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Your *First STOP* for
Rural Health
INFORMATION



Introducing the Social Determinants of Health in Rural Communities Toolkit

Housekeeping

- Q & A to follow – Submit questions using Q&A area
- Slides are available at www.ruralhealthinfo.org/webinars/sdoh-toolkit
- Technical difficulties please visit the Zoom Help Center at support.zoom.us

Featured Speakers



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Rural Social Determinants of Health Toolkit



August 19, 2020

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NORC Walsh Center for Rural Health Analysis

Rural Health Outreach Tracking and Evaluation Program

- Funded by the Federal Office of Rural Health Policy (FORHP)
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 - Carrie Henning-Smith, PhD, MSW, MPH
- National Organization of State Offices of Rural Health
- National Rural Health Association

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Rural Evidence-Based Toolkits

1. Identify

evidence-based and promising community health programs in rural communities

2. Study

experiences of these programs including facilitators of their success

3. Disseminate

lessons learned through Evidence-Based Toolkits



Rural Health Information Hub: <https://www.ruralhealthinfo.org/>

Evidence-Based Toolkit on Social Determinants of Health

- SDOH that impact health and well-being include:
 - Racism and discrimination
 - Income and poverty
 - Housing quality and affordability
 - Access to transportation
 - Education
 - Access to healthcare services
 - Employment and financial opportunities
 - Social support
 - Availability of safe streets and green space
 - Access to nutritious foods
- The toolkit helps disseminate promising practices/resources.



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Rural Social Determinants of Health Toolkit

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IN THIS TOOLKIT Modules

- 1: Introduction
- 2: Program Models
- 3: Program Clearinghouse
- 4: Implementation
- 5: Evaluation
- 6: Sustainability
- 7: Dissemination
- About This Toolkit

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> Social Determinants of Health in Rural Communities Toolkit

Social Determinants of Health in Rural Communities Toolkit

Welcome to the Social Determinants of Health in Rural Communities Toolkit. This toolkit compiles evidence-based and promising models and resources to support organizations implementing programs to address social determinants of health in rural communities across the United States.

This toolkit will supplement and expand on previous work in this area including the RHIhub [Social Determinants of Health for Rural People](#) topic guide, and several RHIhub evidence-based toolkits for rural community health:

- [Care Coordination Toolkit](#)

RHIhub This Week

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RELATED RHIhub CONTENT

- [Social Determinants of Health for Rural People Topic Guide](#) - Information, resources, and frequently asked questions regarding health inequities that rural residents experience, related to a variety of factors that make up the social determinants of health.

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Organization of the Toolkit

↓ IN THIS TOOLKIT Modules

- 1: Introduction
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In this module:

- [Improving Economic Stability](#)
- [Improving Education](#)
- [Improving the Social and Community Context](#)
- [Improving Health and Healthcare](#)
- [Improving Neighborhoods and the Built Environment](#)

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Improving Economic Stability

- Economic stability is related to employment status and the ability to earn a reliable and livable income, which allows people to access resources essential to life.
- Types of models for improving economic stability include:
 1. Economic Development
 2. Workforce Development and Human Capital
 3. Individual Asset Building Approaches
 4. Approaches for Improving Housing Affordability
 5. Services Integration and Multigenerational Approaches



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Improving Education



- Early and continued education of a child can have a positive impact on his or her health and well-being later in life.
- Types of models for improving educational attainment, language development, and literacy to address SDOH include:
 1. Early Childhood Education
 2. High School Completion Programs
 3. Out-of-School-Time Academic Programs
 4. Community Schools
 5. College Access Programs

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Improving Social and Community Context

- Social and community context includes the relationships formed between neighbors and their social and civic connections.



- Models for improving the social and community context include:
 1. Asset-Based Community Approaches
 2. Incarceration Prevention and Community Reintegration
 3. Food System Approaches to Address Food Insecurity

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Improving Health and Healthcare

- SDOH shape the ability of rural residents to live healthy lives and access necessary care.
- Models for improving health and healthcare include:
 1. Interdisciplinary Care Teams, Patient Navigators, and Community Health Workers
 2. Medical-Legal Partnerships
 3. School-Based Health Centers
 4. Approaches to Improve Remote Access to Healthcare



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Improving Neighborhoods and the Built Environment

- Sidewalks, bike lanes, walking trails, and green space can improve physical activity and promote healthier living.
- A lack of accessibility in community spaces can limit access for older populations and people with disabilities.



- Models for improving neighborhoods and the built environment include:
 1. Housing Quality Approaches
 2. Health in All Policies Approaches
 3. Transportation Models
 4. Smart Growth Models
 5. Environmental Quality Models

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Considerations for Rural SDOH Programs

- Getting familiar with the language of SDOH
 - Health disparities, health inequity, root causes
- Understanding how specific rural populations may be affected by SDOH
 - Intersecting challenges related to race, gender identity, disability status, socioeconomic status, language abilities, age, and other factors
 - Historical trauma and adverse childhood experiences

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Contact Information

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Promoting affordable home ownership through the creation of resident-owned, manufactured housing cooperatives



OUR VISION

Manufactured housing park residents in Oregon achieve long-term security and build assets through the creation of resident-owned communities (ROCs).

"It feels great to be able to walk on this ground and say 'this is mine, it's mine for the rest of my life.'" - Elias Montemajor, Horizon Homeowners Coop



HOMES PRESERVED

CASA of Oregon has converted **17** parks to resident-ownership, representing **1,036** households, with another **7** parks and **336** households in progress



THE COOPERATIVE MODEL

- Membership is limited to park residents - one membership per household
- Members must own, not rent, their homes
- Members control the monthly rent
- Members share equally in the decision-making
- The park is owned *collectively* by the cooperative
- The cooperative holds the mortgage and is responsible for paying debt service and operating expenses
- The elected Board of Directors manages the day-to-day operations of the cooperative



BENEFITS TO HOMEOWNERS

- Long-term security & stabilized lot rents (current range is \$250-\$605 a month)
- Wealth-building through homeownership and asset appreciation
- Democratic control of park operations, community rules and park maintenance
- Health and safety improvements to park infrastructure
- Civic engagement
- Leadership skills development



WHAT MAKES A SUCCESSFUL RESIDENT PURCHASE?

REQUIRED

- Willing seller & willing residents
- Available financing
- Purchase is affordable, as reflected in the required rent increase

PREFERRED

- Ability to complete the deal in a reasonable amount of time (under 6 months)
- Low vacancy rate
- Few to no RVs
- Seller is able to benefit from the state capital gains tax exemption
- Few infrastructure improvement necessary (or significant grants available for capital improvements)



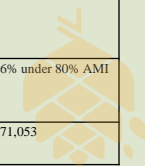
TYPES OF FINANCING NEEDED

- Pre-development loans
- Permanent loans with and without tax credit subsidies
 - First and second position financing
 - Covers infrastructure improvements
- State, city or county subsidy
- Park income for ongoing operations (may require a rent increase).



PRESERVATION STATISTICS

	Horizon Homeowners Coop	Green Pastures Senior Coop	Saunders Creek Homeowners Coop	Vida Lea Community Coop	Clackamas River Village Coop
Location	McMinnville, OR	Redmond, OR	Gold Beach, OR	Leaburg, OR	Clackamas, OR
Purchase Price	\$1,200,000	\$1,400,000	\$900,000	\$1,275,000	\$5,000,000
Capital Improvements	\$550,000	\$50,000	\$380,000	\$350,000	\$117,000
Community Type	Non-rural, Family, Ag worker	Non-rural, Senior	Rural, Family (predominately Senior)	Rural, Senior	Non-rural, Family
Number of Spaces	30	51	43	33	76
Lenders	CASA-\$750k Shorebank-\$621k OHCS - \$600k 7-year Refinance; NOAH - \$1.1mm CASA - \$100k	NOAH-\$1.05mm CASA-\$463k OHCS-\$100k	CASA-\$500k RCAC-\$265k OHCS-\$600k	NOAH-\$530k CASA-\$435k OHCS-\$600k	ROC Capital-\$5.4mm
Annual Incomes	81% under 40% AMI	83% under 60% AMI	80% under 80% AMI	98% under 80% AMI	66% under 80% AMI
Preservation price per space	\$65,700	\$31,627	\$31,744	\$47,424	\$71,053



PRESERVATION STATISTICS

	West-Side Pines Coop	Bella Vista Estates Coop	Umpqua Ranch Coop	Dexter Oaks Coop
Location	Bend, OR	Boardman, OR	Idleyld Park, Or	Dexter, OR
Purchase Price	\$3,650,000	\$3,150,000	\$2,900,000	\$1,300,000
Capital Improvements	\$63,000	\$118,000	\$2,000,000	\$16,000
Community Type	Non-rural, Family	Rural, Family, Ag worker	Rural, Family	Rural, Family
Number of Spaces	71	127	110	39
Lenders	NOAH-\$2.6mm CASA-\$639k OHCS-\$600k City of Bend-\$200k	Banner Bank-\$2.3mm RCAC-\$750k, CASA-\$500k	Banner Bank-\$2.52mm OHCS-\$2.5mm CASA-\$225k	OHCS-\$1.56mm CASA-\$175k
Annual Incomes	65% under 80% AMI	79% under 80% AMI	65% under 80% AMI	60% under 80% AMI
Preservation price per space	\$56,887	\$27,952	\$47,500	\$44,487

PRESERVATION STATISTICS

	Two Rivers Homeowners' Cooperative	Shoreview Meadows Cooperative	Colorado Lake Cooperative	Elk Meadow Cooperative
Location	Gladstone Clackamas 2017 (permanent loan in process)	Cottage Grove Lane 2017	Corvallis Benton 2017	Warrenton Clatsop 2018
Purchase Price	\$8,750,000	\$1,350,000	\$2,100,000	\$1,700,000
Capital Improvements	\$2,669,024	\$80,000	\$0	\$521,300
Community Type	Non rural, Senior	Rural, Family	Rural, Senior	Rural, Senior
Number of Spaces	142	23	45	37
Lenders	Permanent Fin OHCS GHAP Grant: \$4.97M CASA: \$375K NOAH OAHTC: \$7.2M	NOAH OAHTC: \$902k OHCS GHAP Grant: \$805k	REFINANCE NOAH: \$1.9M CASA: \$200k	OHCS GHAP Grant: \$1.295M CASA: \$385K NOAH OAHTC: \$1M
Annual Incomes	65% under 80% AMI	50% Under 50% AMI 7% Under 35% AMI	70% under 80% AMI	70% under 80% AMI
Preservation price per space	\$61,620	\$58,696	\$46,667	\$45,946

PRESERVATION STATISTICS

	Deer River Cooperative	Mountain View Cooperative	Rosewood Homeowners Cooperative	Hilltop Ranchito Cooperative
Location	Clatskanie Columbia 2019	Estacada Clackamas 2019	Winston Douglas 2020	Portland Multnomah 2020
Purchase Price	\$1,700,000	\$3,000,000	\$6,500,000	\$2,665,000
Capital Improvements	\$150,000	\$950,000	\$75,000	\$0
Community Type	Rural, Family	Rural, Family	Rural, Family	Non-rural, Family
Number of Spaces	39	42	101	28
Lenders	OHCS GHAP Grant: \$1.365M CASA: \$250k Banner OAHTC: \$1M	OHCS GHAP Grant: \$1.89M CASA: \$662,854 Banner OAHTC: \$1.77M	OHCS GHAP \$3,535,000 CASA: \$689,040 Banner OAHTC: \$2,900,000	OHCS GHAP: \$1,260,000 CASA: \$230,000 NOAH OAHTC: \$1,175,000
Annual Incomes	60% under 80% AMI	60% under 80% AMI	60% under 80% AMI	71% under 40% AMI 78% under 60% AMI
Preservation price per space	\$43,590	\$71,429	\$64,356	\$95,179

PRESERVATION STATISTICS

2008-2020

\$24.9 million in Oregon Affordable Housing Tax Credits for resident-owned cooperatives = \$24,035/space

\$15.09 million in OHCS Grants for resident-owned cooperatives = \$14,565/space

Preservation of 1,036 manufactured housing spaces = \$38,600/space in OHCS investment for MH Homeownership

CASA's Community Impact Capital has provided over \$6.5 million in secondary park purchase financing and over \$950,000 in pre-development financing

REPLACEMENT OF HOMES

- **Demographics of the Coop Members**
- **Financing Opportunities**
- **Coordination with Cooperative Board**



REPLACEMENT OF HOMES

- **Why**
 - Many homes in poor condition and the units are a drain on the grid
 - Residents are low income
 - Available financing
 - Chattle
 - Manufacturer Lending
 - Cash



REPLACEMENT OF HOMES CONT.

- Partners
 - OHCS
 - Meyer Memorial Trust
 - Energy Trust of Oregon
 - Craft3
 - CAP agencies
 - NOAH



REPLACEMENT OF HOMES CONT.

- **Current Challenges and Opportunities**

Thank you

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COPE Navajo FVRx Program

(FRUIT AND VEGETABLE PRESCRIPTION PROGRAM)

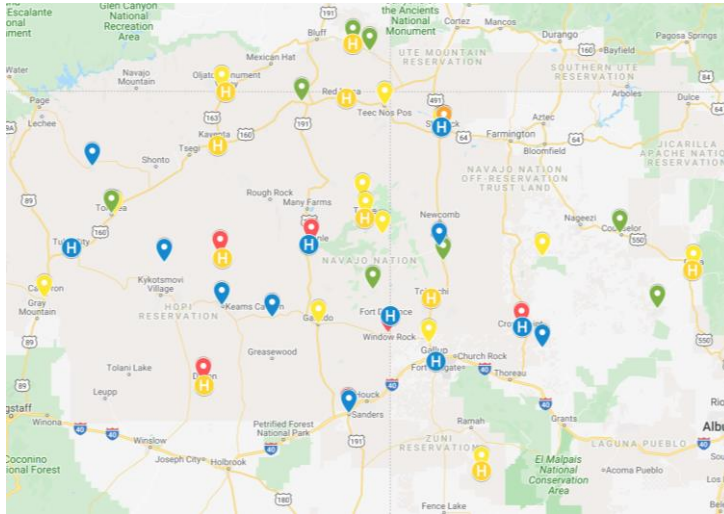
COPE Program

Community Outreach and Patient Empowerment (COPE) Program is a non-profit organization based in Gallup, N.M that has worked to reduce health disparities on the Navajo reservation since 2009.

Program Initiatives:

- Healthy Navajo Stores Initiative
- Cancer Program
- Fruit & Vegetable Prescription Program
- Monitoring and Research Evaluation
- Youth Program
- Training & Outreach
- Grower's Initiative





Navajo Reservation

Spans across 3 states, (AZ, NM, UT)

Land base of 27,000 square miles

There are fewer than 15 grocery stores on the Navajo Nation

Families often travel an hour or more to the nearest grocery store. (Most often it is off the reservation.)

Families living on the reservation face food insecurity rates 5x the national average

Healthy Food Access

- Why is it important?
- Prevalence of Diabetes among AI/AN women are relatively higher compared to other populations.
- 31.2% of AI/AN four year olds are currently obese, which is a rate higher than any other racial or ethnic group studied.
- People living in areas where there is availability of fresh produce have better health outcomes and a decrease in diet related diseases
- Concept of Food is Medicine



Navajo FVRx Program

Mission

- We believe that the power to overturn long-standing, historical health inequalities lies inherently in Native communities themselves. By investing in existing community resources and aligning our work with the vision of tribal leadership, we hope to help catalyze this transformation within our lifetime.

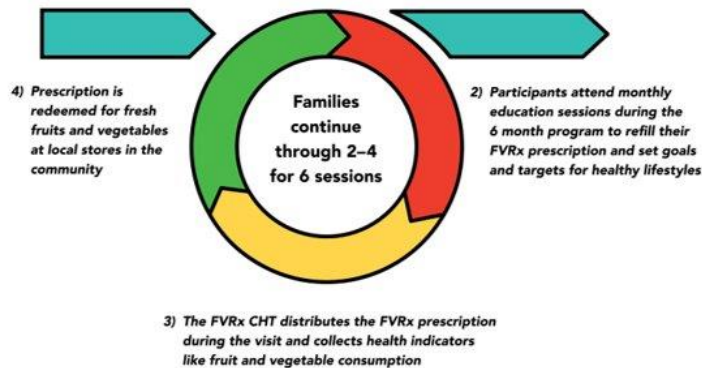
Goals

- Increase access to healthy foods among Navajo families;
- Increase consumption of healthy and locally grown fruits and vegetables;
- Improve health outcomes in people affected by diet related diseases; and
- Stimulate the economy and promote local sales of healthy foods on Navajo Nation



1) Families from households with a pregnant woman an/or children up to age 5 are enrolled by the FVRx Community Health Team (CHT) as FVRx Participants

5) Families show increase in healthy habits and decrease in chronic disease



FVRX Participant Process

Navajo FVRx Program Enrollment

Maternal Cohort

- 9-month Session
- Prenatal mothers and post-partum up to 2 years

Pediatric Cohort

- 6-Month Session
- Children 0-5 years of age

Nutrition Education



📁 Delivery Method

- 📁 Group sessions (popular)
- 📁 1:1 visits – home/clinic (CHR)

📁 Education/Curriculum Resources

📁 COPE curriculums encourages using an evidence- or practice-based pedagogy

📁 Happy Homes

- 📁 Comprehensive childhood obesity prevention for ages 3-6

📁 Healthy Moms, Happy Babies

📁 Color Me Healthy

📁 Family Spirit

📁 Pregnancy/ Breastfeeding flipcharts

📁 Other/ team's choice

Voucher Redemption

Families receive vouchers dependent on household size.

- A Family of 2 receives 2 voucher booklets per month
- The maximum amount of vouchers a family can receive is \$112 per month. (4 Booklets)

Vouchers are redeemed with local retailers on the reservation.

- Fresh or Frozen produce with no additives
- Traditional food items



Voucher redemption is extended to local growers in the community.

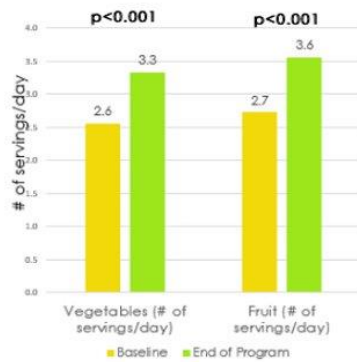
- Participating clinics have expressed interest in partnering with our local growers.

Baseline Statistics

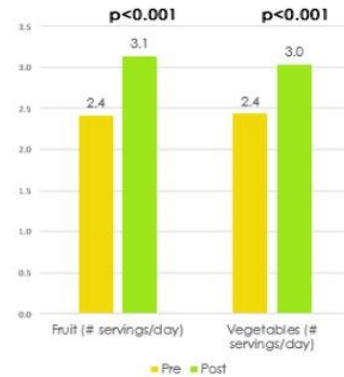
Pediatric Cohort		N=243
Gender (N=119)		
Male		59(49%)
Female		60(50%)
Average Age		3.8 (STD:1.8)
Maternal Cohort		N=246
Average age		28 years
Diabetes Status		
Type II Diabetes (23%)		12
Gestational Diabetes		22 (11%)
Diabetes not Specified		60 (30%)
No Diabetes		90 (48%)

Results (Changes in Fruit and Vegetable Consumption)

Pediatric Cohort (N=122)



Maternal cohort (N=82)



Challenges Specific to Navajo FVRx

Technology

- Limited access to internet connectivity
- Access to Cellular connection is limited

Multi-regional Programming

- Funding is specific to regions.

Data Collection

- Store level data is not readily accessible
- Clinic level data is delayed

Partnerships

Clinic Level

- Commitment to quality of care for their patients
- Dedication to improving the health outcomes for the Navajo people

Store Level

- Involvement in community initiatives
- Collaboration with Clinical provider.

COPE Team

- Commitment to serving the Navajo people

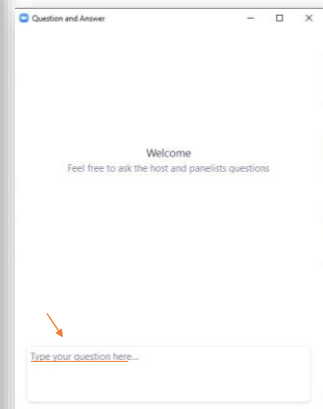
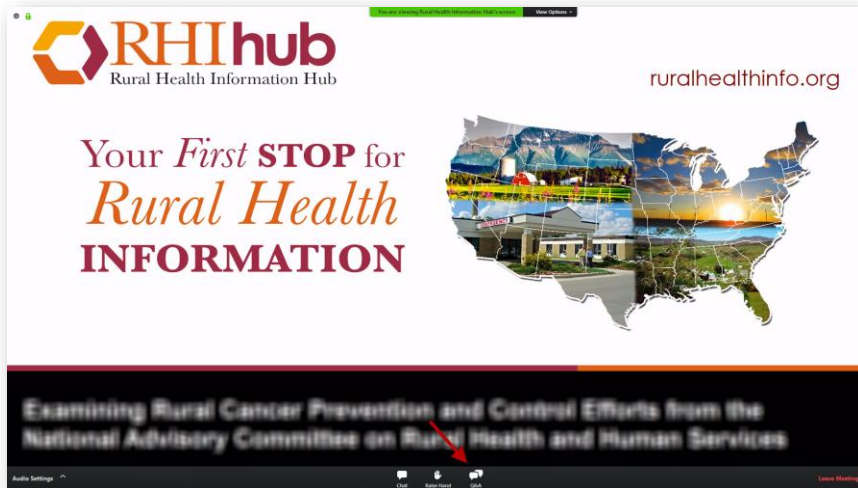


Thank You!

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Questions?



Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website