Rural and Remote Health rrh.org.au
James Cook University ISSN 1445-6354

COMMENTARY

Partnership integration for rural health resource access

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PUBLISHED

15 November 2019 Volume 19 Issue 4

HISTORY

RECEIVED: 14 February 2019

REVISED: 28 August 2019

ACCEPTED: 24 September 2019

CITATION

Sharp T, Weil J, Snyder A, Dunemn K, Milbrath G, McNeill J, Gilbert E. Partnership integration for rural health resource access. Rural and

Remote Health 2019; 19: 5335. https://doi.org/10.22605/RRH5335

ETHICS APPROVAL

This is a commentary that provides a framework for interdisciplinary care. No data were collected for this project.

ABSTRACT:

Increasing numbers of older adults are residing in rural areas of the USA. Many of these individuals experience greater rates of chronic diseases and lower income levels compared to their urban-residing counterparts. Aging in rural environments creates greater challenges in the provision of funding, staff and resources to meet the needs of these older adults, and contributes to immense health disparities and health inequities. Urban and rural older adult residents alike need healthcare, gerontological and public health resources to promote successful aging in place. Due to the nature of rural environments, many of these resources often exist great distances from these residents, which creates access challenges. There are also limitations in locally available facilities and trained practitioners, resulting in resource shortages for addressing chronic health conditions. The creation and use of interdisciplinary partnerships provides this much-needed support while addressing ever-increasing funding and staffing limitations.

This article provides an innovative conceptual interdisciplinary partnership model that combines nursing, public health and gerontology to address the health and social challenges that rural-residing older adults face.

Although well-trained practitioners who work within their discipline are an important contributor to assist with the needs of rural-residing older adults, this silo approach is expensive, inefficient, and clearly cannot support all of the needs for older adults in this type of environment. There is a need to blend the complementary skills provided by each of the presented disciplines so that the focus of the interdisciplinary partnership is on person-centered care addressing the health disparities and health inequities experienced by these older adults. To illustrate the integration of nursing, public health and gerontology disciplines, these disciplines are initially combined and presented as dyads, and are then incorporated into the full conceptual model. The dyads are public health and gerontology, public health and nursing, and gerontology and nursing. Steps are provided for the development of this (or any) interdisciplinary partnership. An example of the model's use through clinical and non-clinical disciplines and a community engagement framework is also described.

Interdisciplinary approaches focused on person-centered care provide more well-rounded health and social support for rural older adults than any one discipline in isolation. Allocation of shared resources, roles, responsibilities and expenses allows practitioners engaged in interdisciplinary teams to provide superior economic and capacity efficiency. This efficiency is crucial at a time when many entities experience limitations in sustainable resources. Thus, practitioners and community agencies collaborating through interdisciplinary partnerships are better able to address the complex issues experienced by rural-residing community members.

Keywords:

aging, gerontology, health disparities, interdisciplinary, nursing, public health, USA.

FULL ARTICLE:

Background

Rural populations are aging. In rural, non-metropolitan areas of the USA, 19% or more of the population is aged 65 years or more compared to 15% of those of the same age range in non-rural areas[1]. Rural areas also have a larger percentage of those aged 85 years and older[2]. Living in rural areas as one ages often means less availability of and access to medical services and a lack of healthcare providers[1,3]. The implication on rural-residing older adults is significant as they have higher rates of chronic conditions and frailty[4]. Additionally, these rural older adults have limited access to goods and services and often have lower incomes than urban-dwelling older persons[5]. This combination of increased numbers of rural-residing older populations[1], along with greater chronic health conditions and limited health resource access, creates increased economic and workforce strain on those existing and limited support systems.

The aforementioned health disparities and inequities necessitate providers working together across disciplines. These multidisciplinary efforts are frequently used in practice, but often lack synergy and collaboration. Although 'multidisciplinary' and 'interdisciplinary' often used interchangeably, there are distinct differences between them[6]. Multidisciplinary practices focus on the dominance of each individual discipline. Interdisciplinary efforts are better suited to address rural health disparities and inequities due to a primary focus on person-centered care. Rather than being housed in individual disciplines, interdisciplinary partnerships can improve rural health resource access through practitioners working and learning from each other and thus *blending* the complementary skills of individual disciplines to increase care's holistic nature[7]. By removing silos among health professionals, the

impact of health resource shortages in rural areas can be reduced.

Purpose

Interdisciplinary teams are a way to address the complex issues of aging, and this approach is particularly critical to aging in rural places[8]. The goal of this commentary is to present a conceptual partnership model that integrates nursing, gerontology, and public health disciplines for support of rural-residing older adults. The importance of interdisciplinary approaches that ultimately enhance the quality of life of rural-residing older adults is described. Benefits of discipline pairings and total integration of these pairings provide a comprehensive overview of the strength of interdisciplinary partnership integration for improving rural health resource access.

Partnership integration

Interprofessional collaborations in health are inescapable in today's increasingly complex healthcare environment. More work is needed to understand how disciplines can work together to address chronic disease, long-term complex health issues[9], and transitions of care[10]. Researchers continue to define interdisciplinary models and analyze the health impact of such models, but this literature is limited to a small pool of interdisciplinary studies[11].

In general, the steps toward interdisciplinary efforts begin with identifying the complementary nature of work provided within pairing of specific disciplines. An innovative model that expands and develops collaborative relationships with researchers, rural hospitals, area health education centers, and other public and private agencies outside of and within the aging network improves health resource access for rural-residing older adults. Public health, gerontology, and nursing disciplines presented as pairs/dyads are incorporated as a conceptual interdisciplinary model. This illustrates the integration of these types of disciplines, and their interactions with each other as well as how all three disciplines interact together. These descriptions can help health professionals apply the presented model to their own rural settings through the development of specific goals and objectives that leverage the strength of each discipline and interaction.

Public health and gerontology

This dyad illustrates the importance of prevention and education and an understanding of the aging process to promote health, reduce health disparities, and increase health equity in rural-residing older adults. Recognition of the influence of the environment upon the older individual and population is enhanced by field-based practice. Whereas public health includes a focus on social determinants of health, gerontology recognizes the impact of social support in healthy aging.

Public health and nursing

While the public health and nursing dyad also focuses on health-related prevention and education, this partnership addresses the healthcare needs of disadvantaged and rural populations through the provision of quality care within the complex practice-based environment of an evolving healthcare system. As older adults are often shuffled between their home and healthcare facilities, education, communication, and coordination of care during these transitions are critical to supporting older adults within the community through their interactions with the healthcare system. Public health and nursing partnerships are critical in accessing and coordinating community services for older adults and identifying gaps in services in rural areas.

Gerontology and nursing

This dyad focuses on assessment, treatment, and rehabilitation for improved functioning and healthcare needs of older adults using a gerontological lens that includes the social, psychological, and environmental factors that influence the health of older people. Also, key focuses of this dyad are needs related to quality of care (ie health care and overall wellbeing) and quality of life in assisted living and skilled nursing facilities. Pairing these disciplines can also address social isolation, lack of public transportation, and even the lack of skilled nursing that may occur in many rural environments.

Interdisciplinary integration

There are clear benefits of using the dyadic approach. For public health and gerontology, community engagement is a crucial component of this dyad's practice outcomes. Practice outcomes for public health and nursing include improving population health by emphasizing prevention and attending to multiple determinants of health. Gerontology and nursing practice outcomes utilize person-centered and strengths-based approaches for optimum health achievement[12]. Integrating all three of these disciplines provides rural-residing older adults with the expertise needed for person-centered and community-level health-related resource access, as shown in Figure 1. By integrating three complementary professions with different training and foci, practitioners can compound disciplinary strengths, cover weaknesses in knowledge and expertise, and provide smooth transitions for older adults through the continuum of care. This is especially critical in rural environments because personal, financial, and professional resources can often be scarce.

Interdisciplinary approaches provide more comprehensive health support for rural older adults than any one discipline in isolation. Reducing health disparities and increasing health equity for this population are strengthened through interdisciplinary knowledge and practice. Protecting and enhancing the health of populations through person-centered care are reinforced through knowledge exchange among nursing, gerontological, and public health practitioners.

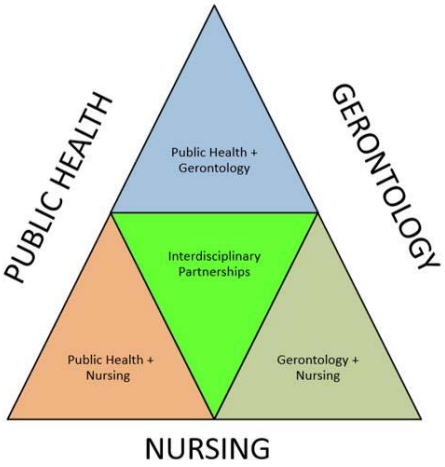

Figure 1: Partner integration conceptual model.

Steps for developing an interdisciplinary partnership

According to O'Sullivan, the development of interdisciplinary partnerships is a step-by-step process. Initially, community partners should be recruited and a needs assessment conducted. Depending upon the needs of the community, disciplines to be included in the integrated partnership can be determined. Disciplines would then work to move from disciplinary to cross-disciplinary to multidisciplinary to interdisciplinary approaches[13].

Example of model use

There is wide recognition that individuals who live in rural environments that lack sufficient health-related resource access can experience significant health inequities[14]. The following example is of a project using a mixture of clinical and non-clinical disciplines to improve rural health resource access.

A community engagement framework was used to develop and evaluate the needs of rural residing older adults. Partnerships were developed with surrounding healthcare systems, community health centers, rehabilitation, extended care facilities, home health, and tele-health. To address the lack of knowledge or training in creating interdisciplinary teams, providers were educated about the importance and ways of developing interdisciplinary collaborations[12]. This required an investment in learning about the contribution of roles and skills by partnered disciplines, and teamwork. Education on the blending of disciplines' philosophies, jargon, and techniques takes time, so advanced planning and full team engagement is essential for long-term success[12].

Summary

Allocating shared resources, roles, responsibilities, and expenses provides more economic and capacity efficiency. This process of sharing is more crucial at a time when entities experience limitations in sustainable resources, especially in rural areas. The application of interdisciplinary teams enables practitioners to address the complex issues experienced in rural-residing communities.

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