

ABSTRACT: 2015 ELAM Institutional Action Project Poster Symposium

Project Title: Creating a Center to Reduce Urban and Rural Health Disparities: Lessons from Existing Centers of Excellence

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Purpose/Objectives: More than 2.9 million persons reside in Kansas and 84% of Kansas' 105 counties are densely-settled rural or frontier (i.e., 20-39 persons per square mile or fewer than 6 persons per square mile, respectively). Health disparities exist among both rural and urban residents. Specifically, age-adjusted rates of morbidity and mortality from cardiovascular disease are significantly higher among rural versus urban counties. Specific to race/ethnicity, African Americans comprise only 6% of the population of Kansas but rates of black infant mortality are among the highest in the nation particularly among urban zip codes. Risk factors for chronic disease include obesity, tobacco use, and physical inactivity. Among Kansas adults 18 years and older, nearly 30% of are obese, 20% are current smokers, and only 16.5% meet the recommended guidelines for physical activity. Those least likely to meet the recommended guidelines for physical activity are residents of rural and frontier counties. Collaborations in teaching, research, and service are needed to address these health disparities to improve the health of Kansans. The long-term goal is to establish a University of Kansas Center to Reduce Urban and Rural Health Disparities. The short-term goal is to conduct an inventory of current centers in the US that seek to reduce health disparities.

Methods/Approach: We conducted an online search for NIH funded Centers. Among the Centers, we targeted those with a focus on rural health, minority health, and/or cardiovascular disease. Emails were sent to Center directors introducing the ELAM fellow and briefly explaining the program and the goals of the Institutional Action Project. Forty-five minute phone interviews were scheduled with each director who responded to the email. Prior to the interviews, we developed an interview guide that assessed the Center's history including the approach to identifying a need; engaging stakeholders; and designing the business and organizational model. We reviewed the data for characteristics of the Centers and we analyzed the qualitative data using the grounded theory approach. We received IRB approval to conduct this work.

Outcomes and Evaluation Strategy: We identified 73 Centers and distributed emails to directors of Centers that focused on rural health, minority health, and/or cardiovascular disease (N = 37); among the 37, 12 directors responded. Two directors declined (one for time constraints and one because the Center no longer existed). We completed 10 interviews with Center directors. Geographically, 3 Centers were located in the Northeast, 1 in the West, 3 in the Midwest, and 3 in the Southeast. Common themes that emerged from the interviews included the following;

- Value of institutional support, both moral and financial
- Need for a critical mass of NIH funding to prepare for the Center
- Strong ties to the community with a track record of working relationships and research funding specific to a given population and/or a content area
- Well-defined cores that address key components to achieve the mission of the Center
- Well-trained staff to handle day to day activities and communication strategies.
- Imperative to have a diverse portfolio of funding and partnerships with additional schools for sustainability

CREATING A CENTER TO REDUCE URBAN AND RURAL HEALTH DISPARITIES: LESSONS FROM EXISTING CENTERS OF EXCELLENCE

Tracie C. Collins, MD, MPH, Chair, Department of Preventive Medicine and Public Health
Robert Simari, MD Executive Dean University of Kansas School of Medicine

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Presented at the 2015 ELAM® Leaders Forum

BACKGROUND

- More than 2.9 million persons reside in Kansas and 84% of Kansas' 105 counties are densely-settled rural or frontier – (i.e., 20-39 persons per square mile or fewer than 6 persons per square mile, respectively).
- Health disparities exist among both rural and urban residents.
- Age-adjusted rates of morbidity and mortality from coronary heart disease are significantly higher among rural versus urban counties.
- Specific to race/ethnicity, African Americans comprise only 6% of the population of Kansas but rates of black infant mortality are among the highest in the nation particularly among urban zip codes.
- Collaborations in teaching, research, and service are needed to address these health disparities to improve the health of Kansans.

OBJECTIVES

- The long-term goal is to establish a University of Kansas Center to Reduce Urban and Rural Health Disparities.
- The short-term goal is to conduct an inventory of current centers in the US that seek to reduce health disparities

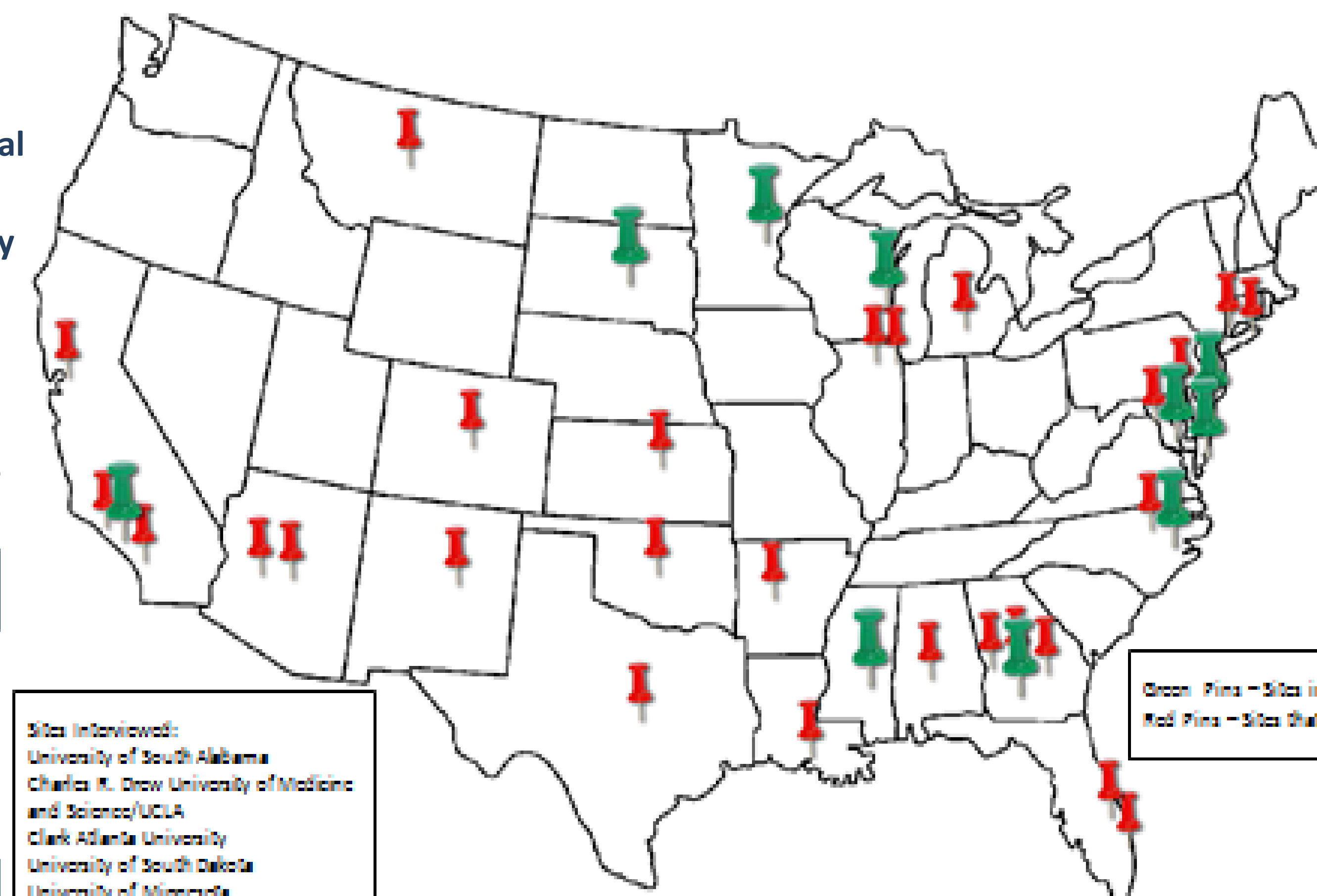
METHODS

- We conducted an online search for NIH funded Centers.
- Among the Centers, we targeted those with a focus on rural health, minority health, and/or cardiovascular disease.
- Emails were sent to Center directors.
- Prior to the interviews, we developed an interview guide to assess the Center's history.
- We reviewed the data for characteristics of the Centers and we analyzed the qualitative data using the grounded theory approach.
- We received IRB approval to conduct this work.

RESULTS

- We distributed emails to directors of Centers that focused on rural or minority health, and/or cardiovascular disease (N = 37) and 10 were interviewed

GEOGRAPHIC LOCATION OF EACH CENTER



Sites Interviewed:
University of South Alabama
Charles R. Drew University of Medicine and Science/UCLA
Clark Atlanta University
University of South Dakota
University of Minnesota
Albert Einstein College of Medicine
Wake Forest University Health Sciences
University of Wisconsin
Johns Hopkins Medical Institutions

Green Pins - Sites interviewed
Red Pins - Sites that declined

CONCLUSIONS

- Developing a center to address rural and urban health disparities will require the following:
 - Institutional support
 - Engagement and support of community members and other stakeholders
 - Critical mass of NIH funding (with a focus of minority health, rural health and CV disease)
 - Funding portfolio that includes non-NIH dollars
 - Planning meetings; create opportunities for stakeholders to present their current work and new ideas (e.g., symposium)