

Kristine: This is Kristine Sande and I'm the program director of the Rural Assistance Center. I'd like to welcome you to today's webinar and today's webinar is titled A Human Services Update from the National Advisory Committee on Rural Health and Human Services. I'd just like to mention that this is the second in a two-part series. Last week we conducted a similar webinar regarding the committee's recent work related to rural health issues. The slides and the audio from that webinar are available in the webinar section of the RAC web site and a transcript and a video of that webinar will be made available at a later date.

Before we get started, I'd just like to quickly run through a few housekeeping items. We hope to have time for your questions at the end of the webinar. If you have questions for our presenters you can submit those towards the end of the webinar using the Q&A section of the screen that's right below the slides. We have provided a PDF copy of the presentation and that's available on the RAC website which is accessible either through the URL on your screen or by going to the RAC webinar page which is www.raconline.org/webinar and then you'd click into the presentation for today. If you do decide to go and download those slides during the webinar, we do ask that you don't close this webinar window or you would have to log back in. If at any time today you have technical issues, we ask that you contact our support area using the phone number on the information screen. The number, in case you're not seeing it, is 701-777-6305, again that's 701-777-6305.

Our speakers today will discuss the recent work of the National Advisory Committee on Rural Health and Human Services particularly in the area of human services. Our first speaker will be Governor Ronnie Musgrove who has served as the Chair of the National Advisory Committee since 2010. He previously served as the Governor of Mississippi from 2000 to 2004, serving as the Lieutenant Governor prior to that. So for more than two decades he has taken a leading role in the state of Mississippi to improve education and expand economic development. Governor Musgrove will give us an introduction to the work of the National Advisory Committee. Following his introduction, we will hear briefly from Steve Hirsch, a long-time staff member at the Federal Office of Rural Health Policy who serves as the Executive Secretary for the National Advisory Committee. Our primary speaker for today's call will be Roland Gardner who serves as a member of the National Advisory Committee. Roland has served as the Chief Executive Officer of the Beaufort-Jasper-Hampton Comprehensive Health Services for 30 years. Beaufort-Jasper-Hampton provides services to over 19,000 patients in a three-county area in South Carolina. With that, I'll turn it over to Governor Musgrove for an introduction. Governor.

Governor: Thank you very much. The human services side of the committee focuses on ways the department can support and improve upon the human services safety net in rural America. Today's webinar will cover two recent human services

policy briefs: The Intersection of Rural Poverty and Federal Human Services Programs, and Rural Homelessness in America. Rural poverty is an area of great urgency. Poverty rates are higher in rural America than in the country as a whole yet rural Americans face unique challenges in accessing human services including a lack of providers and long travel times to services. At the same time, there is a lack of data to quantify the need for human services in rural America. We need rural-specific data to match what we know about urban poverty in human services. We know that there is a direct link between poverty and population health. With the shift in thinking in the medical community from volume to value which puts a focus on population health there will need to be a meaningful examination of the strength and needs of the human services safety net across the country, including in rural areas. I thank you very much for joining today and I believe that you will be enlightened by the speakers that we have. Thank you very much.

Kristine: Thank you Governor Musgrove. I would just like to remind everyone that you can submit questions through the Q&A box on your screen and we will address those questions once all the speakers have presented. Next, we'll hear briefly from Steve Hirsch. Steve.

Steve: Thanks Christine. Hi, I'm Steve Hirsch. I'm the Executive Secretary of the National Advisory Committee. I'd like to tell you a little about what the committee does before we go into hearing about the policy briefs. The National Advisory Committee is an independent board to advise the Secretary of the Department of Health and Human Services on issues related to how the department and its programs serve rural America. The committee is entirely made up of people from outside the federal government. We have usually 20 members and a Chair and you just heard from the Chair, former Governor of Mississippi Ronnie Musgrove. The other folks are policy experts or providers, both health and human services, from all over the country. We have members from Maine to Alaska and they cover all sorts of issues on rural health and they are generous to lend their time and their expertise to the committee so that we can do the best work for the Secretary possible.

Over the years, the committee has prepared annual reports and/or policy briefs for the Secretary. In the past 4 years, we've sent 18 policy briefs to the Secretary. The committee was established back when the Office of Rural Health Policy was established in 1987 but in 2002 Secretary Tommy Thompson expanded the focus to include rural human services, which we had not ever worked on before and then, as has been mentioned, in 2010 Governor Musgrove was appointed the Chair and he's been a very active and involved Chair of the committee.

We have meetings usually twice a year, at least twice a year. Occasionally there's been more. We usually meet in the spring and the fall somewhere out in the

United States and we hear presentations from national and regional experts and then we include visits out to provider sites including both human services and rural health providers. Those visits really help inform the policy and the recommendations that the committee can make to the Secretary.

Over the last couple of years, here are the site meetings we've had in Colorado, Montana, Nebraska and South Dakota. All of these have helped us prepare more informed briefs and recommendations to the Secretary.

At this point, I'll turn it over to Roland so that he can speak about the challenges of rural poverty.

Roland: Thank you, Steve. My pleasure. Again, welcome to today's seminar. Rural America has 20% of the total population. One in four rural children currently live in poverty at the highest rate since 1986. The gap between rural and urban child poverty continues to rise and it's been rising almost every 3 to 5 years, 95% of persistent poverty counties are non-metro counties. Those are the poorer counties. This is a graph that shows the overall poverty rates by metro and non-metro residency. You see the high on the purple columns are the non-metro residence areas, and then the lower measures you see - the pattern continues and has been since 1976. The curves that you see are consistent with what we're seeing for the last 15-18 years. Deep poverty rates by non-metro residents, from 1970 to 2012 you see the huge increase between 1980-1984. It stabilized over a period of years and I'm not sure if Steven commented, it dropped for a while and then started rising again, and has been consistent. Persistent poverty county issues are again seen in the Southeast from North Carolina and that whole triangle back to Texas and New Mexico. It's much different, you see, in the Midwestern areas and also the far West but again it has been consistent in the South and Southeast in those areas. Over the past 20 years, the life expectancy in rural areas has been consistently lower than urban areas. The gap continues to widen.

We see the barriers of services in those communities. Again, I can speak again about transportation barriers. Beaufort-Jasper-Hampton Comp Health, we serve three counties and we have sites in Forsythe and Beaufort, two in Jasper and two in Hampton but if you try to at least drive that area in one day you're talking about covering about 222 miles, so from my main site in the southern part of Beaufort, St. Helena Island, going to the other sites, they are around 220 miles. Isolation of clients in need of human services, you find disparity across geographic areas where you don't have a neighbor next door, some of the neighbors are 10, 15, 20 miles away, that's in the Southeast side, and also in the Midwest. There is a stigma about rural poverty, because again the job opportunities are not there. You see maybe the industry is not there supporting infrastructures so you don't have that as you would have in some of your urban

areas. The lack of providers in some communities, and we have experienced that here locally, you find that the majority of more and more of the National Health Service Corps providers are in the southeast, and there are disparate levels level of federal, state, and local funding.

You have different organizations like [inaudible 00:11:10] Administration that support community health centers and also we have been fortunate in the past to DHHS to gain that federal support, but then there's still a disparity between federal, state, and local funding. The shortage of high-quality affordable housing has strayed off quite a bit. You find in the South there is still a number of homes that, because you don't have a central water system or central sewage system, and to build those infrastructures you find that you have a problem with [inaudible 00:11:43] property because you can't take ownership of that unless you try to get a mortgage with [inaudible 00:11:49] property. It's almost slim to none in the South. What happens is that you try to put infrastructure in place by putting in central water and central sewage system, but because the houses are so far apart, the cost of actually running a water sewer line from one house to the other is very, very expensive. In the South, especially in the South, you find there's still a lot of homes that have outdoor - some have outdoor plumbing, some have also septic tanks. What we have done in Beaufort County about 20 years ago, we outlawed the outhouses at all. You have more sewer systems than we had in the past.

There is a lack of economic opportunities also. You have a problem with education, and again major industry will not locate as much as it should in those areas as you have a sparse population. 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. That's from a report that was done in 2006.

Now, the Importance of Rural Human Services to Rural Population Health. Steven, you have to help me again with the ACE, I'm trying to remember.

Steve: Adverse childhood events.

Roland: Adverse Childhood Events Study by the CDC shows that adverse childhood experiences have a direct impact on health outcomes later in life. You find now that especially -- not even just in the South -- you find more and more problems now with childhood diabetes, we are doing a number of studies here locally wherein most of the elementary schools with assistance from the Ronald McDonald Services in providing dental services in 21 elementary schools at my health center within the last week. We just received funding from a new mobile van that we're going to serve one of the highest problems of dental services of any school district in South Carolina, that's Hampton County. The international

research shows that funding for human services infrastructure, including affordable housing, has more of a positive effect on health outcome than funding for health infrastructure. Housing is a problem. It continues to be a problem in the South and the Southeast.

Also a big topic, the Intersection of Rural Poverty and Federal Human Services Programs, Homelessness in America. I think when we were in, I guess we were in Montana recently, we heard a lot about the homelessness in rural areas, and sometimes people don't think of that. You think about substandard housing and we see that quite a bit, whereas they may be living in a shack or somewhere, but if they don't have indoor plumbing or they don't have electricity there is a major problem with homelessness services there. The Intersection of Rural Poverty and Federal Programs, the paper was done in 2014, and I think we can get a copy of that also.

Two-part briefs: During 2014, the Advisory Committee analyzed the intersection of human services programs and rural poverty. The policy brief includes two case studies that used different types of anchor organizations that contributed rural services. One was in Grand Junction, Colorado, a county-based anchor organization and one was in Bozeman, Montana. Steve, they can get copies of the briefs, is that correct?

Steve: Yeah. At the end of the presentation, there will be our website address and you can go there and download the copies of the briefs.

Roland: Okay. Thank you. Lessons Learned from Montrose County DHHS. Co-locate the services does help. Use data-driven best practices. Engage county human services organizations. Again what was done in many places - it's not just one organization or one county or human services organization working by themselves. We find that you have to work with partners, because again, there is not enough money, as I see it, that you can actually expect one center to serve all or one agency to serve all. You have to bring your resources together and have an overlap at some point with the dollars to make sure that it works.

Wraparound services for at-risk families. Try to ensure client leadership of service coordination. I think when you identify an organization or individual who is considered the leader, I think you need to ride those persons - I consider their coattails - as much as we can because, some people say misery loves company, but in working together with different organizations and trying to get that leadership and having those leaders working together actually does the best service in trying to deliver the services to the community.

Lessons Learned. Destigmatize social services. We must create community buy-in. Bridge silos. Build on existing assets. Use community assessments to inform

decision-making. I think it's very critical. For one, it says use the community assessments to inform decision-making because when you're trying to make a decision and not include all parties, I think there is, what I consider, the best solution to some extent is to make sure that one organization may have difficulty addressing issues, and an organization that's different may not have that same type of problem. So I think, when you look and try to get those organizations working together and using assessments to inform in the decision-making process, you find it better serves the entire community. One part of the county or one part of the organization may have a different set of problems, but when you come and inform a decision-making process with the entire community, using the assessments, I think it is much better and I think you'll receive the answer that you're looking for.

Homelessness in America. Again, we addressed that in our policy brief of 2014. We found a number of, what I consider, things that we take for granted with homelessness. It varies from community to community, the type of housing services that are available vary. I think across the board we have a lot of different types of problems with homelessness and that should be addressed by the entire community.

What we know about Rural Homelessness. What we know is based on limited evidence base. I think we had some testimony that it varies from community to community. The federal data collection on homelessness likely significantly undercounts rural homelessness populations for a number of reasons. The lack of rural service sites. Lack of rural identifiers in federal data collection. Difficulty including individuals who do not use these services. It's a lot, I think, like people who don't vote and trying to find out exactly why people didn't vote, but you have to do some sort of survey, some sort of analysis that you may or may not see as many people, but those who are not counted are the ones that we need to get to in trying to find exactly what's happening in the community. Who does the survey, how that survey is done, I think is also critical.

What we know about rural homelessness. Rural homelessness can be less visible than urban homelessness, we found that out. Based on existing literature, individuals and families experiencing homelessness in rural America are more likely to be doubled with friends and family because again, although - and I think it's more and more you see it in the South, you may have multiple people living in a household and they don't consider themselves homeless because they are living with relatives and friends, and that does make a difference. Substandard housing, individuals and families experiencing homelessness in cities also, but in rural communities, I think it's more - you identify more because you find that most of the families will have multiple families living there and they don't consider themselves as being homeless.

The Recommendations of the Committee. The Secretary is working through HHS representatives to the Interagency Council on Homelessness, to direct the Council and its member agencies consider the unique needs of rural individuals and families experiencing homelessness. I think the Committee itself and its recommendations, I think it's going to go to the Secretary in September, or the latter part of the year - I'm sorry.

Kristine: Those recommendations have already gone to the Secretary for consideration.

Roland: Thank you. The Recommendations on Rural Homelessness. The Committee recommends that the Secretary work with the Office of the Assistant Secretary for planning and evaluation. Again, there is a second recommendation also for those who need prevention services. Additional flexibility in using existing funding streams from both agencies to meet the unique needs of the rural population.

Recommendation 3. The Secretary direct federal health and human services agencies 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 engage states to clarify policy guidance on the same issue for state programs. I think if we can get a uniform policy instead of having different types of bureaucratic reviews, laws, I think if you just have one single plank, same issue, I think a lot of government has overlapping and that's my personal opinion, by overlapping.

The use of these reports will inform the policy decisions of the HHS Secretary. Resource for rural providers who can then share findings and recommendations with others in the field, and resources for policy makers also.

With that, I guess, we'll open up the questions at this time, I believe.

Kristine: Yes, and - go ahead, Steve.

Steve: There's the address for the community's website where, if you click on the publications link on the main page it will take you to the area for all the policy briefs from recent years, and going back a good ways into the past as well.

Kristine: All right. Those policy briefs are also available off the webinar page for today's webinar on the Rural Assistance Center website. You can find those either of those two ways. I guess we will open it up for questions. In the Q&A box at the bottom of the page, you can type any questions you might have for our speakers today. I'm not seeing any questions right now. One thing I would mention while we wait is that RAC, the Rural Assistance Center, does have a fairly new topic guide related to human services, and that's titled "Human Services to Support

Rural Health”, and it really talks about the intersection between human services and health and how one affects the other, and all of the human services needs in rural America. I would encourage all of you to check that out if you haven't already, and that is on the RAC website under topic guide.

Steve: I'll also add that the committee's next meeting will be in Kentucky in April, April 29th through May 1st, and we'll be examining differential between rural and urban life expectancy and mortality at that meeting. The meetings are always open to the public. Anyone is welcome to attend and can make comments during the meetings.

Kristine: All right. Well, I am not seeing any questions. Was there anything else either of our speakers would like to add before we wrap up, I guess?

Governor: Thank you, Kristine, for hosting the Advisory Committee's webinar, and thanks to Roland for his presentation which was terrific.

Roland: Sometimes I speak very, very fast. I hope everybody followed me.

Governor: Okay.

Kristine: All right. Thanks to both of you and thanks to all of our participants today. There will be a survey e-mailed out after today's webinar, and we would encourage everybody to fill out that survey and give us your feedback on today's webinar, as well as your ideas for what sort of webinar you'd like to hear from RAC in the future. Once again, if you want the slides from today's webinar, those are available at raconline.org/webinar. A recording and a transcript of today's webinar will be made available on the RAC website. When those are available we'll send a notice to you by e-mail as well so that you can listen again if you want or you can share that presentation with your colleagues.

Thank you to everyone for joining us today and have a great day.

Roland: Individuals and families experiencing homelessness in rural America are more likely to be doubled with friends and family because again, although - and I think it's more and more you see it in the South, you may have multiple people living in a household and they don't consider themselves homeless because they are living with relatives and friends, and that does make a difference. Substandard housing, individuals and families experiencing homelessness in cities also, but in rural communities, I think it's more - you identify more because you find that most of the families will have multiple families living there and they don't consider themselves as being homeless.

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Thank you to everyone for joining us today, and have a great day.

Roland: Thank you.