviews, and associated models for practice—appear on the *Rural Healthy People 2010* Web site.¹ We have learned of communities that have examined a *Rural Healthy People 2010* model and then gained valuable assistance from the local leaders who have agreed to be contact persons for the *Rural Healthy People 2010* models. To ensure that the *Rural Healthy People 2010* Web site reflects new and updated models for practice, a

close relationship with state and local rural health leaders that fosters a continuing exchange of information is essential.

During interactions at state and national meetings, we also have been able to encourage communities to nominate their models for practice that address 1 of the rural health priority areas for inclusion in the Web site. Once a nomination is submitted, it goes through a process of evaluation, approval, and development of a narrative before it is added to the models for practice in the *Rural Healthy People 2010* Web site.

In addition to the Web site, all of the several thousand hard copies of Volumes 1 and 2 have been distributed to federal offices and policymakers, state agencies, and several local organizations. A second printing is scheduled for summer 2004. Presentations, plenary sessions, or featured presentations on *Rural Healthy People 2010* work also have occurred at 3 national rural health association meetings, 2 Department of Health and Human Services *Healthy People 2010* steering committee meetings, the Health Resources and Services Administration's all-programs conference, the Health Resources and Services Administration's rural public health research agenda-setting conference, and an Institute of Medicine workshop on the future of rural health care. Invited presentations also have been given at state rural health association meetings in Texas, Nevada, Georgia, South Carolina, and Indiana; 3 other presentations were given at regional meetings in New York State.

A group of rural health leaders in 1 state has gained funding for developing a state-coordinated *Rural Healthy People 2010* effort to identify rural health data and models for practice within the state. In addition, 2 rural health networks are using *Rural Healthy People 2010* as part of their planning efforts. Some academic programs are using the materials from the *Rural Healthy People 2010* Web site in college courses that address rural health.

The dozens of people at the School of Rural Public Health and elsewhere who have contributed to the preparation of *Rural Healthy People 2010* are grateful for the cooperation of so many others who have assisted in providing models for practice

and other resources. We welcome additional models for practice as well as suggestions for future *Rural Healthy People 2010* activities. ■

About the Authors

Larry Gamm and Linnae Hutchison are with the Southwest Rural Health Research Center at the School of Rural Public Health, Texas A&M University System Health Science Center, College Station.

Requests for reprints should be sent to Larry Gamm, PhD, Professor of Health Policy and Management, School of Rural Public Health, Texas A&M University System Health Science Center, 1266 TAMU, College Station, TX 77843 (e-mail: gamm@srph.tamu.edu).

This brief was accepted March 26, 2004.

Contributors

L. Gamm is the *Rural Healthy People 2010* project director, designed the survey, conducted the data analysis, and drafted the brief. L. Hutchison managed the execution of the survey, managed the interaction with the models for practice, and contributed to the final draft of the brief.

Acknowledgments

The authors and the Southwest Rural Health Research Center gratefully acknowledge grant support for the *Rural Healthy People 2010* project from the federal Office of Rural Health Policy and the Health Resources and Services Administration.

Human Participant Protection

The rural health leaders survey was reviewed and approved by the Texas A&M University institutional review board.

References

1. Rural Healthy People 2010 Web site. College Station: The Texas A&M University System Health Science Center, School of Rural Public Health, Southwest Rural Health Research Center. Available at: <http://www.srph.tamushsc.edu/rhp2010/>. Accessed February 27, 2004.
2. *Healthy People 2010: Understanding and Improving Health*. Washington, DC: US Dept of Health and Human Services; 2001.
3. Gamm LD, Hutchison LL, Dabney BJ, Dorsey AM, eds. *Rural Healthy People 2010: A Companion Document to Healthy People 2010*. Vol 1. College Station: The Texas A&M University System Health Science Center, School of Rural Public Health, Southwest Rural Health Research Center; 2003.
4. Gamm LD, Hutchison LL, Dabney BJ, Dorsey AM, eds. *Rural Healthy People 2010: A Companion Document to Healthy People 2010*. Vol 2. College Station: The Texas A&M University System Health Science Center, School of Rural Public Health, Southwest Rural Health Research Center; 2003.
5. Gamm LD, Hutchison LL. Rural health priorities in America: where you stand depends on where you sit. *J Rural Health*. Summer 2003;19:209–212.