AMERICAN PSYCHOLOGICAL ASSOCIATION
Practice Directorate • Office of Rural Health

Caring for the Rural Community

2000-2001 REPORT

THE RURAL HEALTH INITIATIVE of the American Psychological Association (APA) encompasses the work of the APA Committee on Rural Health and the efforts of the APA Office of Rural Health working with partners at the state and federal level. The objective of the initiative is to help ensure that the behavioral healthcare needs of rural and frontier Americans are met.

The initiative derives from a Board and an APA Presidential initiative that began in 1992 with a Task Force on Rural Health that the Association formed into an eight member Committee on Rural Health in 1996 to sustain the work of the Task Force and continue to meet the need for behavioral healthcare of rural residents. The mission of the Committee is to address the full breadth of issues affecting the health of citizens living in rural and frontier America. Each year the Committee on Rural Health meets in March and September to plan, develop, and conduct projects that serve the needs of rural consumers.

Executive Summary

The APA has identified rural health as a priority and has developed an Office of Rural Health and an APA Committee on Rural Health. The objective of the APA Rural Health Initiative is to ensure that the behavioral healthcare needs of rural and frontier Americans are met.

During 2000 and 2001, the Rural Health Initiative continued to achieve significant progress in advancing its mission. Some of the most significant achievements include development of the *Interdisciplinary Handbook;* completion of a report, "The Behavioral Healthcare Needs of Rural Women;" encouragement of psychologists to serve in Mental Health Professional Areas through the federal Loan Repayment program; promoting the integration of mental and behavioral healthcare in rural primary care settings; conducting Rural Health Forums at APA conventions; collaboration with the National Rural Health Association, the federal Office of Rural Health Policy, and the National Institute of Mental Health; assistance with the APA Ethics Code Revision; and promotion of prescriptive authority for psychologists to increase the availability of the full range of treatment modalities for the behavioral health of rural residents.

In future years, the Initiative will continue to serve the needs of patients and members in rural areas. Close relationships will be maintained with State and Provincial Associations as well as with APA Divisions with an interest in rural health. The initiative will assist the Association in addressing key areas in order to ensure that the highest-quality behavioral healthcare is available to rural and frontier citizens. Efforts to be undertaken include legislative advocacy to ensure availability of mental and behavioral healthcare for rural citizens and parity of this care with physical health services, continuation of efforts to gain prescriptive authority, promotion of telehealth systems to increase access, development of rural psychology training with an emphasis on distance education, addressing the problem of rural suicide, improving reimbursement for rural psychological services, and continuing to promote interdisciplinary collaboration for the delivery of healthcare to rural and frontier citizens.

Preface

The APA has identified rural health as a priority. Through the establishment of the Office of Rural Health (ORH) and the Committee on Rural Health (CRH), the APA has committed resources to addressing the behavioral healthcare needs of individuals residing in rural and frontier areas. In almost all rural and frontier areas, healthcare practitioners, services, and infrastructure are in short supply. The population is small and is disproportionately older. These areas have low household incomes, relatively high unemployment rates and high poverty rates. Unfortunately, they also have a high proportion of the population that lacks health insurance or has inadequate coverage. Providing behavioral healthcare services to rural residents is further complicated by the presence of "stigma" (reluctance to seek treatment for mental and behavioral health problems).

Members of the CRH and staff members of the ORH work in conjunction with State Psychological Associations, Federal and State Agencies, National Organizations with an interest in rural populations, and the U.S. Congress and State Legislatures to advance the cause of improved behavioral healthcare for rural Americans. This is the second report of the ORH and covers the years 2000 and 2001. Because the APA has adopted a community-based approach to rural care, we have titled this report "Caring for the Rural Community."

In order to address the issue of "stigma," the APA approach to rural healthcare has always been an interdisciplinary, collaborative one. This is an integrated approach where psychologists work with primary and specialty physicians, nurses, social workers, and other health practitioners present in the rural community. The interdisciplinary collaborative model is often embedded in a primary care or another organized setting so that the patient is perceived as seeking healthcare in general, not just mental healthcare. In addition, the APA approach to rural health has always emphasized cultural competence — a set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This requires a willingness and an ability to draw on community-based values, traditions, and customs to work with persons of and from the community in developing interventions, support groups, outreach efforts, etc.

The importance of interdisciplinary collaborative care relationships as psychologists team with other healthcare practitioners present in rural and frontier areas is highlighted in *Behavioral Healthcare in Rural & Frontier Areas: An Interdisciplinary Handbook.* APA Books will publish this important addition to the rural interdisciplinary literature (described later in this report) in early 2002.

The CRH, working in conjunction with the APA Committee for the Advancement of Professional Practice (CAPP), recognizes that rural America offers the opportunity for innovation and creativity in the delivery of behavioral healthcare services. Both committees collaborate to focus attention on the unique needs of rural populations; address special issues in training, access, and service delivery; and discover valuable contributions psychologists can make to meet these needs and deal with the issues. This includes bringing psychological expertise to people through the use of telehealth, treating mental and behavioral health problems collaboratively with other providers, and developing efforts to improve and coordinate rural mental and behavioral health services. Psychology will continue to bring its science and practice to bear on improving rural healthcare.

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Highlights

Rural Health Initiative Highlights and Description of Projects

During the years 2000 and 2001, the APA Rural Health Initiative continued to achieve significant progress in advancing its mission. Descriptions of some of the most significant achievements are described below:

■ *Behavioral Healthcare in Rural & Frontier Areas: An Interdisciplinary Handbook*
The amount of published material on the subject of interdisciplinary collaboration to provide behavioral healthcare in rural areas is quite limited. The APA Committee on Rural Health, with the cooperation and contribution of numerous experts in the field of rural behavioral health, has developed a handbook to facilitate rural interdisciplinary collaboration to provide behavioral healthcare services to rural and frontier residents.

About 20% of the people of the U.S. live in rural areas, which are usually Mental Health Professional Shortage Areas (MHPSAs). Across the 3075 counties of the country, 55% have no practicing psychologists, psychiatrists, or social workers. Less than 20% of the psychotropic medications prescribed in the U.S. are prescribed by practitioners with mental health training.

Women, children, Native Americans, and migrant and seasonal farm workers are at particular risk for physical and mental health problems. Among migrant farm worker children 8 to 11 years old, the risks are 6 to 8 times greater than their peers.

In rural and frontier family practice clinics, between 50 and 70% of the patients present with symptoms that are complicated by or due entirely to behavioral health problems. In spite of the need, less than 10% of the healthcare training programs in the U.S. provide training in interdisciplinary collaborative healthcare.

The *Handbook* will consist of 4 sections. Throughout the text the concept of cultural competence is stressed so that both the rural and dominant ethnic minority culture in the community are addressed. The first section focuses on the Rural Community and will cover an historical overview followed by a chapter on community needs assessment, including operational and advocacy issues and possible sources and methodology to seek funding. The second looks at Service Delivery Issues such as developing interdisciplinary teams, rural social service systems, behavioral healthcare systems, telehealth, and the rural imperative for prescriptive authority by non-physician practitioners. Section three covers Health Risks and Protective Factors that include community paradigms about promotion of good health behaviors (e.g., nutrition, smoking cessation, exercise, prenatal care, vaccinations, substance abuse prevention, etc.) as well as public health challenges to good health. The section also discusses risks and clinical and public policy associated with poverty and under-resourced families and communities. The fourth section addresses Special Constituencies. This includes women, children, geriatric patients, persons with serious mental illness, correctional populations, and ethnic minority groups.

Each of the chapters in the *Handbook* will have a "Field-Specific Commentary" focused on putting information to work in communities. This innovative feature has field-specific commentaries written by teachers from various rural healthcare fields that offer pragmatic starting points for readers to make changes in their health service provision areas.

■ Behavioral Healthcare Needs of Rural Women

In September 2000, the American Psychological Association and the National Rural Health Association co-sponsored a Congressional Breakfast Briefing to release an important new report, developed by a working group of the APA Committee on Rural Health, on the rural women in the U.S. and their behavioral healthcare needs. One in three American women lives in rural areas and their needs are too often overlooked. The report, “The Behavioral Healthcare Needs of Rural Women,” illustrates how health problems often attributed to urban environments, such as depression, stress-related disorders, and alcohol and spousal abuse, are as prevalent as or, in some cases, higher among rural women. This report and an executive summary of it can be down-loaded from the Office of Rural Health website, RuralPSYCH (http://www.apa.org/rural/). Yet, women in rural areas lack the mental health services needed to treat them. This effort represents the first authoritative analysis of the 100 studies that document the physical and mental health concerns of rural women.

In order to alleviate the problems identified in the report, the APA is seeking ways to get qualified mental health practitioners into rural areas to foster better cooperative relationships between primary and mental healthcare workers and to obtain parity for mental health services from healthcare companies. Among ways that this can be accomplished is for the U.S. Congress to pass reauthorization of the National Health Service Corps, which pays the educational loans of psychologists who work in underserved rural communities. The Congress could also pass a Patient's Bill of Rights and strengthened Mental Health Parity Legislation.

■ National Health Service Corps Loan Repayment

The staff of the Office of Rural Health has worked closely with the APA Public Policy Office to promote participation by psychologists in the Loan Repayment Program of the National Health

Service Corps. This program makes behavioral healthcare delivered by psychologists in primary care settings available to residents of MHPSAs. Over 70% of MHPSAs are in rural areas (the remainder are in inner cities). During 1999 and 2000, more than 80 psychologists were recipients of Loan Repayment and delivered behavioral healthcare to underserved populations.

■ Integration of Mental and Behavioral Healthcare in Rural Primary Care Settings
The mechanisms for the integration of mental and behavioral healthcare in rural primary care settings have been explored with the federal Bureau of Primary Health Care. Consultations have also been held with the National Association of Rural Health Clinics. The initiative's goal is to include behavioral healthcare in primary care so that its availability is assured with the same certainty that has been accepted for primary care.

■ Rural Health Forums at APA Conventions
A Rural Health Forum was conducted at the APA Annual Convention in Washington, DC, in 2000. In 2001, another Forum will be held at the APA Annual Convention in San Francisco. The purpose of these forums is to present the accomplishments of the past year, plans for the current year, and to elicit suggestions from APA members with an interest in rural health for projects to be conducted in the following year.

■ National Rural Health Association
The American Psychological Association is a co-sponsor of the annual meeting of the National Rural Health Association and served on the Planning Committee for the 2000 and 2001 meetings. The Director of the APA Office of Rural Health has been instrumental in developing and securing formal approval of an NRHA issue paper on "Mental Health in Rural America." In addition, he serves as the APA member of the committee, has been instrumental in increasing the meeting's focus on behavioral health, and has increased participation by psychologists in the meeting's program. Finally, the APA Office of Rural Health has had a very successful exhibit at the 2000 meeting in New Orleans, LA, and the 2001 meeting in Dallas, TX.

■ APA Ethics Code Revision
The Committee on Rural Health's members examined and commented on the implications the APA Ethics Code Revision would have on rural areas to ensure that unique rural concerns (e.g., dual relationships, confidentiality, barter, etc.) were taken into account.

■ Rural Mental and Behavioral Health: Policy and Action Agenda
The APA Office of Rural Health was an active participant in the development of this agenda for the federal Office of Rural Health Policy. The document provides the agency with an understanding of policy strategies that work well for rural mental and behavioral healthcare and also identifies those that are harmful (e.g., decreased reimbursement for rural practice). In addition, specific action items were identified for a rural mental and behavioral health action agenda.

■ Office of Rural Mental Health Research, National Institute of Mental Health
The APA Office of Rural Health was an active participant in a meeting in 2000 to identify a rural mental health services research agenda for the National Institute of Mental Health.

■ Rural Prescriptive Authority
To increase the availability of the full range of treatment modalities for the behavioral healthcare needs of rural residents, APA has adopted a priority to expand the role of properly trained psychologists in rural and frontier areas to include prescriptive authority. This has been the subject of efforts in some, mostly rural, states. At this time, the Territory of Guam is the only U.S. jurisdiction to legislate this authority, but efforts to achieve this in many states, primarily those with rural underserved populations, will continue.

The Future

In future years, the APA Rural Health Initiative will continue to serve the needs of patients and members in rural areas. Close relationships with State and Provincial Psychological Associations will be maintained as well as with APA Divisions with an interest in rural health. Currently there are liaisons to the Office and Committee on Rural Health assigned from many APA Divisions and State Psychological Associations. The Office of Rural Health serves a consulting and support role to Divisions and Associations with an interest in rural matters. The initiative will assist the Association in addressing key areas in order to ensure that the highest-quality behavioral healthcare is available to all rural and frontier citizens. Examples of efforts to be undertaken in the future include:

- Continuation of legislative advocacy to ensure the availability of mental and behavioral healthcare for rural citizens and the parity of this care with physical health services.
- Continuation of efforts to support the APA initiative to gain prescriptive authority for psychologists to ensure that the full range of treatments is available to rural citizens.
- Promotion of telehealth systems to deliver care to rural citizens who otherwise have severely limited access and also to provide specialized consultation to rural providers and patients.
- Development of improved methods of rural training and the promotion of recruitment, retention, and distribution of psychologists in rural areas to ensure the adequacy of psychologists' supply to provide psychological services to rural residents.
- Development of Distance Education Models for rural training to enable rural residents to obtain professional mental and behavioral training regardless of where they are located. This is particularly important in remote rural and frontier areas.
- Demographic shifts, unfavorable weather conditions, and economic hardship have contributed to an increase in the prevalence of suicide in some rural areas. The APA Rural Initiative will explore new approaches that psychologists can use at the community level to alleviate the problem of rural suicide.
- Exploration of additional ways for psychologists to work and be reimbursed for psychological services provided in rural and frontier areas (e.g., consultation in Rural Health Clinics) and, thereby, increase psychological services to rural residents.
- Development of methodology to uncover the cost of delivering psychological services in rural and frontier areas for the purpose of eliminating the differential in reimbursement between rural and urban areas.
- Encouragement of interdisciplinary collaborative healthcare as the most effective and efficient use of limited rural healthcare resources and reduction of rural stigma by embedding mental and behavioral healthcare in primary care.

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APA Office of Rural Health

The Office of Rural Health supports the Committee on Rural Health and serves as liaison to and in advisory roles with government agencies and professional organizations. It also operates a website, titled RuralPSYCH, that serves as a resource center for rural behavioral healthcare professionals.

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