Human Services Update from the National Advisory Committee on Rural Health and Human Services

February 26, 2015
1:00 p.m. CT

Kristine Sande, Moderator

Presentation

• Q & A to follow – Submit questions using chat tab directly beneath slides
• Slides are available at http://www.raconline.org/webinars/nacrhhshuman-services-update
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Presenters

NACRHHS Committee Chair
Ronnie Musgrove

Executive Secretary
Steve Hirsch

Committee Member
Roland Gardner

The National Advisory Committee on Rural Health and Human Services (NACRHHS)

Rural Assistance Center
Webinar
February 26, 2015
What is the NACRHHS?

- An independent advisory board to the Department of Health and Human Services (DHHS) on issues related to how the Department and its programs serve rural communities

What Does the NACRHHS Do?

- Serves as an independent, external voice to DHHS Secretary

- Prepares an Annual Report and/or Policy Briefs to the Secretary on key rural issues
  - In the past four years the Committee has sent eighteen Policy Briefs to the Secretary
Committee Background

• **1987** Established by the Secretary of HHS
• **2002** Secretary Thompson expanded the focus to include human services
• **2010** Ronnie Musgrove, former governor of Mississippi appointed as Chair

Meetings

• Meets in the spring and fall, usually in the field
  – Members hear presentations from national and regional experts on the selected white paper topics
  – The field visits include site visits to rural locations and panel discussions around the selected white paper topics
Field Meetings

- Grand Junction, CO
  - April 3-5, 2013
- Bozeman, MT
  - September 4-6, 2013
- Omaha, NE
  - April 28-30, 2014
- Sioux Falls, SD
  - September 24-26, 2014

Challenges in Rural Poverty and Human Services

- Rural America has 20 percent of the total population
- One in four rural children currently live in poverty—the highest rate since 1986—and the gap between rural and urban child poverty rates continues to rise.
- Ninety-five percent of persistent poverty counties are non-metro counties.
Child (and overall) poverty rates by metro/nonmetro residence, 1976-2012

Note: Metro status of some counties changed in 1984, 1994, and 2004. Metro and nonmetro rates are imputed for those years.


Deep poverty (and deep child poverty) rates by metro/nonmetro residence, 1976-2012

Note: Metro status of some counties changed in 1984, 1994, and 2004. Metro and nonmetro rates are imputed for those years.

Challenges in Rural Poverty and Human Services

- Over the past 20 years, life expectancy in rural areas has been consistently lower than in urban areas, and the gap is widening.
- Barriers to Service in Rural Communities
  - Transportation barriers
  - Isolation of clients in need of human services
  - Stigma
  - Lack of providers in some communities
  - Disparate levels of federal/state/local funding
  - Shortage of high quality, affordable housing
  - Lack of economic opportunities
“In contrast to urban areas, less is known about human and social services conditions in rural areas, the social services rural residents need and use, and the effectiveness of those services.”

-2006 Report on Rural Research Needs and Data Sources for Selected Human Services Topics by the Assistant Secretary of Planning and Evaluation, DHHS

Importance of Rural Human Services to Rural Population Health

• **ACE Study** by the CDC shows that adverse childhood experiences have a direct impact on health outcomes later in life

• **International research** suggests that funding for human services infrastructure, including affordable housing, has more of a positive effect on health outcomes than funding for health infrastructure

Policy Brief Topics

- The Intersection of Rural Poverty and Federal Human Services Programs
- Homelessness in Rural America

The Intersection of Rural Poverty and Federal Human Services Programs

Editorial Note: For the past year, the National Advisory Committee on Rural Health and Human Services has been analyzing the intersection of federal human services programs and rural poverty. This policy brief continues this focus and includes two case studies that are similar, but use different types of anchor organizations to coordinate rural services.

INTRODUCTION

The challenges faced by rural human service providers are well documented, showing higher rates of poverty and persistent poverty in rural communities and the reality of serving a smaller number of clients who are often spread across large geographic areas. Programs serving such disparate populations as the elderly, children and adult families are made up of a patchwork of services and funding streams, which include a mix of federal, state and local programs, often combined with philanthropic and faith-based resources. This policy brief continues the Committee's ongoing examination of the intersection of rural poverty and human service delivery and includes an examination of two approaches to meeting that challenge. In 2013, the Committee visited Montrose County, Colorado and Garfield County, Montana to learn about unique human service approaches toward addressing local need. Both communities take a holistic approach to providing wraparound services that meet their clients' needs, and both systems work to help clients gain access to needed programs. Wraparound services are generally
Two-Part Brief

During 2014, the NACRHHS analyzed the intersection of federal human services programs and rural poverty. This policy brief includes two case studies that use different types of anchor organizations to coordinate rural services.

- Grand Junction, CO: County-Based Anchor Organization
- Bozeman, MT: Community Action Agency Anchor Organization

Lessons Learned From Montrose County DHHS

- Co-locate
- Use data-driven best practices
- Engage county human services agencies
- Employ wraparound services to support at-risk families
- Ensure client leadership of service co-ordination
Lessons Learned From HRDC IX (Community Action Agency in Bozeman, MT)

- De-stigmatize social services
- Create community buy-in
- Bridge silos
- Build on existing assets
- Use community assessments to inform decision-making
What We Know About Rural Homelessness

- What we know is based on a limited evidence base
- Federal data collection on homelessness likely significantly undercounts rural homeless populations for a number of reasons
  - Lack of rural service sites
  - Lack of rural identifiers in federal data collection
  - Difficulty including individuals who do not use services

What We Know About Rural Homelessness (continued)

Rural homelessness can be less visible than urban homelessness. Based on existing literature, individuals and families experiencing homelessness in rural America are more likely to be doubled up with friends or family, living in vehicles, or living in substandard housing than individuals and families experiencing homelessness in cities.
Recommendations on Rural Homelessness

1. The Committee recommends that the Secretary, working through HHS’s representatives to the Interagency Council on Homelessness, direct the Council and its member agencies to consider the unique needs of rural individuals and families experiencing homelessness as a special population by creating objectives for the Council and/or its interagency working groups around ending rural homelessness.

2. The Committee recommends that the Secretary work with the Office of the Assistant Secretary for Planning and Evaluation, as well as relevant research bodies in the Department of Housing and Urban Development, to develop a demonstration project focused on giving entities that serve individuals and families experiencing homelessness, or those in need of prevention services, in rural areas additional flexibility in using existing funding streams from both agencies to meet the unique needs of rural populations.
Recommendations on Rural Homelessness

3. The Committee recommends that the Secretary direct federal health and human services programs to clarify policy guidance on use of alternative mailing addresses for receiving benefits for individuals and families experiencing homelessness in areas where the Federal government has authority, and to encourage states to clarify policy guidance on the same issue for state programs.

Uses for the Committee Reports

• Inform the policy decisions of the Secretary for HHS
• Resource for rural providers who can then share findings and recommendations with others in the field
• Resources for policy makers
For More Information…

To find out more about the NACRHHS please visit our website at [http://www.hrsa.gov/advisorycommittees/rural/](http://www.hrsa.gov/advisorycommittees/rural/) or contact:

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Q & A

• Submit questions using Q & A tab directly beneath slides.
Thank you!

• Contact us at www.raconline.org with any questions
• Please complete webinar survey
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