

NRHA Rural Proofing Tool

The use of rural proofing guidelines, as adopted in the United Kingdom, South Africa, and New Zealand, has been demonstrated to be an effective exercise resulting in positive outcomes for rural health.¹⁻³ When valued as an integral process in policy development and implementation, rural proofing ensures equitable solutions for patients, families, and communities while considering healthcare delivery, community resources, public health and healthcare systems.⁴ Rural proofing is not exclusionary of non-rural health issues but instead calls attention to rural contexts to consider during policy and implementation processes.^{2,5}

“Rural proofing is an approach to the development and review of government policy and strategic planning that recognizes that the needs of rural areas and communities are different to those of their urban counterparts.”¹ The rural proofing tool illustrated in Figure 1 provides a structured approach for examining policy and legislation from multiple perspectives, in alignment with the Triple Aim of healthcare delivery,⁶ and in context of specific organizational or situational merits; thereby, articulating the role organizations can play in decision making that results in fewer unintended consequences.

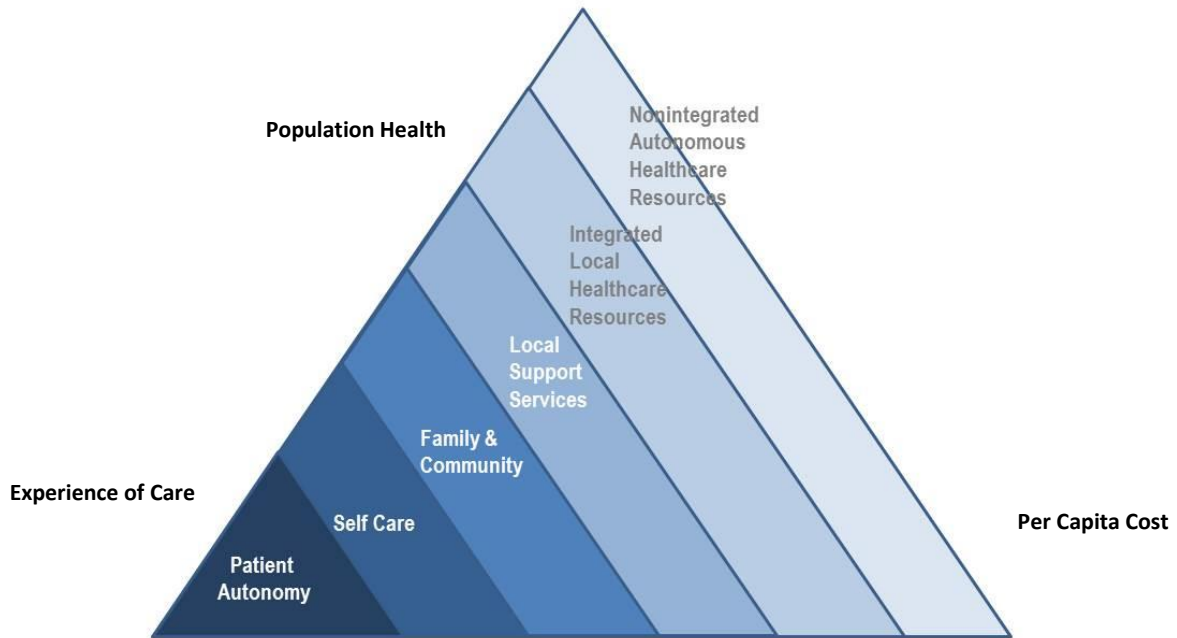
The top portion (triangle) of the tool depicts the “rural lens” through which health services delivery is perceived. This section is *consistent* for each organization or situation in which it is applied. There may be important considerations related to each of the labeled areas or lenses with regard to rural health when a new policy, law or regulation has been proposed. This tool provides an organized visual for guiding the “checklist” for rural proofing by an individual or in association with discussions within a group.

The bottom (square) portion of the tool is *individualized* for each organization or situation and acts as a checklist for the operationalization of the findings from the “rural proofing” process. For example, the rural proofing tool as illustrated for use by the NRHA conveys the role of the constituent groups (CGs) and others in policy examination. NRHA considers proposed legislation, regulations and policies as viewed with regard to the impact on rural health. The NRHA accomplishes this by discussion at the Rural Health Congress, which has representatives as noted in the illustration. NRHA can then operationalize actions on issues identified during the rural proofing process (top portion) by activating the CGs and the other executive functions of the organization, including board actions, education and by direct advocacy.

Rural proofing can take place along side comprehensive approaches such as Health in All Policies (HiAP), which suggests that only through cross-sector, collaborative consideration of the five key social determinants of health (economic stability, education, social and community context, health and health care and the neighborhood or built environment) in policy design can true improvement in the health of all people be achieved.⁷ The NRHA Rural Proofing Tool is a framing process which supports NRHA’s ability to promote rural health policies that address a broad range of stakeholder needs, values and perspectives.

Figure 1. NRHA Rural Proofing Tool - Top (Triangle) definitions: *Patient Autonomy*: Patient as informed and with choice; *Self Care*: Patient as empowered and responsible for aspects of self-care; *Family and Community/Local Support Services*: Opportunity and accountability of both family and local community support systems for patient and population health; *Integrated Local Healthcare Resources*: Opportunity and accountability of the local healthcare systems and resources for patient and population health. May include integrated distant resources such as visiting consultants or tele-health resources; *Nonintegrated Autonomous Healthcare Resources*: Opportunity and accountability of health care systems and resources for patient and population health which are autonomous and also not integrated with the local healthcare community. [Examples: Patient transported from trauma scene to urban tertiary care center. Patient drives to seek specific care provider outside of local care system with no care coordination. Tele-health consultation from home without care coordination locally.]

Rural Proofing Tool for Use of the NRHA



EACH LENS INFORMS THE RURAL PROOFING CYCLE



Clinical Services CG	
Public Health Status CG	
Federally Qualified Health Centers CG	
Frontier CG	
Hospital & Community Health Systems CG	
Research & Education CG	
Rural Health Clinics CG	
Statewide Health Resources CG	
State Association Council	
State Office Council	
Past Presidents Council	
Health Equity Council	
Student CG	

Policy Recommendations

In summary, this tool serves two main purposes:

1. It is a visual articulation of what the NRHA does in its discussions, decisions and actions. The NRHA accomplishes this through a functional policy-making Rural Health Congress and its representative CGs. The impact of these developed policies are operationalized through its board and executive functions with similar representation of perspectives regarding rural health issues.
2. It is a convenient expression of an intentional rural proofing “check list” for use when desired.

*It is not the purpose to have this be a requisite exercise, but instead a helpful framing tool for use when beneficial.

References

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2. Department for Environment, Food and Rural Affairs (2013). Rural Proofing for Health, <http://www.ruralproofingforhealth.org.uk/>
3. New Zealand Rural General Practice Network (2011). Rural Proofing Your Primary Health Services. <http://www.rgpn.org.nz/Network/media/documents/Resources/Rural-Proofing-your-Primary-Health-Services--NZRGPN.pdf>
4. Department for Environment, Food & Rural Affairs (2013). Rural Proofing Guidance. What is Rural Proofing? <https://www.gov.uk/guidance/rural-proofing-guidance>
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6. Institute for Healthcare Improvement (2015). IHI Triple Aim Initiative: Better Care for Individuals, Better Health for Populations, and Lower Per Capita Costs. <http://www.ihl.org/engage/initiatives/tripleaim/pages/default.aspx>
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