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## **Comparison of Rural Providers and Consumers Regarding Community Health Assets and Deficits**

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This poster was also presented at the 2010 Western Institute of Nursing Conference and was a Runner-up for Best Poster in the Research and Information Exchange category.

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## Comparison of Rural Providers and Consumers Regarding Community Health Assets and Deficits

### Abstract

**Purpose:** The purpose of this study was to compare rural health care providers and consumers related to perceived community health assets and deficits.

**Background:** Historically, studies of population health have focused primarily on deficits, identifying needs and problems of the health delivery system. Recent research has also focused on identifying community health assets, including resources for joint problem solving and health promotion. Limited research, particularly from the assets perspective, has addressed rural areas and few studies have compared provider verses consumer perceptions of community assets and deficits.

**Method:** A descriptive comparative design was used. A convenience sample of 123 residents, including 17 providers and 106 consumers, in three rural Idaho communities were interviewed regarding community assets and deficits related to health. Responses were classified using the Typology of Community Assets for Health Promotion (Stokols, Grzywacz, McMahan, & Phillips, 2003) which includes material resources (economic, natural, human-made environmental, and technological capital) and human resources (social, moral, and human capital). Frequency of responses by category were compared between consumers and providers.

**Results:** In relation to community assets, the most frequent response category among providers was human capital (33.3%), specifically quality of healthcare professionals. Consumers cited the human-made environmental (25.3%) and social capital (25.3%) categories most frequently, especially hospitals and community support of healthy lifestyles. In relation to deficits, providers named the human-made environmental capital category (26.8%) most often, particularly citing the large geographical areas served by remote hospitals. The most frequent deficit category among consumers was human capital (25.6%), especially inadequate primary care and specialist providers. The only statistically significant difference between providers and consumers was in relation to the natural capital category as an asset (cited by 2.4% of providers vs. 22.4% of consumers,  $p = 0.004$ ).

**Implications:** The results suggest that rural health care providers and consumers differ in their perceptions of community health assets and deficits. Thus, in assessing the health assets and deficits of rural communities, input from both providers and consumers is essential. This study was limited in that it included a relatively small convenience sample from only three rural communities in one state. Further research using larger samples is indicated to direct rural community nursing interventions that build on community assets.

This project was supported by the Jody DeMeyer Endowment at Boise State University.

### Comments

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# Comparison of Rural Providers and Consumers Regarding Community Health Assets and Deficits

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## Purpose

- Compare rural health care providers' & consumers' perceived community health assets & deficits

## Background

- Population health research often focuses on deficits, identifying needs & problems of the health delivery system
- Some recent research focuses on health assets, joint problem solving & health promotion
- Limited research addressing rural areas & few studies have compared providers and consumers

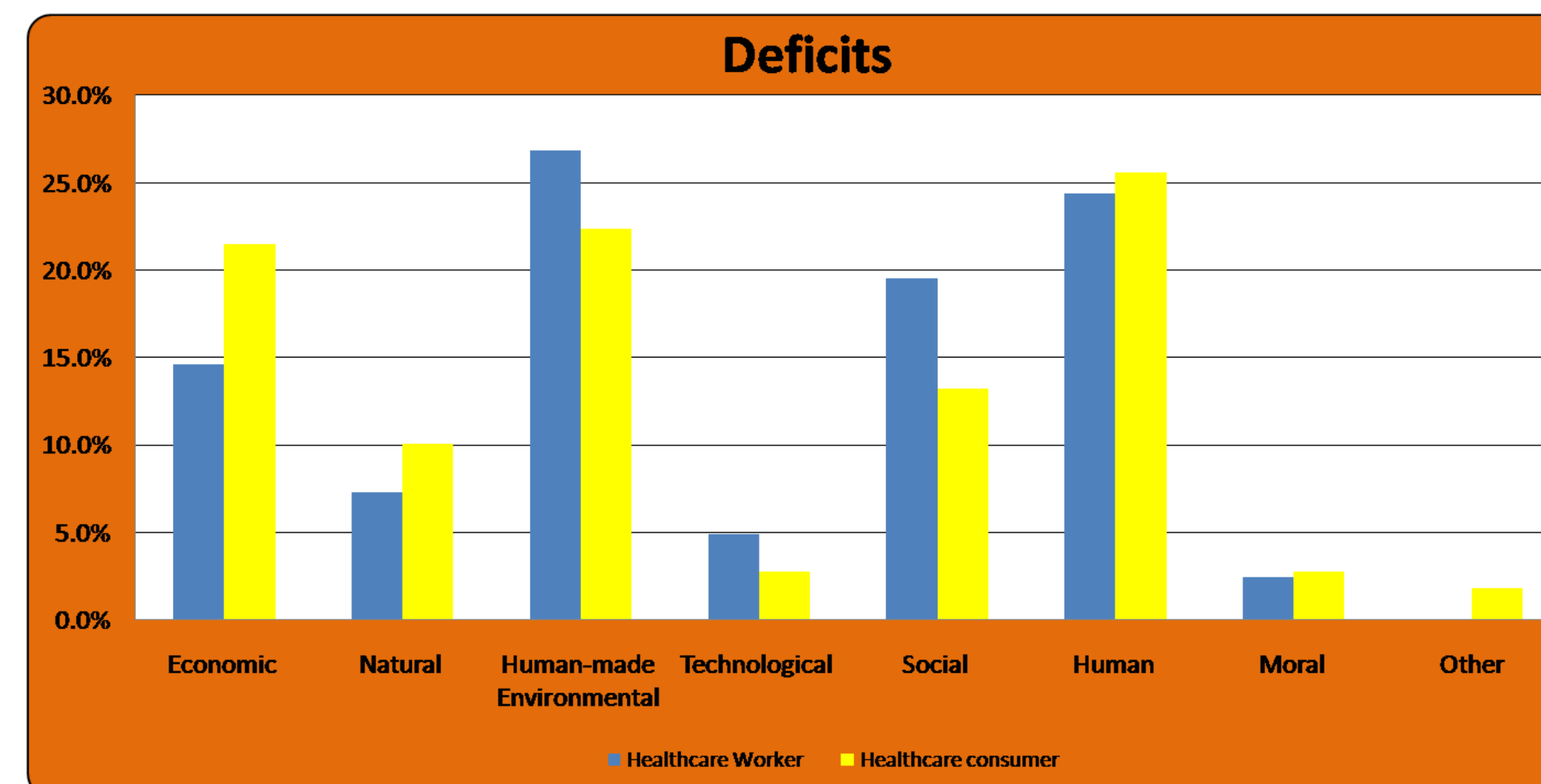
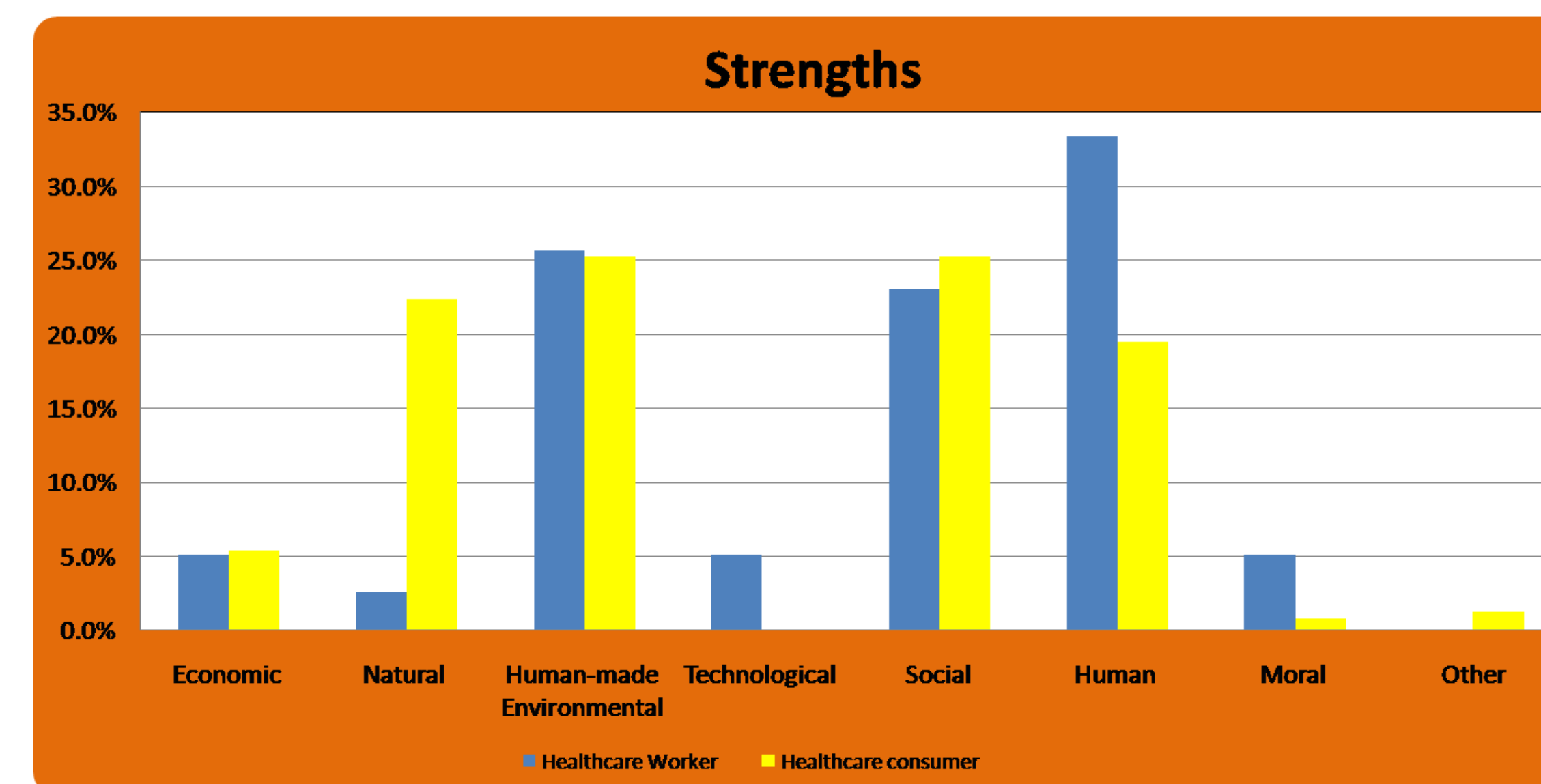
## Method

- Descriptive comparative design
- Convenience sample, 123 residents (17 providers & 106 consumers) from 3 rural Idaho communities
- Interview responses recorded anonymously
- Responses classified using the Typology of Community Assets for Health Promotion (Stokols et al., 2003)

Material Resources (Capital)	Human Resources (Capital)
Economic	Social
Natural	Moral
Human-made Environmental	Human
Technological	



## Results



- Significant difference between rural health care providers & consumers in natural capital strength (p=0.004)
- Assets:
  - quality of health care professionals, hospitals, community support
- Deficits:
  - large geographical areas, inadequate primary care & specialist providers

## Discussion

- Rural health care providers & consumers differ in their perceptions of community health assets & deficits
- Input regarding health assets & deficits from both providers & consumers is essential in health care planning
- Limitations include a relatively small convenience sample from one state
- Further research using larger samples is indicated
- Data should guide rural community nursing interventions to build on community assets

