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## 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/nacrhhs-human-services-update>
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## Presenters

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### **NACRHHS Committee Chair**

Ronnie Musgrove

### **Executive Secretary**

Steve Hirsch

### **Committee Member**

Roland Gardner



National Advisory Committee  
On Rural Health and Human Services



## **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

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## 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

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## 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

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## 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

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## 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

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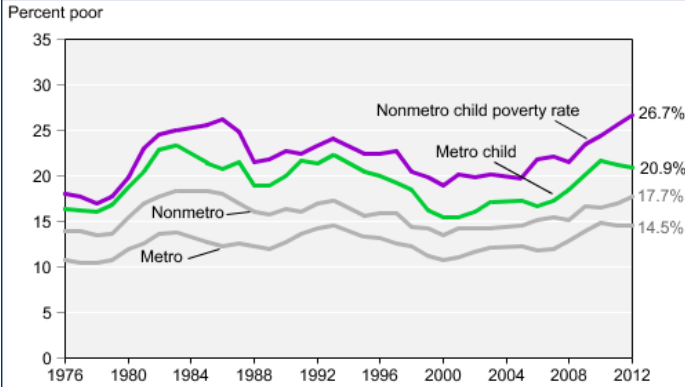
## Challenges in Rural Poverty and Human Services

- 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.

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National Advisory Committee  
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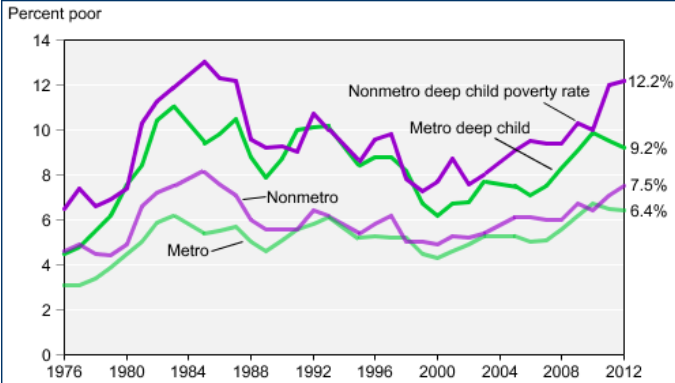
**Child (and overall) poverty rates by metro/nonmetro residence, 1976-2012**



Note: Metro status of some counties changed in 1984, 1994, and 2004. Metro and nonmetro rates are imputed for those years.  
Source: USDA, Economic Research Service using data from U.S. Census Bureau and U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey (March Supplements and 2013 Annual Social and Economic Supplements).

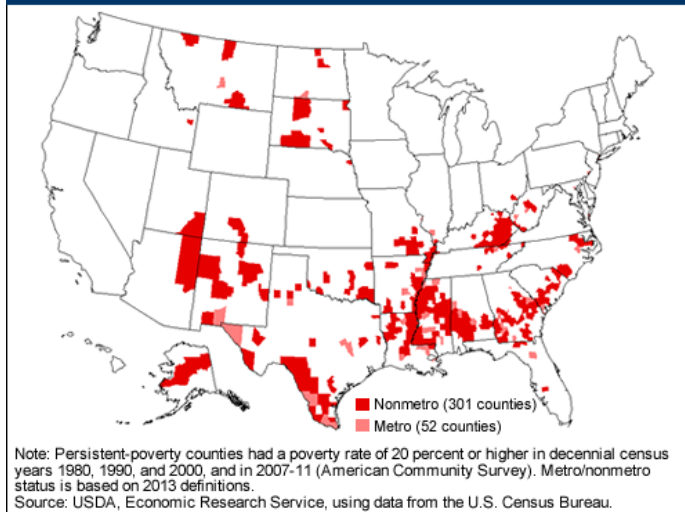
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**Deep poverty (and deep child poverty) rates by metro/nonmetro residence, 1976-2012**



Note: Metro status of some counties changed in 1984, 1994, and 2004. Metro and nonmetro rates are imputed for those years.  
Source: USDA, Economic Research Service using data from U.S. Census Bureau and U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey (March Supplements and 2013 Annual Social and Economic Supplements).

Persistent-poverty counties, 1980-2011



## 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

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## 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

Source: Bradley, E.H., Elkins, B.R., Herrin, J., Elbel, B. (2011). "Health and Social Services Expenditures: Association with Health Outcomes." *BMJ Quality and Safety* 2011 20: 826-831. 826.

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## Policy Brief Topics

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

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## The Intersection of Rural Poverty and Federal Human Services Programs

### The Intersection of Rural Poverty and Federal Human Services Programs Policy Brief January 2014

*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 at-risk 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 Gallatin 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

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## 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

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## 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

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## 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

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## Homelessness in Rural America



### Homelessness in Rural America Policy Brief July 2014

**Editorial Note:** During its April 2014 meeting in Omaha, Nebraska, the National Advisory Committee on Rural Health and Human Services discussed the unique needs and characteristics of individuals and families experiencing homelessness in rural America. Homelessness as a policy area draws on the work of several agencies. The Department of Housing and Urban Development (HUD) oversees the provision of shelter for individuals and families experiencing homelessness and the development of affordable housing, while the Department of Health and Human Services (HHS) is charged with provision of human services. Various other agencies also have programs and policies that impact individuals and families experiencing homelessness. The US Interagency Council on Homelessness (USICH) coordinates the activities of these agencies with the charge of ending homelessness in the United States. As such, HHS only has purview over one section of the programs and services that directly affect individuals and families experiencing homelessness. In recognition of the need for interagency collaboration on this issue, the Committee invited representatives from HUD, the Department of Agriculture (USDA), the Veteran's Administration (VA), and HHS members of the USICH to participate in the meeting. The Committee met with a range of rural stakeholders who work on homelessness issues in Iowa and Nebraska, as well as federal representatives from the above-named agencies who work on poverty and

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## 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

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## 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.

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## 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.

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## Recommendations on 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.

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## 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.

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## 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

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## For More Information...

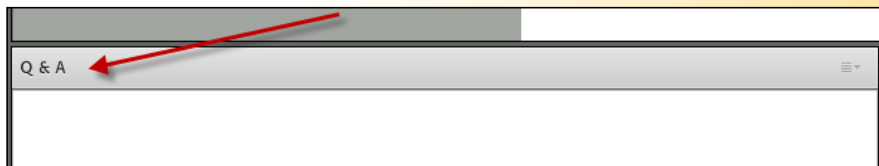
To find out more about the NACRHHS please visit our website at <http://www.hrsa.gov/advisorycommittees/rural/> or contact:

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## Q & A

- Submit questions using Q & A tab directly beneath slides.



# Thank you!

- Contact us at [www.raconline.org](http://www.raconline.org) with any questions
- Please complete webinar survey
- Recording and transcript will be available on RAC website



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