The West Virginia Recruitable Community Program

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Community, Economic, & Workforce Development
Data from the United Health Foundation consistently rank WV low in health outcomes:

- 47th (of 50) in health determinants (behaviors, community & environment, policy, and critical care)
- 50th in all health outcomes.
Fifty (of 55) counties designated as medically underserved

Fifty (of 55) counties designated as medically underserved

Definition
A Federally designated county, sub-county, or multi-county area with an Index of Medical Underservice (IMU) of 62.0 or less.
The IMU is a weighted index composed of four variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.

Twenty-eight counties contain regions classified as primary care Health Professional Shortage Areas

West Virginia
Health Professional Shortage Areas—Primary Care
May 2014

Definition
A Federally designated county, sub-county, or multi-county area which has a primary care population-to-physician ratio of 3,500:1 (3,000:1 with a high need indicator)
Recruitable Community Program

- Collaborative program implemented in late 1990s
- A new model to train community members on barriers to successful provider recruitment and broad based community development
- RCP focuses on role of the community in the recruitment and retention of health care professionals:
  - Physical attractiveness
  - Supportive environment
  - Awareness of outsiders (health care personnel) perceptions
  - Communities abilities to effect change
  - Technical assistance from in-state resource providers delivered in a supportive and collaborative fashion
RCP Traditional Operations

Community Education; Recruitment Board

WVUES First Impressions Visit

FI Report + Community Design Team Formation

CDT Visit & Recommendations

Follow-up by RCP and CDT
RCP Implementation

- RCP received applications (through 2002) from 12 communities
- Conducted 7 community visits between 1999 and 2002

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<th>PLACE</th>
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RCP Impacts

• Shannon (2003) reports that participating communities recruited 27 providers

• Survey of community recruitment board members rated the value of First Impressions, CDT, and overall process high with respect to community development, attitudes, knowledge, and recruiting potential

(Adapted from 2003 *Journal of Rural Health* article by Ken Shannon)
**RCP Locations 2003 to 2010**

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<td>Montgomery</td>
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RCP Results

• First Impressions (From 2013 JOE article by Kelly Nix, Daniel Eades, Robin Frost)
  • Used as entry point into RCP through creation of partnerships
  • WVU Extension Service surveyed 32 communities (including RCP places) – 18 responded
  • More than half reported improving signage, beautification efforts (10 of 18 – 56%)
  • Shannon (2003) highlighted its role in recruitment but provided no details

• Community Design Team (From 2016 Emails with County Extension Agents)
  • Visit happened after First Impressions – and used information from that report as focus
  • Direct connection between CDT and impacts on medical community
  • Report still used in some places but many discernable results lost-to-time

• Overall RCP
  • Moderate success in places that worked on recommendations (Cabin Creek, Union)
  • Some failure because of non-involvement, extenuating circumstances (Richwood)
## RCP Data Analysis

### Employment in NAICS 621 (Ambulatory Health Care), 622 (Hospitals), & 623 (Nursing & Residential Care)

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RCP Transformation

- CDT component refocused on general design project outreach in early 2010s
- RCP process description generalized
  - Community visits by team of qualified professionals (aided by undergraduate students)
  - Community involvement described as essential component
  - No mention of designated “encourager” – shifting to greater self-help model
- RCP began to participate in local and follow-up efforts
  - 2012 Clay County Community Design Housing Plan (2007 RCP CDT visit)
  - 2013 Camden-on-Gauley mural with CDT (2003 RCP CDT visit)

(Information from 2012 Community Design Innovations report; 2013 CDT blog post, and 2013 WV Medical Journal article by Nancy Melton)
RCP Current Process

• Places still apply to WV DHHR Division of Rural Health & Recruitment
• Program more focused on community involvement and engagement
• Places still receive evaluation through First Impressions visit (but no CDT)
• Program now includes facilitated work session with stakeholders, residents
• Places encouraged to undertake projects to improve attractiveness, conditions
• Program covers costs and makes seed funds available to start activities
RCP Current Process

• New approach more hands-on, community-focused
  • Program more active in community
  • Places more receptive to change as result
• Major successes included creation of partnerships and tangible products
  • Teams/committees formed
  • Work continues after RCP effort
• Common element remains need for medical personal

(Information from 2016 Email from Ginger Harmon)
RCP Recent Locations: 2013 to 2016

Two communities gone through process
Ravenswood 2013-2015
Keyser 2015-2016
RCP in Ravenswood

• Done in conjunction with two-year/four semester effort by Dr. Margaret Stout, WVU Dept. of Public Administration

• First Impressions updated in Fall 2013 (from 2009 visit)

• Group meetings held Fall 2013 to Fall 2014; actionable items Spring 2015

• Results included
  • Financial analysis
  • Comprehensive plan
  • Action items
• Students in Sustainable Community Development, Public Budgeting, and a Capstone Seminar developed implementation plans and budgets for prioritized revitalization projects.

• Projects included:
  • Paddler’s Landing (historic ferry dock site conversion)
  • Council Bluff Park (George Washington campsite)
  • First Frontier Welcome Center (restoration and adaptive reuse of historic Lock Master’s House)
  • Sandy Creek Marina (two-phase redevelopment and relocation of the wastewater treatment facility)
RCP in Keyser

• First Impressions visit occurred August 2015
• Group meetings October 2015 to May 2016
• FI and self-identified issues
  • Movement of retail from downtown to the edge of the city
  • Vacant and dilapidated housing / property maintenance
  • Lack of activities for youth
  • Lack of collaboration and limited representation by key groups
  Communication and awareness of activities
• Participation in community meetings nearly doubled (17 → 31 attendees)
• Increased diversity of community and stakeholder organizations and interests
• Potomac Valley Hospital + DHHR partners hosted a grant writing workshop attended by 22 local residents.
• Representatives from the local paper developed the “Mineral County Answer Book”
• Mini-grants awarded to 7 local community and health organizations
  • City of Keyser – new welcome signage
  • Master Gardeners + Chamber
  • Adult and youth exercise programs
  • Local hospital - 5K race clock
  • Dental clinic
“The city was friendly but not necessarily welcoming. That is, nothing said “stop and check us out.” The lack of signage just encouraged you to keep on moving.
RCP Future Situation

• Current model appears to have more immediate impact
• Longer-term results will need to be explored, demonstrated
• Applications being sought from at least one locality (Williamson)
• Funding could become problematic with state budget woes
• Problem not going away as rural hospitals struggle nationally
  (though to date WV has had but a few hospital closures)
Questions

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