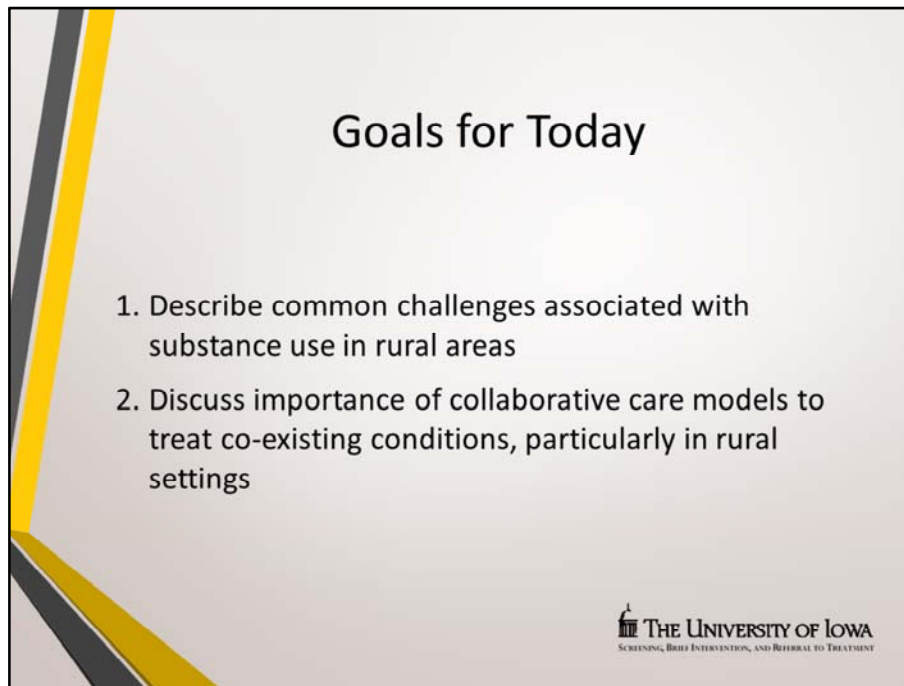


Welcome to our program about rural issues related to the use of SBIRT.



The slide features a light gray background with a decorative border on the left side consisting of diagonal stripes in yellow, gray, and black. The title 'Goals for Today' is centered at the top in a large, black, sans-serif font. Below the title, there is a numbered list of two items. The first item is '1. Describe common challenges associated with substance use in rural areas' and the second is '2. Discuss importance of collaborative care models to treat co-existing conditions, particularly in rural settings'. In the bottom right corner, there is a logo for 'THE UNIVERSITY OF IOWA' with the text 'SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT' underneath it.

## Goals for Today

1. Describe common challenges associated with substance use in rural areas
2. Discuss importance of collaborative care models to treat co-existing conditions, particularly in rural settings

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As shown on this slide, we have two main goals in this module.

**SBIRT in Rural Communities**

- **Obstacles** faced by healthcare providers AND patients in rural areas **are vastly different** than urban ones!
- Many factors create **healthcare disparities**:
  - ✓ Economic
  - ✓ Cultural and social differences
  - ✓ Low educational attainment
  - ✓ Lack of recognition by legislators/policymaker
  - ✓ Isolation of living in remote areas
  - ✓ Autonomous and independent temperament

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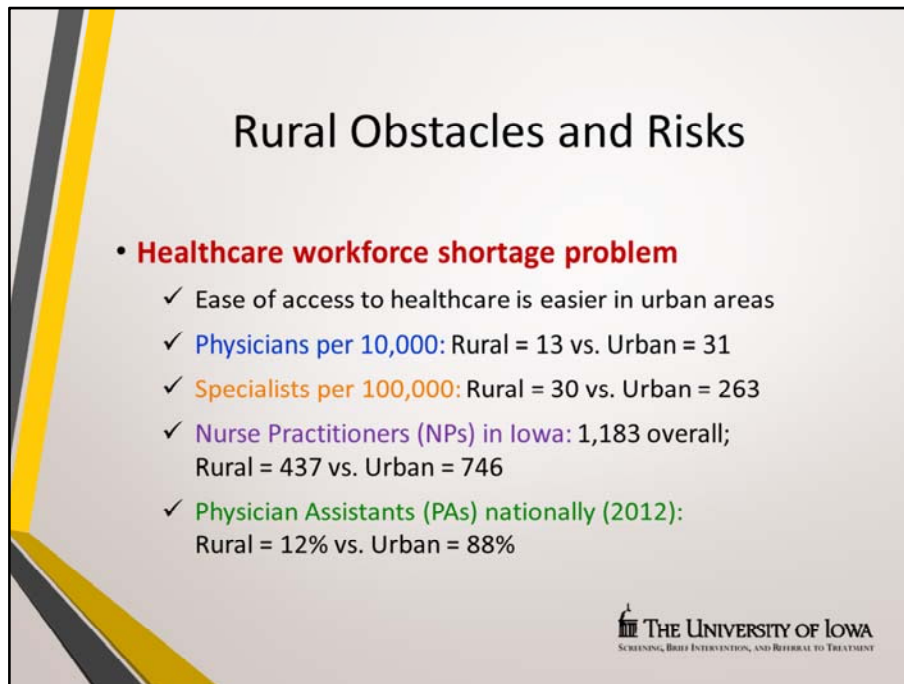
This is an important topic, particularly for University of Iowa students, because of the unique problems and issues faced by healthcare providers in rural areas.

The National Rural Health Association identifies a variety of obstacles to health care in rural settings. Let's think about a few of these before talking about implications for substance use identification and treatment.

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Reference:

National Rural Health Association. About Rural Health Care. Retrieved on Feb. 19, 2017 from <https://www.ruralhealthweb.org/about-nrha/about-rural-health-care>



## Rural Obstacles and Risks

- **Healthcare workforce shortage problem**
  - ✓ Ease of access to healthcare is easier in urban areas
  - ✓ **Physicians per 10,000:** Rural = 13 vs. Urban = 31
  - ✓ **Specialists per 100,000:** Rural = 30 vs. Urban = 263
  - ✓ **Nurse Practitioners (NPs) in Iowa:** 1,183 overall; Rural = 437 vs. Urban = 746
  - ✓ **Physician Assistants (PAs) nationally (2012):** Rural = 12% vs. Urban = 88%

  
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Clearly, healthcare workforce shortages in rural areas are an important consideration. Shortages of both generalist and specialist physicians are common. A lot less is known about contributions of nurse practitioners and physician assistants. Morgan and colleagues report that 60% of 40 state workforce assessments between 2002 and 2008 did not include either nurse practitioners or physician assistants in their provider counts, workforce projections, or recommendations. However, the National Rural Health Association and Rural Health Research Center both underscore the important contributions of nurse practitioners and physician assistants in rural areas.

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References:

Morgan P, Strand De Oliveira J, Short NM. Physician assistants and nurse practitioners: a missing component in state workforce assessments. *J Interprof Care*. July 2011; 25(4): 252-257.

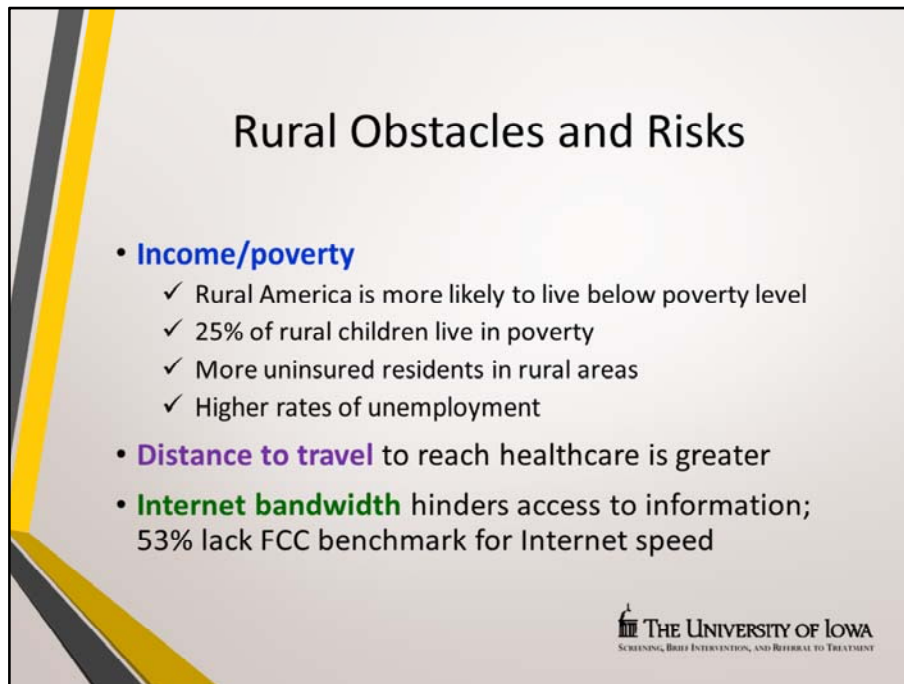
Rural Health Research Center. Assessing Rural-Urban Nursing Practitioner Supply and Distribution in 12 States Using Available Data Sources. Policy Brief #143, August 2015.

[http://depts.washington.edu/uwrhrc/uploads/RHRC\\_PB143\\_Skillman.pdf](http://depts.washington.edu/uwrhrc/uploads/RHRC_PB143_Skillman.pdf)

Rural Health Research Center. Which Physician Assistant Training Programs Produce Rural PAs? A National Study. Policy Brief #154, February 2016. [http://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2016/02/RHRC\\_PB154\\_Larson\\_2.pdf](http://depts.washington.edu/fammed/rhrc/wp-content/uploads/sites/4/2016/02/RHRC_PB154_Larson_2.pdf)


National Rural Health Association. Work Series: Physician Assistants. Recruitment and Retention of Quality Health Workforces in Rural Areas: A Series of Policy Papers on the Rural Health Careers Pipeline, Paper #12.

National Rural Health Association. About Rural Health Care. <https://www.ruralhealthweb.org/about-nrha/about-rural-health-care>



## Rural Obstacles and Risks

- **Income/poverty**
  - ✓ Rural America is more likely to live below poverty level
  - ✓ 25% of rural children live in poverty
  - ✓ More uninsured residents in rural areas
  - ✓ Higher rates of unemployment
- **Distance to travel** to reach healthcare is greater
- **Internet bandwidth** hinders access to information; 53% lack FCC benchmark for Internet speed

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Problems related to income, unemployment, lack of health insurance, and poverty are more prevalent in rural areas. Sparsely populated rural settings involve greater distances to reach health services, and the vast majority lack bandwidth to support accessing information easily using the Internet.

**Rural Obstacles and Risks**

- **Health Inequality**
  - ✓ 50% of vehicle crash-related fatalities happen in rural areas, even though 1/3 of miles traveled occur there
  - ✓ 22% additional risk of injury-related deaths
  - ✓ Increased occupational hazards
  - ✓ Greater rates of diabetes, coronary heart disease, obesity, smoking, physical inactivity, alcohol use
  - ✓ *Multiple challenges to treating both substance use and related mental health problems*

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A wide variety of health inequalities exist between residents who live in rural areas compared to those in urban areas. This includes injury risks to a long list of medical problems and, certainly, the areas of substance use and mental health problems.

**Substance Use in Rural Areas**

- **Factors contributing** to substance use by rural residents:
  - ✓ Low educational attainment
  - ✓ Poverty
  - ✓ Unemployment
  - ✓ High-risk behaviors (e.g., binge drinking, driving under the influence)
  - ✓ Isolation
- Substance use is particularly hard to combat due to **limited resources for prevention, treatment, and recovery within the geographical area**

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As we think more specifically about substance use in rural areas, the same basic list of issues for rural Americans also contributes to substance use.

One of those issues is high-risk behaviors, particularly for rural youth and young adults. They are more likely to have engaged in behaviors such as binge drinking and driving under the influence of alcohol or other illicit drugs, than those who live in urban areas.

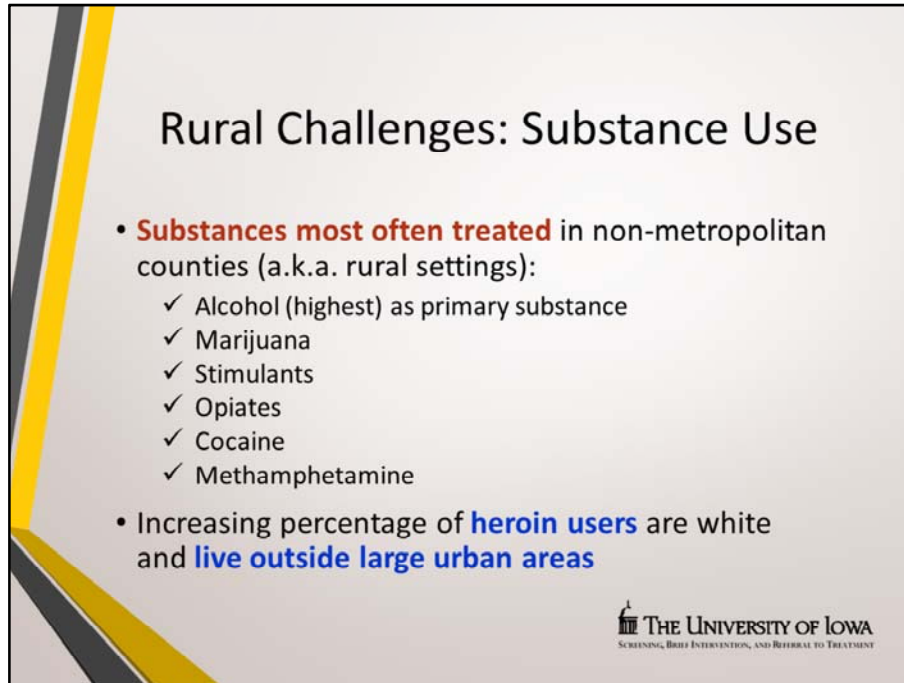
We highly recommend reading the brief publication, “Substance Abuse in Rural Areas,” that we have used to inform this presentation.

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Reference:

Rural Health Information Hub (RHihub). Substance Abuse in Rural Areas. Retrieved February 19, 2017 from <https://www.ruralhealthinfo.org/topics/substance-abuse>

Lambert D, Gale J, Hartley D. Substance Abuse by Youth and Young Adults in Rural America. <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1748-0361.2008.00162.x>



**Rural Challenges: Substance Use**

- **Substances most often treated** in non-metropolitan counties (a.k.a. rural settings):
  - ✓ Alcohol (highest) as primary substance
  - ✓ Marijuana
  - ✓ Stimulants
  - ✓ Opiates
  - ✓ Cocaine
  - ✓ Methamphetamine
- Increasing percentage of **heroin users** are white and **live outside large urban areas**

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As outlined on the slide, alcohol is the most widely-used substance in rural settings, followed in frequency by the other drugs listed. While we may think about heroin use as a “big city problem,” a 2014 report in the *Journal of the American Medical Association Psychiatry* notes that an increasing percentage of heroin users come to treatment from communities outside large urban areas.

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References:

Meit M, Knudson A, Gibert T, Tzy-Chyi Yu A, Tanenbaum E, Ormson E, TenBroeck S, Bayne A, Popat S, NORC Walsh Center for Rural Health Analysis. (October, 2014). Rural Health Reform Policy Research Center. The 2014 Update of the Rural-Urban Chartbook. Rural Health Research & Policy Centers. Funded by the Federal Office of Rural and Health Policy.  
<https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf>

Cicero T, Ellis M, Surratt H, Kurtz S. The changing face of heroin use in the United States: a retrospective analysis of the past 50 years. *JAMA Psychiatry*. 2014;71(7):821-826.



## Rural Challenges: Substance Use

- **Many substance use-related problems are the same as urban setting:**
  - ✓ Vehicular accidents
  - ✓ Unemployment
  - ✓ Domestic violence
  - ✓ Accidents/injuries
- **Population characteristics are different**
  - ✓ Greater proportion of older adults who are at increasing risk as Baby Boomers age
  - ✓ Youth-related issues are more prominent

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When we consider common substance use-related problems, many of the same issues are observed in both rural and urban settings. At the same time, there are a number of special considerations, particularly related to youth and older adults.

The number of older adults in rural areas, combined with potential for isolation and other issues described in the SBIRT training module, make them an important focus in assessment and treatment.



**Rural Challenges: Substance Use**

- **Underage drinking/binge drinking more common**
  - ✓ Compared to urban 12-13 year olds, higher rates →
    - Alcohol and binge drinking in rural youth
    - Binge drinking and driving under the influence
  - ✓ Characteristics that may influence prevalence
    - Lower levels of parental disapproval of drinking
    - Higher acceptance of peer alcohol use among rural adolescents
    - Easier access at family events/adults willing to purchase

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Of equal or more importance, statistics about underage drinking in rural areas are particularly alarming. As we mentioned earlier, both binge drinking and drinking and driving are more common among rural youth.

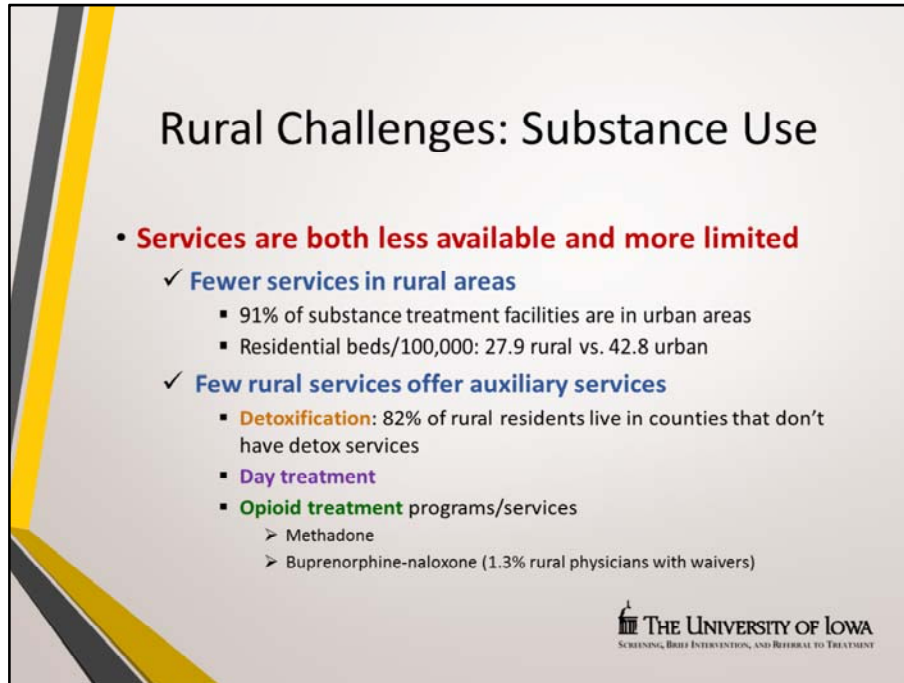
As noted on the slide, the combination of rural values about alcohol use in general, along with greater access and availability, are believed to be contributing factors.

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Reference:


Gale J, Lenardson J, Lambert D, Hartley D. Adolescent alcohol use: Do risk and protective factors explain rural-urban differences?  
[http://digitalcommons.usm.maine.edu/cgi/viewcontent.cgi?article=1004&context=behavioral\\_health](http://digitalcommons.usm.maine.edu/cgi/viewcontent.cgi?article=1004&context=behavioral_health)

Rural Health Information Hub (RHihub). Substance Abuse in Rural Areas.  
Retrieved February 19, 2017 from  
<https://www.ruralhealthinfo.org/topics/substance-abuse>

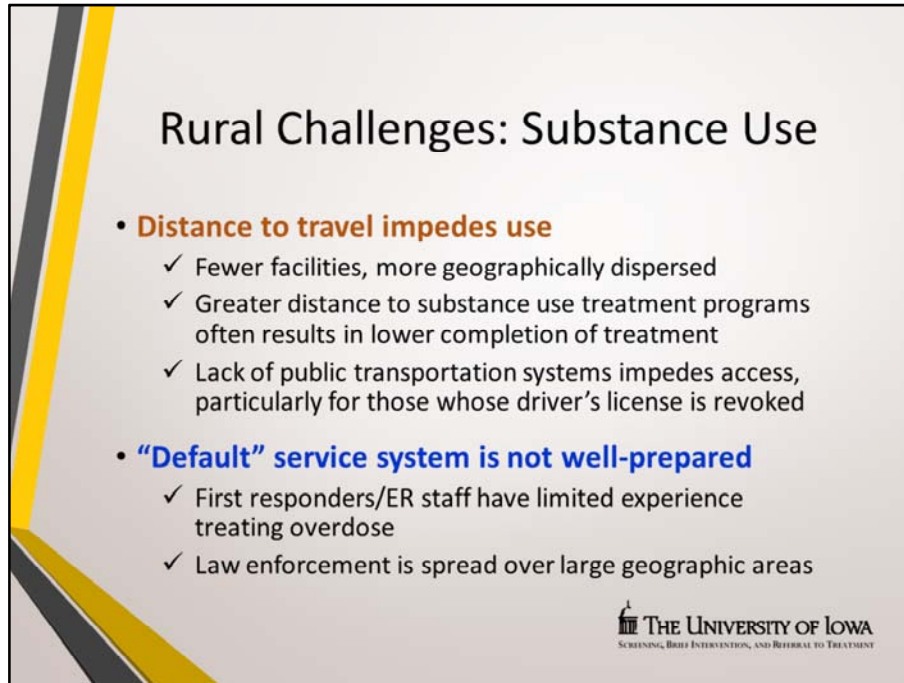


## Rural Challenges: Substance Use

- **Services are both less available and more limited**
  - ✓ **Fewer services in rural areas**
    - 91% of substance treatment facilities are in urban areas
    - Residential beds/100,000: 27.9 rural vs. 42.8 urban
  - ✓ **Few rural services offer auxiliary services**
    - **Detoxification:** 82% of rural residents live in counties that don't have detox services
    - **Day treatment**
    - **Opioid treatment** programs/services
      - Methadone
      - Buprenorphine-naloxone (1.3% rural physicians with waivers)


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We also know that access to services for substance use treatment is considerably less accessible to rural residents. Traditional diagnostic and treatment services are not as available, and auxiliary services like detoxification, day treatment programs for substance use, and specialized opioid treatment are rare in rural settings. Those programs are nearly exclusively located in urban settings – which means long distances to travel.



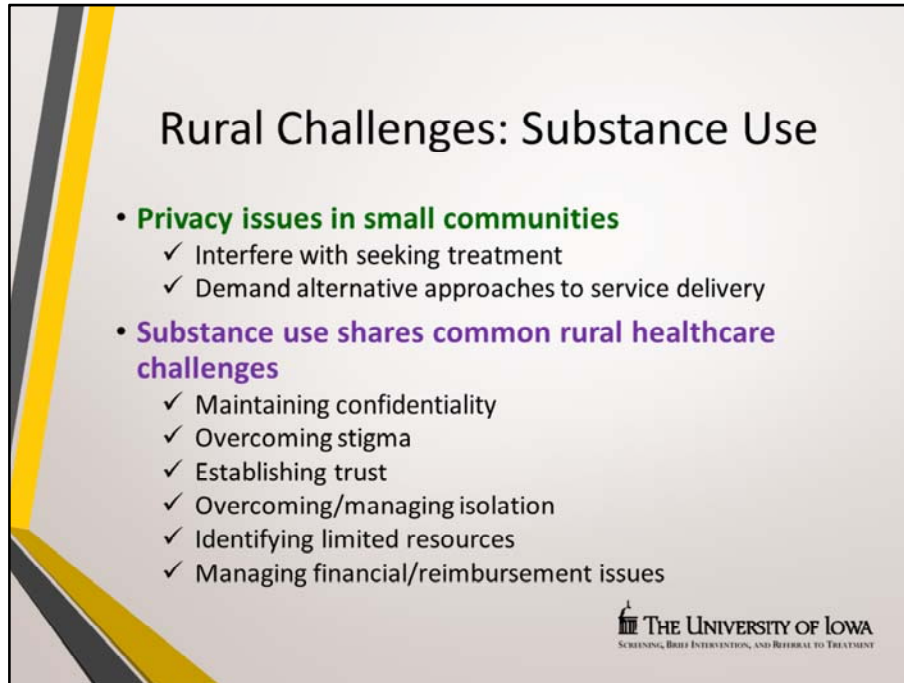
## Rural Challenges: Substance Use

- **Distance to travel impedes use**
  - ✓ Fewer facilities, more geographically dispersed
  - ✓ Greater distance to substance use treatment programs often results in lower completion of treatment
  - ✓ Lack of public transportation systems impedes access, particularly for those whose driver's license is revoked
- **"Default" service system is not well-prepared**
  - ✓ First responders/ER staff have limited experience treating overdose
  - ✓ Law enforcement is spread over large geographic areas

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The distance to travel to services is an issue, one that is associated with lower rates of completing substance use treatment. Many clients can't afford to travel due to time or cost, have lost their driver's license, and/or simply give up.

The distance issue means that local services that are available – like first responders, ER staff in critical access hospitals, and law enforcement officers – are often the “default” substance treatment system, and they aren't well prepared for the challenges.



**Rural Challenges: Substance Use**

- **Privacy issues in small communities**
  - ✓ Interfere with seeking treatment
  - ✓ Demand alternative approaches to service delivery
- **Substance use shares common rural healthcare challenges**
  - ✓ Maintaining confidentiality
  - ✓ Overcoming stigma
  - ✓ Establishing trust
  - ✓ Overcoming/managing isolation
  - ✓ Identifying limited resources
  - ✓ Managing financial/reimbursement issues

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Another, and critically important, consideration is privacy and confidentiality issues in small rural communities where “everybody knows everybody.” On the one hand, that familiarity can be comforting at times. On the other hand, it can interfere with seeking help and treatment for fear of gossip, labeling, and reprisal based on stigma and misbeliefs about substance use.

Providers in rural settings routinely face challenges related to all sorts of health-related problems, and issues with substance use are on the same “continuum” of maintaining confidentiality and overcoming barriers!



**Rural Challenges: Best Solutions**

**Collaboration and education are both essential**

- Hold town hall meetings to raise awareness
- Train law enforcement to assist
- Collaborate with churches and service clubs
  - ✓ Provide support for those in recovery (quit lines, support groups)
  - ✓ Train volunteers to help
- Collaborate with service providers and agencies (food, housing, mental health services)

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When we think about alternatives and options to overcome barriers, education and collaboration are at the top of the list!

Many healthcare providers are also “citizens” who can take active roles in community education, outreach, and service to break down barriers and increase knowledge.

The image is a screenshot of a webpage with a light gray background and a decorative yellow and gray diagonal stripe on the left side. The main heading is "Rural Challenges: Best Solutions" in a large, black, sans-serif font. Below the heading, there is a white box containing the following content:

- IN THIS TOOLKIT**
- Modules**
- 1: Introduction
- 2: Program Models
- 3: Program Clearinghouse
- 4: Implementation Considerations
- 5: Evaluation Considerations
- 6: Sustainability Considerations
- 7: Dissemination
- About This Toolkit

To the right of the modules list, there is a breadcrumb trail: "Rural Health > Tools for Success > Evidence-based Toolkits > Rural Prevention and Treatment of Substance Abuse Toolkit". Below this is the title "Rural Prevention and Treatment of Substance Abuse Toolkit" in bold black text. Underneath the title is a green rectangular graphic with the text "Rural Prevention and Treatment of Substance Abuse Toolkit" in white. To the right of the text in the graphic is an illustration of a syringe, a pill bottle, and two pills. Below the graphic is a welcome message: "Welcome to the Rural Prevention and Treatment of Substance Abuse Toolkit. This toolkit provides evidence-based examples, promising models, program best practices, and resources that can be used by your organization to implement substance abuse prevention and treatment programs." At the bottom of the white box is a blue hyperlink: <https://www.ruralhealthinfo.org/toolkits/substance-abuse>. In the bottom right corner of the screenshot is the logo for "THE UNIVERSITY OF IOWA" with the text "SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT" underneath it.


There are some great resources available online. For example, the Rural Prevention and Treatment of Substance Abuse Toolkit offers a variety of training modules and hands-on resources to improve substance use approaches in rural areas.

## Rural Challenges: Best Solutions

**Steps to discourage YOUTH from using alcohol**

- Parental influence is a protective factor
- Encourage programs to help parents, schools, churches, other organizations
  - ✓ Family-centered prevention programs
  - ✓ Evidence-based interventions for schools
  - ✓ Events and programs sponsored by rural church and faith-based organizations

See → <http://www.drugabuse.gov/parents-educators>

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There's also a variety of excellent youth-specific resources available online. Community members often view healthcare providers as experts and may turn to you for advice and assistance. Being knowledgeable about evidence-based approaches is important – both in your clinical practice and as a community member.





## Rural Challenges: Best Solutions

**Collaborative/integrated behavioral and mental health services with primary care**


- **Reduces stigma:** No one knows which service is being used
- **Promotes communication/collaboration:** Physical health, mental health, substance use providers all under “one roof”/talking to one another
- **Easy access:** Reduces barriers related to travel (time, cost, attitudinal)

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Collaborative care is an important evidence-based practice that assures treatment of both mental health and substance use issues in rural communities. Collaborative care is also known as “integrated” care and involves having specialty services co-located with primary care services. The strongest models involve collaboration between primary care and substance and/or mental health specialists. However, co-location, or just having services in the same building, can greatly facilitate treatment delivery.

## Rural Challenges: Best Solutions

- **Collaborative/integrated care** that addresses **both** mental health (depression, trauma-related) and behavioral (alcohol and drugs) issues in primary care is critical in rural communities
  - ✓ That's where people go for help!
  - ✓ Important to identify "at risk" individuals
  - ✓ Equally important to deliver "specialty" care at the point of service
- **Precedent** → Best Practice in late-life depression, and emerging standard of care in substance use treatment

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There's considerable evidence for the effectiveness of collaborative care. In fact, collaborative care is considered "best practice" for treating late-life depression, a problem that has been difficult to address using traditional methods.

The image is a screenshot of a webpage titled "Rural Challenges: Best Solutions". The page is part of a series on "Integrated Care Models" and "Behavioral Health in Primary Care". It features a navigation menu on the left with options like "Integrated Care Models", "Primary Care in Behavioral Health", "Behavioral Health in Primary Care" (highlighted), "HRSA Supported Safety-Net Providers", "Health Homes", and "Children and Youth". The main content area has a header "BEHAVIORAL HEALTH IN PRIMARY CARE" and a sub-header "Integrating Behavioral Health into Primary Care". Below this, there is a paragraph explaining that primary care settings are becoming a gateway for individuals with behavioral health needs, and that many providers are integrating behavioral health services. A list of resources follows, including "Integrated Models of Behavioral Health in Primary Care", "Models Integrating Substance Use Treatment into Primary Care", "Behavioral Health and Patient-Centered Medical Homes", "Business Case for Behavioral Health Integration", and "Additional Resources". At the bottom, there is a URL: <http://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care> and the logo for "THE UNIVERSITY OF IOWA" with the text "SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT".

There is a great deal of information available online through the SAMHSA website about collaborative and integrated care models. In short, help is available to develop a model in your rural community and practice!

## Rural Challenges: Best Solutions



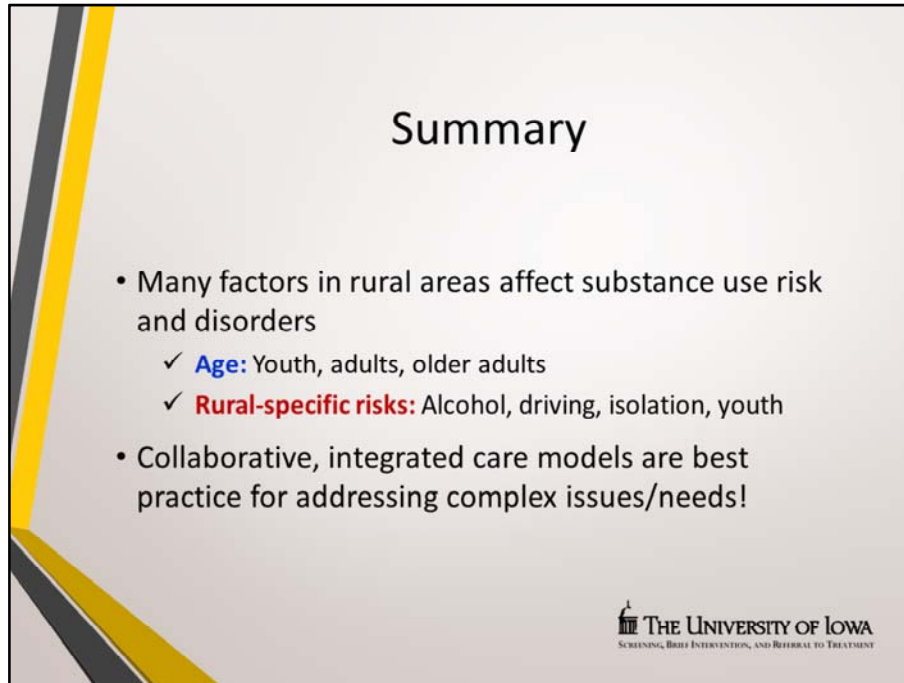
Have questions about integrating behavioral health? The Quick Start Guide to Behavioral Health Integration is an **interactive flowchart** to walk you through some of the questions to consider when integrating behavioral health care and, most importantly, point you toward helpful resources that can answer those questions. [Download the PDF](#) .

SAMHSA's website offers considerable assistance to plan and implement integrated services.

This interactive flowchart is one of many resources that may guide planned change to better address the diverse needs of primary care patients.

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And importantly, the online SAMHSA programs really do work to tailor solutions to the individualized needs and resources of communities and clinicians.



The slide features a light gray background with a decorative border on the left side consisting of diagonal stripes in yellow, gray, and black. The title 'Summary' is centered at the top. Below it, there are two main bullet points. The first bullet point is 'Many factors in rural areas affect substance use risk and disorders', which includes two sub-points: '✓ Age: Youth, adults, older adults' and '✓ Rural-specific risks: Alcohol, driving, isolation, youth'. The second main bullet point is 'Collaborative, integrated care models are best practice for addressing complex issues/needs!'. In the bottom right corner, there is a logo for 'THE UNIVERSITY OF IOWA' with the text 'SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT' underneath it.

## Summary

- Many factors in rural areas affect substance use risk and disorders
  - ✓ **Age:** Youth, adults, older adults
  - ✓ **Rural-specific risks:** Alcohol, driving, isolation, youth
- Collaborative, integrated care models are best practice for addressing complex issues/needs!

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In summary, there are many factors unique to rural areas that have an impact on evaluating substance use risks and disorders.

Today we focused on rural issues and also addressed collaborative, integrated care models. However, remember what we've discussed in other modules, such as mental health challenges, health-related problems, and psychosocial issues. They can all affect how we address substance use problems.

Thank you for your attention.

