

*The Road to Recovery*  
Discussion Guide  
2017 Television and Radio Series

---

**May Show**

**Providing Treatment and Recovery Support in Rural and Frontier  
Communities**

FINAL December 9, 2016

**Discussion Guide**

The show will be filmed in a panel format, with free discussion between the show host and other panelists. This discussion guide is not to be considered a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring their own keen anecdotal experiences to the show in addition to discussing ongoing research in the field.

---

**Show Description.** About 46.2 million people in the United States (14 percent of the population) lived in non-metropolitan (rural) communities in 2015.<sup>1</sup> The nation's rural and frontier communities face some challenges when addressing behavioral health conditions and gaining access to treatment and recovery services—including an insufficient number of specialist providers and models of care that may not consider rural-specific issues (e.g., geographical distance or the need for transportation).<sup>2</sup> However, these communities have developed and applied creative approaches—especially telehealth technologies and innovative methods of service delivery—to provide access to treatment and recovery supports for residents of rural and frontier communities. Panelists will discuss the particular issues in addressing the behavioral health needs that are relevant for these communities, share innovative approaches to addressing them in remote areas, and review the challenges faced when attempting to reduce the treatment gap for rural and frontier residents. They will also address the special considerations of Native American/American Indian communities living in rural areas.

---

---

<sup>1</sup> U.S. Department of Agriculture. (2016, May 6). [Population and migration](#). Economic Research Service. Accessed August 30, 2016.

<sup>2</sup> Hudnall Stamm, B. (2003). [Rural behavioral health care: An interdisciplinary guide](#). American Psychological Association. Accessed August 1, 2016.

## Panel 1: Behavioral Health In Rural and Frontier Communities: Challenges and Opportunities

### Key Questions:

1. What are some of the challenges faced by people in rural and frontier communities as they try to address their mental and/or substance use disorders?
2. Specifically, do these families and individuals in rural communities face the same health conditions as those in more urban settings?
3. What happens when rural and frontier communities do not get the healthcare they need—particularly as it relates to non-communicable diseases? How are mental and/or substance use disorders and communicable diseases affected by behavioral health challenges?
4. Are the healthcare challenges faced by those living in Indian Country more severe than those who live in rural and frontier communities (non-reservation areas)?
5. How do community-based organizations, including faith-based organizations, help to support behavioral health and recovery in rural and frontier communities?

**What are some of the challenges faced by people in rural and frontier communities as they try to address their mental and/or substance use disorders?**

Source: Rural Health Information Hub. (2014, December 15). [Rural mental health](#). Accessed August 1, 2016.

- While the prevalence of mental illness is similar between rural and urban residents, the services available are very different. Mental healthcare needs are not met in many rural communities across the country because adequate services are not present. Providing mental health services can be a real challenge in rural areas.
- The following factors are particular challenges to the provision of mental health services in rural communities:
  - **Accessibility**—[rural residents often travel long distances to receive services and are less likely to be insured for mental health services]
  - **Availability**—Chronic shortages of mental health professionals exist and mental health providers are more likely to live in urban centers
  - **Acceptability**—the stigma of needing or receiving mental healthcare and the fewer choices of trained professionals who work in rural areas create barriers to care

Source: Rural Health Information Hub. (2015, May 15). [Substance abuse in rural areas](#). Accessed August 1, 2016.

- Substance abuse can be especially hard to combat in rural communities due to limited resources for prevention, treatment, and recovery.
- Factors contributing to substance abuse in rural America include:
  - Low educational attainment
  - Poverty
  - Unemployment

- High-risk behaviors
- Isolation

Source: Rural Health Information Hub. (2015, August 19). [Rural migrant health](#). Accessed September 13, 2016.

- Migratory and seasonal agricultural workers (MSAWs) and their families face unique health challenges which result in significant health disparities.
- [Challenges faced include hazardous work environments, poverty, inadequate housing, limited availability of clean water and septic systems, and inadequate healthcare access.]
- These critical health issues are exacerbated by the migratory culture of this population group, which makes it difficult to develop a relationship with a healthcare provider, maintain treatment regimens, and track health records.

**Specifically, do these families and individuals in rural communities face the same health conditions as those in more urban settings?**

Source: Center for Behavioral Health Statistics and Quality. (2016). *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD.

- [In 2015, 8.4 percent of people aged 12 or older in rural areas used illicit drugs during the past month, compared with 10.7 percent in large metro areas and 9.9 percent in small metro areas.]\*
- [In 2015, misuse of prescription pain relievers during the past month ranged from 1.3 percent in large metro areas to 1.5 percent for small metro and rural areas.]\*\*
- [In 2015, the percent of people aged 12 or older who smoked cigarettes during the past month was 17.5 percent in large metro areas, 21.0 in small metro areas, and 23.7 in rural areas.] \*\*\*
- [In 2015, the percent of people aged 12 or older in rural areas who used smokeless tobacco during the past month was 2.1 percent in large metro areas, 4.0 percent in small metro areas, and 6.9 percent in rural areas.]\*\*\*
- [In 2015, 6.7 percent of people aged 12 to 17 in rural areas engaged in binge drinking during the past month, compared with 5.5 percent in large metro areas and 6.0 percent in small metro areas.]\*

NOTE: \*Pairwise significance testing performed and was significant for all comparisons (meaning large, small, and rural metro areas were all different from one another).

\*\*Pairwise significance testing performed and was NOT significant for all comparisons (meaning large, small, and rural metro areas were all similar statistically). In these cases, “compared” cannot be used as it implies significant differences.

\*\*\*Significance testing was not conducted for by-county-type differences.

NOTE: County type is based on the "Rural-Urban Continuum Codes" developed by the U.S. Department of Agriculture. Please see section B.4.5 of

<http://www.samhsa.gov/data/sites/default/files/NSDUH-MethodSummDefsHTML-2015/NSDUH-MethodSummDefsHTML-2015/NSDUH-MethodSummDefs-2015.htm> for more information.

NOTE: Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. NOTE: Misuse of prescription drugs is defined as use in any way not directed by a doctor, including use without a prescription of one's own medication; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor. Prescription drugs do not include over-the-counter drugs. As of 2015, "nonmedical use" was replaced with "misuse" due to changes in the questionnaire.

NOTE: Smokeless Tobacco includes snuff, dip, chewing tobacco or "snus."

NOTE: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. In 2015, the definition for females changed from five to four drinks. Heavy Alcohol Use is defined as binge drinking on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

Source: Center for Behavioral Health Statistics and Quality. (2016). *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD.

- [In 2015, 18.3 percent of adults aged 18 or older in rural areas reported any mental illness during the past year, whereas the percentage with any mental illness differed between large (17.3) and small (18.7) metro areas.]\*
- [In 2015, 4.7 percent of adults aged 18 or older in rural areas reported serious mental illness during the past year, which was significantly higher than the percentage of reporting in large metro areas (3.8). The percentage of adults reporting serious mental illness in the past year was 4.2 percent in small metro areas.]\*\*

NOTE: \*Pairwise significance testing performed and only the large metro versus the small metro was significantly different from each other (because they were on the extremes). Although the document focuses on rural areas, we cannot say rural "compared" to large or small since that implies a significant difference between rural versus small and rural versus large. Therefore, the structure of the sentence was changed.

\*\*Pairwise significance testing performed and only the large metro versus the rural area was significantly different from each other (because they were on the extremes).

NOTE: Any Mental Illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, assessed by the Mental Health Surveillance Study (MHSS) *Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Research Version—Axis I Disorders* (MHSS-SCID) which is based on the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Three categories of mental illness severity are defined

based on the level of functional impairment: mild mental illness, moderate mental illness, and serious mental illness. Any mental illness includes persons in any of the three categories. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status. For details on the methodology, see Section B.4.3 in Appendix B of the *Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings*.

NOTE: Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, assessed by the Mental Health Surveillance Study (MHSS) *Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Research Version—Axis I Disorders* (MHSS-SCID) which is based on the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). SMI includes persons with diagnoses resulting in serious functional impairment. These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status. For details on the methodology, see Section B.4.3 in Appendix B of the *Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings*.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2012, July 31). A comparison of rural and urban substance abuse treatment admissions. [The TEDS Report](#). Accessed September 1, 2016.

- [According to 2012 SAMHSA treatment episode data,] rural admissions [to substance abuse facilities] were more likely than urban admissions to report primary abuse of alcohol (49.5 vs. 36.1 percent) or non-heroin opiates (10.6 vs. 4.0 percent); urban admissions were more likely than rural admissions to report primary abuse of heroin (21.8 vs. 3.1 percent) or cocaine (11.9 vs. 5.6 percent).
- Rural admissions were younger and less racially and ethnically diverse than urban admissions.
- Rural admissions were more likely than urban admissions to be referred by the criminal justice system (51.6 vs. 28.4 percent) and less likely to be self- or individually referred (22.8 vs. 38.7 percent).

Source: National Alliance to End Homelessness. (n.d.). [Rural homelessness](#). Accessed September 6, 2016.

- About 7 percent of the homeless population lives in rural areas. The same structural factors that contribute to urban homelessness—lack of affordable housing and inadequate income—also lead to rural homelessness. Perhaps the most distinguishing factor of rural homelessness, however, is access to services.

### **What happens when rural and frontier communities do not get the healthcare they need—particularly as it relates to non-communicable diseases?**

Source: Keller, J., and Pearce, A. (2016, September 2). [This small Indiana county sends more people to prison than San Francisco and Durham, N.C., combined. Why?](#) Accessed September 6, 2016.

- Just a decade ago, people in rural, suburban and urban areas were all about equally likely to go to prison. But now people in small counties are about 50 percent more likely to go to prison than people in populous counties, [because of stark disparities in how counties punish crime]. [This shows] the limits of recent state and federal changes to reduce the number of inmates.

Source: National Center for Health Statistics. (2012). [Healthy People 2010 Final Review](#). Hyattsville, MD. Accessed August 1, 2016.

- Substance abuse has a major impact on individuals, families, and communities. These problems include: teenage pregnancy, HIV/AIDS, viral hepatitis, other sexually transmitted diseases, domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide, and suicide.

Source: Rural Health Information Hub. (2015, May 15). [Substance abuse in rural areas](#). Accessed August 1, 2016.

- Substance abuse results in increased illegal activities, as well as physical and social health consequences, such as poor academic performance, poorer health status, changes in brain structure, and increased risk of death from overdose and suicide.

Source: Keating, D., and Bernstein, L. (2016, April 22). [U.S. suicide rate has risen sharply in the 21st century](#). *The Washington Post*. Accessed September 13, 2016.

- [This article discusses the sharp increase in the U.S. suicide rate—led by an even greater rise among middle-aged White people, particularly women. Experts believe this trend is related to the last decade’s severe recession, more drug addiction, “gray divorce,” increased social isolation, and perhaps the rise of the Internet and social media.]

Source: Conrad, C., Bradley, H. M., Broz, D., Buddha, S., Chapman, E. L., Galang, R. R., et al. (2015, May 1). Community outbreak of HIV infection linked to injection drug use of oxymorphone—Indiana, 2015. *Morbidity and Mortality Weekly Report*, 64(16), 443–444.

- [On January 23, 2015, the Indiana State Department of Health began an ongoing investigation of an outbreak of a human immunodeficiency virus (HIV) infection traced to a rural county in southeastern Indiana.]
- The majority of cases were in residents of the same community and were linked to syringe-sharing partners injecting the prescription opioid oxymorphone (a powerful oral semi-synthetic opioid analgesic).
- [The area is still recovering more than 1 year later (see <http://indianapublicmedia.org/news/year-hiv-outbreak-scott-county-97415/>)].

**How are mental and/or substance use disorders and communicable diseases affected by behavioral health challenges?**

Source: Friedland G. Infectious disease comorbidities adversely affecting substance users with HIV: hepatitis C and tuberculosis. *J Acquir Immune Defic Syndr* 2010 Dec, 5 Suppl 1:S37–S42.

- The linkage between drug use, particularly injection drug use, and HIV/AIDS, hepatitis C (HCV), and tuberculosis (TB) has been recognized since the beginning of the HIV pandemic.
- Special clinical challenges among drug users include limited disease screening, inadequate and insensitive diagnostics, difficult treatment regimens with varying toxicities, and complicated pharmacokinetic and pharmacodynamic drug interactions.
- Strategies to address these challenges include outreach programs to engage substance abusers in nonmedical settings, such as prisons and the streets, active screening programs for HIV, HCV, and TB, increased and broadened clinician expertise, and creative strategies to insure medication adherence.

Source: SAMHSA. (2015, October 5). [HIV, AIDS, and viral Hepatitis](#). Accessed November 22, 2016.

- People who abuse drugs and/or alcohol are at greater risk of contracting or transmitting HIV and viral hepatitis.
- According to the Centers for Disease Control and Prevention (CDC), people with substance use disorders are at greater risk of contracting or transmitting an HIV infection because the misuse of drugs and/or alcohol can impair judgment and contribute to poor decisionmaking (for example, sex without condoms or unprotected sex with multiple partners).
- Injection drug use and needle sharing are responsible for about 10 percent of HIV cases annually, and one in six people with HIV/AIDS have used an illegal drug intravenously in their lifetime.
- The prevalence of HIV among people in mental health care is four times higher than for the general population.
- Mental health conditions may be of concern prior to as well as after HIV infection.
- Mental health care and treatment for substance use disorders can have a significant, positive impact on achieving the goals of HIV care and treatment (e.g., by improving adherence to medication) and improve the health of people with HIV.

**Are the healthcare challenges faced by those living in Indian Country more severe than those who live in rural and frontier communities (non-reservation areas)?**

Source: Rural Health Information Hub. (2016, March 17). [Rural tribal health](#). Accessed September 20, 2016.

- According to [Indian Health Disparities](#), life expectancy for AI/AN [American Indian and Alaska Native] people is 4.2 years less than Americans of all races.
- [Trends in Indian Health, 2014 Edition](#) provides death rates of AI/ANs by cause in relation to the entire U.S. population:

<u>Cause of Death</u>	<u>Percentage Greater for AI/AN</u>
Alcohol related	520%
Tuberculosis	450%

Chronic liver disease and cirrhosis	368%
Motor Vehicle Crashes	207%
Diabetes mellitus	177%
Poisoning	118%
Suicide	60%
Pneumonia and influenza	37%
Firearm injury	16%

Source: Roberts, L. W., Johnson, M. E., Brems, C., and Warner, T. D. (2007). Ethical disparities: Challenges encountered by multidisciplinary providers in fulfilling ethical standards in the care of rural and minority people. *The Journal of Rural Health, 23*, 89–97.

- The lack of necessary services for rural and ethnic minority people aligns with other considerations. For instance, over 14% of rural people and over 22% of black, Hispanic, and Native American people in the United States live in poverty.
  - Ethnic minority people are more likely to be uninsured for health care (over 25% uninsured)

Source: Dovey, D. (2016, February 5). [Healthcare on Native American reservations is 'horrifying': In the U.S. who you are affects how you are treated](#). Medical Daily. Accessed October 20, 2016.

- [This article discusses Senate testimony on the conditions at medical facilities for Native Americans living on reservations, pointing to significant disparities.]

Source: U.S. Department of Health and Human Services, Office of Minority Health. (2016, February 3). [Profile: American Indian/Alaska Native](#). Accessed October 20, 2016.

- *Health*: It is significant to note that American Indians/Alaska Natives [AI/AN] frequently contend with issues that prevent them from receiving quality medical care. These issues include cultural barriers, geographic isolation, inadequate sewage disposal, and low income.
- Some of the leading diseases and causes of death among AI/AN are heart disease, cancer, unintentional injuries (accidents), diabetes, and stroke. American Indians/Alaska Natives also have a high prevalence and risk factors for mental health and suicide, obesity, substance abuse, sudden infant death syndrome (SIDS), teenage pregnancy, liver disease, and hepatitis.
- *Other Health Concerns*: American Indians and Alaska Natives have an infant death rate 60 percent higher than the rate for Caucasians. AI/ANs are twice as likely to have diabetes as Caucasians. An example is the Pima of Arizona, who have one of the highest diabetes rates in the world. AI/ANs also have disproportionately high death rates from unintentional injuries and suicide. In 2012, the tuberculosis rate for AI/NAs was 6.3, as compared to 0.8 for the White population.

**How do community-based organizations, including faith-based organizations, help support behavioral health and recovery in rural and frontier communities?**

Source: SAMHSA. (2015, August 17). [About faith-based and community initiatives](#). Accessed August 4, 2016.

- [Many community- and faith-based organizations are involved in substance use and mental health services. They help support resilience and recovery through substance use prevention and treatment and mental health services by helping people make positive changes in their lives and become full partners in American society. Many are active in preventing youth violence, promoting healthy youth development, increasing access to HIV/AIDS services, reducing homelessness, and providing crisis counseling.]

## **Panel 2: Technology and Innovative Service Delivery: Key Elements of Providing Treatment and Recovery Support in Rural and Frontier Communities**

### **Key Questions:**

1. **What is telemental health? How can telemental health expand the delivery of treatment and recovery services in rural and frontier communities?**
2. **What are some models for providing telemental health in rural areas?**
3. **What are some challenges faced by rural communities that want to adopt telemental health?**
4. **How do libraries help to ameliorate the health challenges faced by those in rural and frontier communities?**
5. **What role do Rural Health Clinics play in meeting the behavioral health needs of rural and frontier communities?**
6. **What strategies should be considered to assist rural and frontier communities in sustaining telemental health programs? What resources are available to meet those needs?**

### **What is telemental health? How can telemental health expand the delivery of treatment and recovery services in rural and frontier communities?**

Source: Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., and Yellowlees, P. M. (2013). The effectiveness of telemental health: A 2013 review. *Telemedicine Journal and E-Health*, 19(6), 444–454.

- Telemental health, a use of telemedicine to provide mental health assessment and treatment at a distance, enters its sixth decade as a well-known practice in the medical field—it has increased access to care, and patients and providers are very satisfied with it for a wide variety of services.
- This systematic literature review indicates that telemental health is effective for diagnosis and assessment across many populations (adult, child, geriatric, and ethnic) and for disorders in many settings (emergency, home health) and appears to be comparable to in-person care.

Source: Fass, R. (2014). [How mobile, wearable, and social tech is improving mental health care](#). CIO. Accessed September 26, 2016.

- For areas with a shortage of mental health professionals or where specialists in specific types of treatment—including treatment of children or adolescents—are unavailable, remote sessions may be the best or only option for some patients.

Source: Chan, S. R., Torous, J., Hinton, L., and Yellowlees, P. (2014). Mobile tele-mental health: Increasing applications and a move to hybrid models of care. *Healthcare, 2*(2), 220–233.

- Applications ... include treatment monitoring and adherence, health promotion, ecological momentary assessment [which permits a person to report on symptoms, feelings, and behavior over time], and decision support systems [tools that support health care providers].
- Advantages of mobile telemental health are underscored by its interactivity, just-in-time interventions, and low resource requirements and portability.

Source: Luthra, S. (2016, September 27). [Opioid crisis in rural areas may be tackled through telemedicine](#). *The Washington Post*. Accessed September 29, 2016.

- Some health professionals, as well as the federal government, think technology could offer a solution [to the opioid epidemic]—by using video chat to connect patients in need with faraway physicians who know how to treat addiction.
- This summer, the U.S. Department of Agriculture directed \$1.4 million to five pilot projects in southwest Virginia, Tennessee and Kentucky.
- [This article discusses the promise and challenges of applying telemedicine (including a lack of reimbursement) to treating opioid use disorders in rural communities.]

### **What are some models for providing telemental health in rural areas?**

Source: Goldstein, F., and Myers, K. (2014). Telemental health: A new collaboration for pediatricians and child psychiatrists. *Pediatric Annals, 43*(2), 79–84.

- The most promising models [for child behavioral health] integrate telemental health into the medical home or into a child’s system of care. Such programs have been established in naturalistic settings such as schools, which reduces the possibility of missed appointments and has the advantage of assisting teachers in managing children’s behavior and learning problems.

Source: Rural Health Information Hub. (2014, August 5). [Telehealth use in rural healthcare](#). Accessed September 20, 2016.

- Specific examples of telemedicine improving rural healthcare access include:
  - Intensive Care Unit Telemonitoring (e-ICUs)—Rural providers can collaborate with tele-hub professionals to assist in monitoring and treating patients and provide “an extra set of eyes for the bedside nurse.”
  - Extension for Community Healthcare Outcomes (ECHO)—Primary care providers and specialists work as a team to manage chronic conditions of rural patients.

- The Office for the Advancement of Telehealth (OAT) is part of the Federal Office of Rural Health Policy and has information on funding and resources for telehealth programs.
- Other ways that telehealth can be used to improve rural healthcare include:
  - Telepharmacy services extend access to medications and medication counseling at rural facilities and community pharmacies.
  - Monitoring systems can facilitate tracking of patient vital signs from their home, such as smarthomes that utilize home-based sensors to keep patients in their homes longer.
  - Electronic communications can link providers that serve in isolated areas and create “virtual professional communities” to improve patient care.
  - Healthcare providers’ use of mobile devices, such as tablet computers and smartphones can improve communication to their patients as well as to other providers.
- In the August 2013 issue of the [Rural Monitor](#), there are several examples of how rural telehealth capabilities continue to grow.

Source: Office of Rural Health & Primary Care. (2010, July). [Health Advisory Committee’s Report on telemental health in rural Minnesota](#). Minnesota Department of Health. Accessed September 20, 2016.

- The Veteran Administration Midwest Health Care Network is part of one of the largest telemental health networks in the world. The Veterans Health Administration (VHA) serves as a model for best practices.
  - The VHA has demonstrated successful delivery of numerous treatment modalities including medication management, individual psychotherapy, group therapies, substance abuse treatment, and Post-Traumatic Stress Disorder programs.
  - The Veteran Administration Midwest Health Care Network has community-based outpatient clinics (CBOCs) in many rural Minnesota and Wisconsin locations.
  - The Veteran Administration Midwest Health Care Network has telemental health services integrated in primary care provider offices. Additional “pods” are set up with mental health services embedded and available through other clinical locations.
  - The Veteran Administration Midwest Health Care Network identified types of patients who need special assistance to use telemental health services effectively.
- New Connections for Community Mental Health is a statewide program to solve chronic problems rural Minnesotans face obtaining appropriate mental health care.

Source: Deen, T. L., Godleski, L., and Fortney, J. C. (2012). A description of telemental health services provided by the Veterans Health Administration in 2006–2010. *Psychiatric Services*, 63(11), 1131–1133.

- The VHA provides care to 3.3 million rural veterans, representing 41% of all VHA enrollees.

- A total of 342,288 telemental health encounters were identified, and each type increased substantially across the five years.
- Telepsychotherapy with medication management was the fastest growing type of telemental health service.

Source: Godleski, L., Darkins, A., and Peters, J. (2012). Outcomes of 98,609 U.S. Department of Veterans Affairs patients enrolled in telemental health services, 2006–2010. *Psychiatric Services*, 63(4), 383–385.

- This four-year study, the first large-scale assessment of telemental health services, found that after initiation of such services, patients' hospitalization utilization decreased by an average of approximately 25%.

### **What are some challenges faced by rural communities that want to adopt telemental health?**

Source: Goldstein, F., and Myers, K. (2014). Telemental health: A new collaboration for pediatricians and child psychiatrists. *Pediatric Annals*, 43(2), 79–84.

- Disadvantages of TMH [telemental health] care include:
  - Families' potential difficulty in developing trust and rapport through telecommunications.
  - [Possible delay in medications reaching patients through the mail.]
  - Emergency appointments are difficult to arrange. THM appointments require the coordination of three schedules (the patient site, the patient, and the teleclinician) and sometimes the availability of equipment.
  - Coordinating and maintaining records may be more complicated, particularly if the teleclinician's and patient's sites do not share the same electronic medical record.

Source: Brooks, E., Turvey, C., and Augusterfer, E. F. (2013). Provider barriers to telemental health: Obstacles overcome, obstacles remaining. *Telemedicine Journal and E Health*, 19(6), 433–437.

- When providers are queried, various barriers are presented, such as the clinician's skepticism about the effectiveness of telemental health (THM), viewing telehealth technologies as inconvenient, or reporting difficulties with medical reimbursement.

### **How do libraries help to ameliorate the health challenges faced by those in rural and frontier communities?**

Source: Eliminating Mental Health Disparities. (n.d.). [Telemental health guide](#). Accessed September 20, 2016.

- Telemental Health is the provision of mental health services using live, interactive videoconferencing. [In order to participate in a videoconference, residents in rural communities would need access to a computer and broadband. Otherwise, it would be difficult for them to get the medical health they were seeking. Libraries that provide

these resources allow residents who don't have access to them at home to get the medical care they require.]

### **What role do Rural Health Clinics play in meeting the behavioral health needs of rural and frontier communities?**

Source: Health Resources and Services Administration. (n.d.). [What are rural health clinics \(RHCs\)?](#) Accessed September 20, 2016.

- A Rural Health Clinic is a federally qualified health clinic certified to receive special Medicare and Medicaid reimbursement. CMS [Centers for Medicare and Medicaid Services] provides advantageous reimbursement as a strategy to increase rural Medicare and Medicaid patients' access to primary care services.

Source: Rural Health Information Hub. (2015, April 27). [Rural health clinics](#). Accessed September 20, 2016.

- The main advantage of RHC [rural health clinic] status is enhanced reimbursement rates for providing Medicaid and Medicare services.
- RHCs can be public, nonprofit, or for-profit healthcare facilities, however, they must be located in rural, underserved areas.
- They are required to use a team approach of physicians working with non-physician practitioners such as nurse practitioners (NP), physician assistants (PA), and certified nurse midwives (CNM) to provide services. The clinic must be staffed at least 50% of the time with a NP, PA, or CNM.
- RHCs are required to provide outpatient primary care services and basic laboratory services.

### **What strategies should be considered to assist rural and frontier communities in sustaining telemental health programs? What resources are available to meet those needs?**

Source: Rural Health Information Hub. (2014, October 31). [Healthcare access in rural communities](#). Accessed September 20, 2016.

- Two rural healthcare models that have been supported by the Federal Office of Rural Health Policy (FORHP) include:
  - Frontier Extended Stay Clinics (FESC)—Clinics in frontier communities which help seriously ill patients or injured patients who cannot be immediately transferred to a hospital due to adverse weather conditions or other concerns.
  - Frontier Community Health Integration Program (FCHIP)—A program to develop and test new models to improve access to quality healthcare services in frontier areas.

Source: Patel, K., Darling, M., McClellan, M. (2015, December 5). [Transforming rural health care: High-quality, sustainable access to specialty care](#). *Health Affairs* (Blog). Accessed October 20, 2016.

- [This article discusses providing specialty care in rural areas through telemedicine, especially the need for payment reform to sustain and enhance these efforts.]

## **Panel 3: Engaging Individuals, Families, and Professionals in Rural Areas in Promoting Behavioral Health**

### **Key Questions:**

- 1. What can people in rural and frontier communities do to improve their behavioral health and overall wellness?**
- 2. What steps can rural and frontier communities take to prevent substance use disorders, particularly among adolescents?**
- 3. What are some ways that rural and frontier communities can help promote mental health and prevent suicide?**
- 4. How can technology be used by peers to provide support for people in recovery in rural areas? How might social media play a role in promoting behavioral health?**
- 5. How can providers reach out to residents of rural and frontier communities to improve healthcare coverage?**
- 6. What should people in Native American/American Indian communities know about accessing care through the Indian Health Service and other federal healthcare initiatives?**

### **What can people in rural and frontier communities do to improve their behavioral health and overall wellness?**

Source: Rural Health Information Hub. (2015, June 1). [Rural wellness and prevention](#). Accessed September 20, 2016.

- Many communities have existing resources that offer an array of health opportunities to the general public, such as walking trails, parks, health clinics and services, and farmers markets. These services and opportunities require visibility for the general public to ensure their full use.

Source: Rural Health Information Hub. (n.d.). Rural project examples: [Wellness, health promotion, and disease prevention](#). Accessed September 20, 2016.

- Sickness Prevention Achieved through Regional Collaboration (SPARC, Inc.®)
  - Intervention: SPARC was established to develop and test new community-wide strategies to increase the delivery of clinical preventive services.
  - Results: Across the United States in both rural and urban communities, SPARC programs, which broaden the delivery of potentially life-saving preventive services, have been successfully launched, improving the health of residents.
- Fit & Strong!
  - Intervention: An 8-week physical activity and behavior change program
  - Results: Participants are more confident about exercising, exercise more, and have less stiffness and joint pain and improved lower extremity strength and mobility.
- One Community Health's Wellness Programs

- Intervention: A local healthcare facility developed wellness programs using bilingual community health workers to provide education and support that improves diets, physical activity and teaches stress management.
- Results: Many participants in the wellness programs have maintained or lost weight and have seen reductions in their cholesterol levels, blood pressure, and blood sugar levels.
- Rural Restaurant Healthy Options Program
  - Intervention: The Healthy Options Program offered an economical and low maintenance program for owner-operated restaurants in Iowa to increase awareness of already-existing healthy menu options and substitutions.
  - Results: Restaurants received positive community feedback and experienced no financial loss. Customers noticed as well as appreciated the healthy option reminders, and ordering behavior was impacted in a healthy way.

**What steps can rural and frontier communities take to prevent substance use disorders, particularly among adolescents?**

Source: Rural Health Information Hub. (2015, May 15). [Substance abuse in rural areas](#). Accessed September 20, 2016.

- Prevention programs can help control substance abuse in rural communities, particularly when focused on adolescents.
- Counselors, healthcare professionals, teachers, parents, and law enforcement can work together to identify problems and develop prevention strategies to control substance abuse in rural communities by:
  - Holding community or town hall meetings to raise awareness of the issues
  - Training law enforcement regarding liquor license compliance, underage drinking, and detection of impaired drivers
  - Inviting speakers to talk to school-aged children and help them understand the consequences
  - Routine screening in primary care visits to identify at-risk children and adults
  - Collaborating with churches and service clubs to provide a strong support system for individuals in recovery, which might include support groups and tobacco quitlines
  - Training adults as volunteers to identify and refer individuals at risk
  - Developing a formal substance abuse prevention or treatment program for the community
  - Providing care coordination and patient navigation services for people with substance use disorders
  - Providing specialized programs and counseling to discourage substance use by pregnant women
  - Collaborate with human services providers and local service organizations to ensure families affected by substance abuse have adequate food, housing, and mental health services

**What are some ways that rural and frontier communities can help promote mental health and prevent suicide?**

Source: Rural Health Information Hub. (2014, December 15). [Rural mental health](#). Accessed September 20, 2016.

- Rural schools can play an important role in preventing suicide among rural youth by:
  - Becoming involved with your state or community's suicide prevention coalition and learn how to coordinate your school's efforts with state or community efforts.
  - Visiting SPRC's [Suicide Prevention Resource Center] Customized Information pages for Teachers and School Mental Health Providers to learn more about how to respond to students and staff at risk for suicide.
  - Implementing a school-based suicide prevention program.
  - Offering a Mental Health First Aid training program in your rural community for individuals to learn how to help people who are in a crisis.

### **How can technology be used by peers to provide support for people in recovery in rural areas?**

Source: Fass, R. (2014). [How mobile, wearable, and social tech is improving mental health care. CIO](#). Accessed September 26, 2016.

- Peer communities can be accessed through a browser or mobile app. Online communities cover a broad swath of mental health areas, including anxiety, depression, eating disorders, substance abuse, and PTSD, as well as a range of medical conditions including asthma, cancer, diabetes, smoking cessation, and weight management. When sponsored by a health care or behavioral health care provider, professionals can engage with patients/clients in between in-person visits.

### **How might social media play a role in promoting behavioral health?**

Source: Naslund, J. A., Grande, S. W., Aschbrenner, K. A, and Elwyn, G. (2014, October 15). Naturally occurring peer support through social media: The experiences of individuals with severe mental illness using YouTube. *PLoS ONE*, 9(10), e110171.

- [The researchers explored] the phenomenon of individuals with severe mental illness uploading videos to YouTube, and posting and responding to comments as a form of naturally occurring peer support.
- [The findings] suggest that the lack of anonymity and associated risks of being identified as an individual with severe mental illness on YouTube seem to be overlooked by those who posted comments or uploaded videos. Whether or not this platform can provide benefits for a wider community of individuals with severe mental issues remains uncertain.

Source: Parikh, S. V., and Huniewicz, P. (2015). E-health: An overview of the uses of the Internet, social media, apps, and websites for mood disorders. *Current Opinion in Psychiatry*, 28(1), 13–17.

- E-health encompasses many categories, including computerized self-help strategies, online psychotherapy, websites that provide information, social media approaches including Facebook, Internet forums for health discussions, personal blogs, and

videogames. Multiple tools exist to assess and document symptoms, particularly mood charts.

- [The researchers found] that the face validity of social communication strategies including social media and blogs is strong, with clear implications for stigma reduction and peer support. Informational websites continue to be primary sources of psychoeducation on mental disorders.
- Social media sites have widespread use by the public and a profusion of health discussions and tools, but without published research evaluation of efficacy.

### **How can providers reach out to residents of rural and frontier communities to improve healthcare coverage?**

Source: Rural Health Information Hub. (2014, November 20). [Rural health insurance outreach and enrollment](#). Accessed September 20, 2016.

- Rural healthcare facilities, public health agencies, and human service providers can help their patients, clients, and community members understand the health insurance options available under the Affordable Care Act. Providers can:
  - Conduct outreach campaigns.
  - Provide information directly to patients and clients about health coverage options in a culturally appropriate way and inform them that financial help, to pay for health insurance, is available.
  - Refer patients and clients to people and organizations who can provide in-person assistance and help them navigate the system, evaluate options, and sign up for health coverage.
  - Share the Health Insurance Marketplace website with everyone they interact with. Explain that the website is available to help people review their coverage options and sign up for coverage online, including Medicaid, Children’s Health Insurance Program (CHIP), or private insurance coverage.
- When conducting outreach and enrollment efforts in rural communities, consider where people in your community get their information, where they gather, and where they do business. Each community is different and doing this initial analysis of your community can help you identify the best strategies, locations, and partners that will help you successfully reach people in your community most in need of health coverage.

### **What should people in Native American/American Indian communities know about accessing care through the Indian Health Service and other federal healthcare initiatives?**

Source: Indian Health Services. (n.d.). [Three things you should know](#). Accessed September 20, 2016.

- IHS will continue to provide quality, culturally appropriate services to eligible American Indians and Alaska Natives.
- Under the new health care law, everyone is required to maintain minimum essential coverage or pay a fee (known as the shared responsibility payment). Being eligible for IHS services alone does not meet the minimum essential coverage requirement.
- American Indians and Alaska Natives have access to affordable health care coverage options through the Health Insurance Marketplace. You may now be eligible to purchase insurance coverage or determine if you qualify to enroll in Medicaid. If you

qualify for and enroll in a plan through the Health Insurance Marketplace, you may be eligible for premium tax credit assistance (which is based on your income) and/or cost sharing waivers (based on being a member of a federally recognized tribe).

Source: Indian Health Service. (n.d.). [Affordable Care Act](#). Accessed September 20, 2016.

- The Affordable Care Act (ACA) provides American Indians and Alaska Natives with more choices; depending on your eligibility and the coverage available in your state, you can:
  - Continue to use IHS, tribal, and/or urban Indian health programs,
  - Enroll in a qualified health plan (QHP) through the Marketplace, and/or
  - Access coverage through Medicare, Medicaid, and the Children's Health Insurance Program.

Source: Rural Health Information Hub. (2016, March 17). [Rural tribal health](#). Accessed September 20, 2016.

- A number of other programs housed within the federal government, particularly the Department of Health and Human Services, support Native Americans and have programs that benefit tribal healthcare services—[including the CDC's Office of Minority Health & Health Equity; the Federal Office of Rural Health Policy; the U.S. Department of Health and Human Services Office of Minority Health; and the National Institute of Health, National Institute on Minority Health and Health Disparities.]

## **Panel 4: Resources for Rural and Frontier Communities**

### **Key Questions:**

- 1. What are some other resources we have not mentioned that address mental and/or substance use disorders in rural and frontier communities?**
- 2. What are some resources for supporting the dimensions of recovery—health, home, purpose, and community—in rural and frontier communities?**
- 3. What resources are available to help people locate Rural Health Centers? What resources are available to help people find behavioral health services in rural areas?**
- 4. How can individuals who want to promote rural health find state-specific information and resources?**
- 5. Where can public health departments and community-based organizations in rural and frontier areas find tools to support their initiatives?**
- 6. Where can providers find more information on implementing telemental health in rural and frontier communities?**
- 7. Where can individuals who want to work as providers in rural and frontier communities find career information and support for training?**

**What are some other resources we have not mentioned that address mental and/or substance use disorders in rural and frontier communities?**

Source: [National Association for Rural Mental Health website](#). Accessed August 1, 2016.

- The National Association for Rural Mental Health (NARMH) is a professional organization that serves the field of rural mental health.

Source: Human Resources and Services Administration, Office of Rural Health Policy. (2011, June). [Rural behavioral health programs and promising practices](#). Accessed August 1, 2016.

- [The] report documents a study to identify innovative rural programs (i.e., sets of practices, activities, and strategies), and uses the results to suggest basic tools for rural organizations to ... move a program that is perceived to be effective into a promising practice. This document will provide an overview of tools such as community building, grant-writing, data collection, and program definition.

Source: Petruzzelli, M. (2014, October 23). [Toolkit analyzes role of graduate medical education in addressing physician shortages](#). National Council for Behavioral Health. Accessed September 13, 2016.

- [This toolkit offers information for rural areas to boost their behavioral workforces.]

Source: National Rural Social Work Caucus. (n.d.). [Rural social work conferences](#). Accessed September 13, 2016.

- [This webpage is a resource for rural social workers.]

Source: SAMHSA. (2007, July/August). [Rural substance abuse: Overcoming barriers to prevention and treatment](#). *SAMHSA News*. Accessed August 1, 2016.

- [This article] describes strategies for overcoming barriers to the prevention and treatment of alcohol abuse and drug abuse in rural populations; suicide prevention through MySpace.com; and publications on underage drinking, problem gambling, and FASD [fetal alcohol spectrum disorder] among Native Americans.

Source: SAMHSA. (2015, October 27). [Disaster Behavioral Health Information Series Resource Collections: Rural populations](#). Accessed August 1, 2016.

- This installment of the SAMHSA Disaster Behavioral Health Information Series (DBHIS) focuses on disaster behavioral health for rural communities.

**What are some resources for supporting the dimensions of recovery—health, home, purpose, and community—in rural and frontier communities?**

Source: SAMHSA. (n.d.). [SAMHSA resources for rural populations](#). Accessed August 1, 2016.

- [This document lists a variety of behavioral health resources for rural populations.]

Source: American Psychological Association. (n.d.). [Rural resources](#). Accessed August 1, 2016.

- [This webpage offers resources on mental and overall health for rural populations.]

Source: National Alliance to End Homelessness. (n.d.) [Rural homelessness](#). Accessed October 6, 2016.

- [This webpage offers information and resources on rural homelessness.]

Source: National Rural Health Association. (n.d.). [What's different about rural health care?](#) Accessed September 13, 2016.

- [This website offers information focused on rural health care.]

**What resources are available to help people locate Rural Health Centers? What resources are available to help people find behavioral health services in rural areas?**

Source: Rural Health Information Hub. (2015, April 27). [Rural Health Clinics \(RHCs\)](#). Accessed September 6, 2016.

- [This webpage describes Rural Health Clinics and provides links to national and state maps for locating these facilities.]

**How can individuals who want to promote rural health find state-specific information and resources?**

Source: Rural Health Information Hub. (n.d.). [State guides](#). Accessed September 6, 2016.

- RHHub's State Guides include selected information pulled from the Online Library section of this website, as well as links to useful publications and websites. The guides focus on the most current and relevant information for each state.

**Where can public health departments and community-based organizations in rural and frontier areas find tools to support their initiatives?**

Source: Rural Health Information Hub. (n.d.). [Your first stop for rural health information](#). Accessed September 6, 2016.

- [This website offers information on rural health—including funding opportunities, the definition of rural, rural health issues, project examples and models in rural health, toolkits, guidance on finding rural statistics, an online library, and a toll-free telephone number for resources and referrals.]

Source: National Rural Health Resource Center. (n.d.). [About the center](#). Accessed September 6, 2016.

- The National Rural Health Resource Center provides technical assistance, information, tools and resources for the improvement of rural health care. It serves as a national rural health knowledge center and strives to build state and local capacity.

Source: SAMHSA. (2014, March). [Information for faith-based and community leaders: Talking points for faith-based communities](#). Accessed August 4, 2016.

- These talking points can help faith leaders develop messages for their congregations and communities about the importance of mental health.

SAMHSA. (2006, June 7). Faith and recovery: [The healing role of faith-based organizations](#). Accessed August 4, 2016.

- [This webcast] explores the role of faith and faith-based organizations in recovery from alcohol and drug addiction. [It] discusses pastoral counseling, interventions, and other recovery services offered by faith-based organizations as well as the need for pastoral training.

**Where can providers find more information on implementing telemental health in rural and frontier communities?**

Source: Addition Technology Transfer Center Network. (n.d.). [National Frontier and Rural Addiction Technology Transfer Center](#). Accessed August 1, 2016.

The National Frontier and Rural Addiction Technology Transfer Center [serves] as the national subject expert and key resource to:

- **PROMOTE** awareness and implementation of telehealth technologies to deliver addiction treatment and recovery services in frontier/rural areas;
- **PREPARE** addiction treatment providers and pre-service counseling students on using telehealth technologies to provide evidence-based addiction treatment services;
- **ADOPT** the use of telehealth services by creating national telehealth competencies and policy recommendations, including national license portability; and
- **IMPLEMENT** telehealth services through use of state-of-the-art culturally-relevant training and technical assistance activities for the frontier/rural addiction treatment and recovery workforce.

Source: Rural Health Information Hub. (2014, August 5). [Telehealth use in rural healthcare](#). Accessed September 6, 2016.

- [This webpage offers information on using telehealth in rural areas, including Frequently Asked Questions with answers.]

**Where can individuals who want to work as providers in rural and frontier communities find career information and support for training?**

Source: Rural Health Information Hub. (2015, June 2). [Rural healthcare workforce](#). Accessed September 20, 2016.

- [Area Health Education Centers Program \(AHEC\)](#)—[Focuses on] interdisciplinary, community-based training initiatives with the goal of improving the diversity, distribution, supply, and quality of healthcare personnel, particularly in primary care.
- [Health Careers Opportunity Program \(HCOP\)](#)—Works to increase the number of individuals from economically disadvantaged backgrounds who enter the health professions field.
- [National Health Service Corps \(NHSC\)](#)—Offers scholarships and loan repayments programs which enable students to complete health professions training. Students must complete a service commitment.
- [Teaching Health Center Graduate Medical Education \(THCGME\)](#)—Provide residency training for dentists and primary care physicians in a community health center setting.
- [Rural Training Track Technical Assistance Program \(RTT TA Program\)](#)—Supports rural training track residency programs as a national strategy in training physicians for rural practice.

Source: Rural Health Information Hub. (2016, March 17). [Rural tribal health](#). Accessed September 20, 2016.

- Indian Health Service (IHS) provides a wealth of information on opportunities to work as a provider in a tribal community on its [Career Opportunities](#) web page.
- Information about loan repayment programs and scholarship opportunities can be found on the [Funding & Opportunities section](#) of the Rural Tribal Health and Human Services topic guide.

*A link check was run on all the external websites listed in the Discussion Guide to identify and fix any broken links as of October 15, 2016. However, we acknowledge that URLs change frequently and may require ongoing link checks for accuracy. Last updated: October 15, 2016.*