

# Mission, Vision and Guiding Principles of the Center for Rural Health

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### I. Mission and Vision

The mission of the Center for Rural Health at the Mel and Enid Zuckerman College of Public Health, the University of Arizona, is:

**“To Improve the Health and Wellness of Arizona’s Rural Populations”**

The vision of the Center for Rural Health is:

**“To be the leading voice for the Health and Wellness of Arizona’s Rural Populations through research, education and service.”**

### II. Guiding Principles of the Center for Rural Health

#### ***Guiding Principle 1: The Uniqueness of Rural Communities***

**1a.** Arizona’s rural populations are not homogenous across rural communities. In addition, Tribal and US-Mexico Border populations have their own variations and are critical subsets that must be addressed with sensitivity to needs, cultures, histories, service capacities, and political overlays.

**1b.** There are no universal or one-size-fits-all solutions to the difficult challenges of improving rural health. Notably, there are substantial variations of actual and perceived needs, resources, and organizational capacity among communities. These variations are paralleled by significant differences in both overall health status and chronic disease morbidity.

**1c.** Local communities, including Tribal communities, have primary responsibility for addressing community needs, determining their desirable model of care, and securing resources, as well as for the stewardship of those resources. The advancement of community responsibility is a necessary element of addressing rural community health improvement.

#### ***Guiding Principle 2: Access to Care***

**2a.** Rural residents should have access to treatment, prevention, and educational resources as close to their homes as possible, where services can be provided with acceptable quality and at a reasonable cost. Access, cost, and quality are interdependent. Resolution of workable definitions for “acceptable”

and “reasonable” require a careful balancing of realistic resource availability, the minimal needs to sustain quality programs, and community expectations.

**2b.** Services cannot be delivered to rural populations without an adequate rural workforce.

**2c.** The financing of health services and other related health improvement strategies is complex and in flux. Given that the “form” of health delivery systems to a large extent follows “financing”, there are significant forces that will be reshaping Arizona’s rural health care structure.

**2d.** Not all services can appropriately be available in all communities. Nonetheless, clusters of rural communities should have access to a core or fundamental set of services. These services can be provided in diverse settings, by a variety of providers. Some of these services may increasingly be provided with remote access technologies.

### ***Guiding Principle 3: Quality of Services***

**3a.** Quality healthcare (services) and quality of life (health status) for rural residents are basic interrelated goals. A desire to improve Arizona’s ability to define, measure, prove, and compare quality parameters and then to align actions and resources, underlies all of the Center’s strategies.

**3b.** Rural public health strategies (including prevention, environmental, and occupational, health strategies) are an essential to improving rural health.

**3c.** Rural health services strategies and health improvement strategies must be data driven.

### ***Guiding Principle 4: Integration of Services and Systems***

**4a.** Improving rural health requires a holistic view of rural health, integrative thinking, and strategies that address not only health care services, but the inseparable effects of individual behaviors, the social determinants of health, and health equity. Optimal rural health cannot be achieved without considering the interplay of these parameters.

**4b.** The rural health systems should functionally integrate physical, behavioral, oral, and public health services. This should be the consistently used definition of primary care and advocated to all rural stakeholders. Economic, regulatory, policy, and legal incentives and other mechanisms should be identified to reduce or eliminate fragmentation that undermines integration, efficiency, and effectiveness.

**4c.** Emphasis should be placed on building delivery capacity that integrates care. This will include the development of regional multi-party systems and where feasible the delivery of multiple primary services at single sites.

**4d.** Resources from State, Federal, and private sources are precious will be channeled to support projects that are clearly consistent with improving rural health.

- 1) Efforts will be targeted to reducing duplication of efforts and inadequate development of shared versus independent strategies.

- 2) Unless it can be clearly demonstrated that independent action is warranted, emphasis will be put on collaborative strategy / program development.
- 3) The Center will develop opportunities to create “braided funding,” i.e., strategies where multiple organizations or governmental agencies share the funding initiatives, as well as align their collective intellectual resources and influences.
- 4) Expanded use of pilot projects (preferable multi-source funded ones) will be supported, particularly where there is likelihood that the outcomes will result in transferable or adaptable knowledge that could benefit other communities.

**4e.** Health is a necessary component of community economic development in that the health care system is a contributing factor in communities ability to attract and sustain a desirable rural workforce and thus, to attract employers. There is an unequivocal connection between employment (a key social determinant of health) and improved health status. In addition, health service providers (hospitals, community health centers, nursing facilities, pharmacies, home care agencies, and others) are often the major employers in many rural communities. The related expenditures, generated by these providers, have significant direct and indirect community impacts.

### ***Guiding Principle 5: A Voice for Arizona’s Rural Populations***

**5a.** In all health-related forums, Arizona rural populations need a strong “voice” that can assure consideration of rural needs, as well as of the impacts of decisions on rural people. The Center for Rural Health, in partnership with other stakeholders such as the Arizona Rural Health Association, will aim to be the leading voice for Arizona’s rural populations through research, education and service.