FAQ: Half-credit 422, 522, 722 IPE Rural Community Continuity Project Course

What is the course description?

Students who have already completed the one credit IPE Rural Community Project course and return to any Campus for Rural Health site for subsequent rotations will team with students, faculty, and community partners in the development, implementation, and evaluation of a community-identified project that addresses a rural population health concern/issue, with an emphasis on social determinants of health. All team activities are designed to engage students interprofessionally as they work together to manage and implement the project. Each student participates on the team, in one or more aspects of the project, which include: 1) reviewing evidence, as well as community data and documents, 2) collecting qualitative and/or quantitative data, 3) analyzing and/or interpreting data, 4) developing recommendations, 5) creating and/or delivering presentations, 6) developing strategies for implementation and/or implementing the intervention.

What are the learning objectives of the IPE Rural Community Project Course?

At the end of this course, the student will be able to: Contribute to class discussions based on their current and previous CRH experience, adding perspective on what is unique and shared across multiple rural communities, participate in project activities, and gain an understanding of the value and challenges of community engagement in addressing a rural population health concern/issue, and demonstrate the personal values and attitudes needed for effective team functioning.

Where is the course being offered?

As of January 6, 2020 the course will be delivered at Campus for Rural Health (CRH) sites in Klamath County, South Coast: Coos and Curry counties, NE Oregon: Union and Wallowa counties.

When is the course delivered?

Wednesdays Klamath Falls from 4:00 - 6:00 PM, and Mondays for the South Coast from 5:00 - 7:00 PM and Northeast Oregon from 5:00 – 7:00 PM.

How much time do students spend on average, on the course and project activities?

Students typically spend two to three hours a week on course and project activities.

How are volunteer faculty notified if a student will miss clinic time to manage the project?

Every effort is made to schedule course related activities outside of clinic time. However, if there are any special scheduling needs, CRH staff notify volunteer faculty one week in advance.

What are the prerequisites or concurrent enrollment requirements?

Completion of the 1 credit IPE Rural Community Project course (412, 512, 712). Sakai assignments from the 1-credit course will not be required to be repeated.

How do students enroll in the IPE Rural Community Project Course?

Students are expected to participate in project activities and will automatically be enrolled in the course upon subsequent clinical and non-clinical experiences at a CRH sites. The CRH site coordinator sends the

names of the students to be enrolled in the course to the Registrar's office AFTER confirming housing and preceptor availability. Local Site Coordinators track student enrollment in the IPE Rural Community Project Course.

What are the attendance requirements of the course?

Attendance at course and community meetings is required for the duration of the student's experience at the CRH site. Permission to miss any days must be submitted to the course coordinator and approved by the course faculty before class. A plan to make up missed activities should be created with the course faculty.

How is the course graded?

The half credit course is pass/no pass. In order to pass, students must participate in assigned project-specific activities during their rotation. Students will work with other interprofessional students to complete the planned project module(s) which may or may not occur during regular clinic hours. Missing more than one project activity may result in course failure.

Klamath Project: Implementing a Chronic Illness Self-Management Program in a Rural Community

Primary Community Partner: *Sky Lakes Outpatient Care Management*

List of Secondary Community Partners: *Living Well Coalition (Sky Lakes Medical Center, Klamath County Public Health, Cascade Health Alliance, Klamath Tribal Health & Family Services, Klamath Basin Senior Citizens' Center, Klamath-Lake County Area Agency on Aging, Klamath Basin Research and Extension Center, DHS Aging and People with Disabilities, Health Insight, Klamath Regional Health Equity Coalition, Local Federally Qualified Health Center, Klamath Open Door, Klamath Basin Behavioral Health, Live Young Sky Lakes Wellness Center, Lake Health District, and Oregon Tech*

Project Objectives:

- Needs assessment: Conduct a community needs assessment to identify specific Klamath Falls needs in terms of managing chronic illness.
- Program development: Develop a rural-specific chronic illness self-management program, complete with content, to fill the remaining gap needs.
- Pilot Program: Facilitate the program and conduct program evaluations on pilot tests.

Process:

- Phase 1: Needs Assessment – July 2018 – May 2019
- A 23-question survey was distributed to adult residents of Klamath County at 19 sites, including community events, senior center, library, and medical clinics.
- 405 surveys were collected in total.
- Univariate, bivariate, and sub-group analyses of the survey data were conducted to identify factors that would contribute to the design and implementation of chronic-illness self-management classes.
- Oregon Tech undergraduate students from the Population Health Management Department conducted focus groups with 16 past participants from the Living Well self-management program to generate qualitative data that was then presented to the community partners.

- The Oregon Tech director of the qualitative project, Dr. Kyle Chapman, presented the undergraduate students' work to Campus for Rural Health students during an IPE class.
- The qualitative data presented to the CRH students helped reinforce trends that they saw in the quantitative survey data and was thus used to make recommendations regarding program development to the community partner via a written report. Identify common components of evidence-based programs which aim to increase self-management of chronic conditions. This will inform efforts to identify essential wraparound services that need to be addressed before success in a self-management program may be achieved. Students will then develop evolution tools for the community needs assessment and gaps assessment. The Care Management Program will identify groups and individuals for the students to survey or interview for both assessments. These activities have informed efforts to develop a new rural-focused self-management programs on Depression, Diabetes, Nutrition, Mindfulness, and Moving Naturally. **New project starting January 2020.**

Current South Coast Project: Growing Together

Community Partner: *Growing Together Board*

Project Objective: To determine if home garden boxes, with educational support, can increase dietary interest and intake of vegetables in young children and their families.

Process: Literature review, develop survey test questions, pre-season survey administration, Mid-season survey administration, post-season survey administration.

North Bay or Hillcrest Elementary School

- 20 parents/guardians + their child
- Pre-, mid-, and post-growing season intake questionnaires
- Late season focus group
- Square Foot Gardening with Kids intervention

Intervention timeline: January: Vegetable starts planted at SWOCC, February: Cut and drill lumber. Mix soil, March: Aid in building garden boxes; fill with soil. Distribute seeds, April: Deliver garden boxes, May –September: Use community FB group, September: Support cold weather conversion.

Blossom Gulch Elementary School

- 20 parents/guardians + their child
- Pre-, mid-, and post-growing season intake questionnaires
- $10 gift card per completed questionnaire
- No intervention

Current NE Oregon Project: Improving Childhood Immunization Rates in Union & Wallowa Counties

Community Partner: *Eastern Oregon Coordinated Care Organization (EOCCO), Local Community Advisory Councils, and Incentive Measure Workgroups*
List of Secondary Community Partners: *Winding Waters Clinic, Grande Ronde Hospital and Clinics, Mt. View Medical Group, Wallowa Resources, La Grande Family Practice, Center for Human Development (CHD), Building Healthy Families, and Union County Safe Communities Coalition*

Project Objective: Discover whether interprofessional, multi-pronged, tailored interventions using "community-clinical linkages between the community, clinical, and public health sectors to improve population health" reduce disparities in childhood immunization rates. Through involved partnerships the NEO Campus for Rural Health project team plans to deploy the Community-Clinical Linkages strategies (networking, coordinating, cooperating, collaborating, and merging) produced by the Centers for Disease Control and Prevention to improve the overall rates of childhood immunizations for children under two years of age.

Process: Other goals and processes that involve the community, clinical, and public health sectors include (but are not limited to):

- Identify and understand the needs/gaps of service for children under two years, in Union and Wallowa Counties, using local, state and national statistics as well as engaging in conversations with all sectors to determine real/perceived barriers to care (Networking)
- Engage with sectors through EOCCO sponsored Incentive Measure Workgroups in Union and Wallowa Counties and Local Community Advisory Councils (LCACs) to determine goal setting specific to each community and best practice recommended action items (Coordinating).
- Identify and share resources and services that could be improved or implemented to enhance rates of childhood immunizations in each county (Cooperating), while understanding the benefits all organizations/sectors involved (Collaborating). Harmonize efforts within the county as one cohesive unit (Merging), with potential for expansion of this process to other targeted populations, such as adolescent immunizations (HPV and TdP).