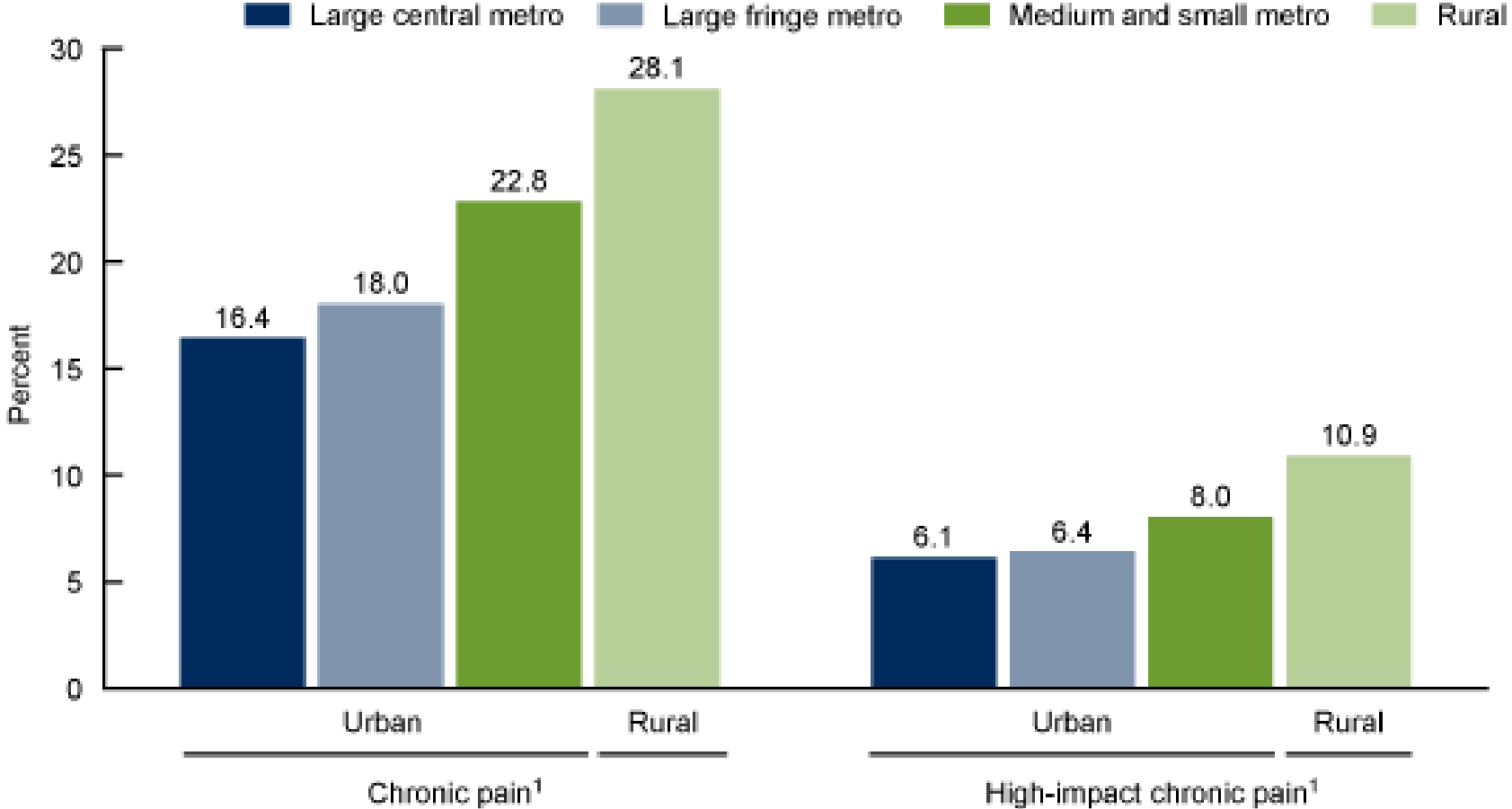


Nondrug pain care delivery in rural underserved areas

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The percentage of adults with chronic pain in the past 3 months, and those fitting the definition of high impact chronic pain, increases as place of residence became more rural.

SOURCE: NCHS Data Brief No. 390, November 2020



Chronic pain is based on responses of “most days” or “every day” to the survey question, “In the past 3 months, how often did you have pain? Would you say never, some days, most days, or every day?” High-impact chronic pain is defined as adults who have chronic pain and who responded “most days” or “every day” to the survey question, “Over the past 3 months, how often did your pain limit your life or work activities? Would you say never, some days, most days, or every day?”

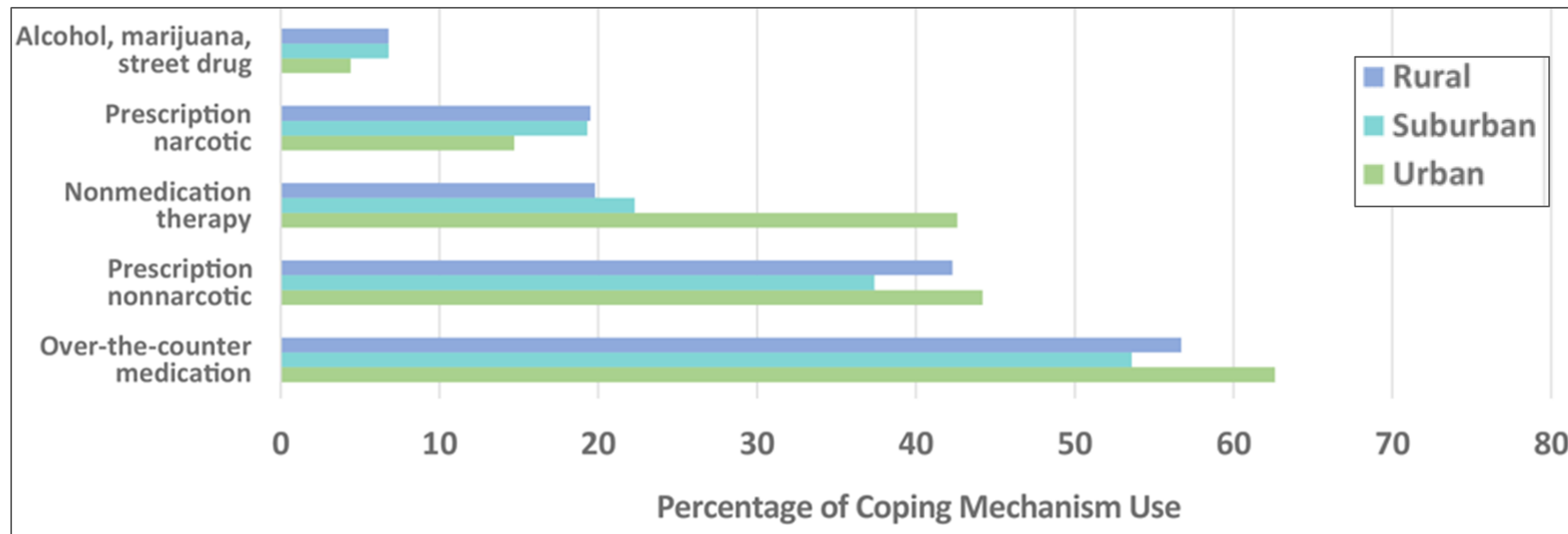
Pain Management Disparities in Rural Communities



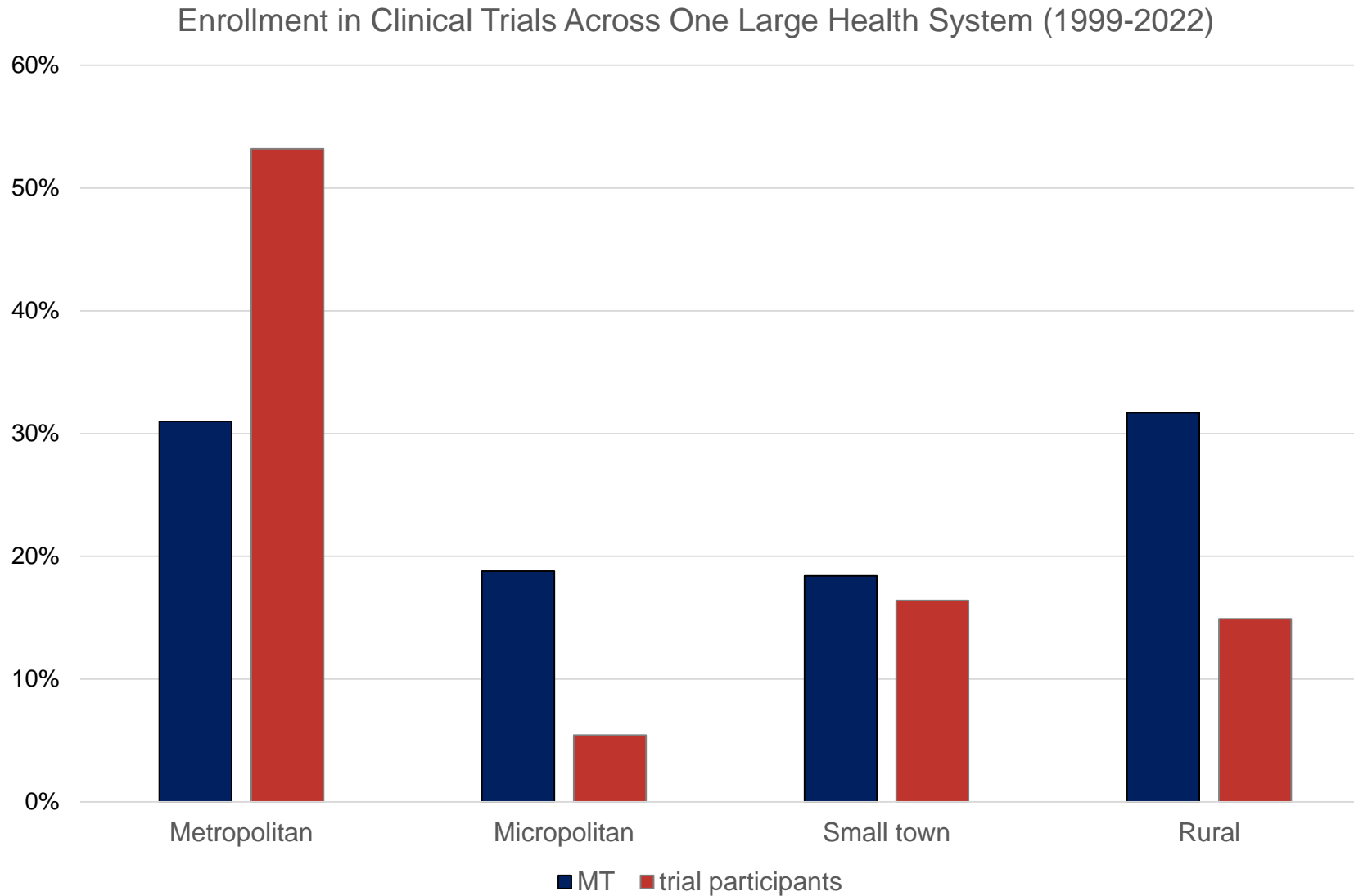
The CDC found that patients in the most rural counties had an 87 percent higher chance of receiving an opioid prescription compared with those in large central metropolitan counties



Use of self-management and nonpharmacologic pain treatments are lower in rural vs. non-rural settings



Clinical Trials Under-Represent Rural Residents

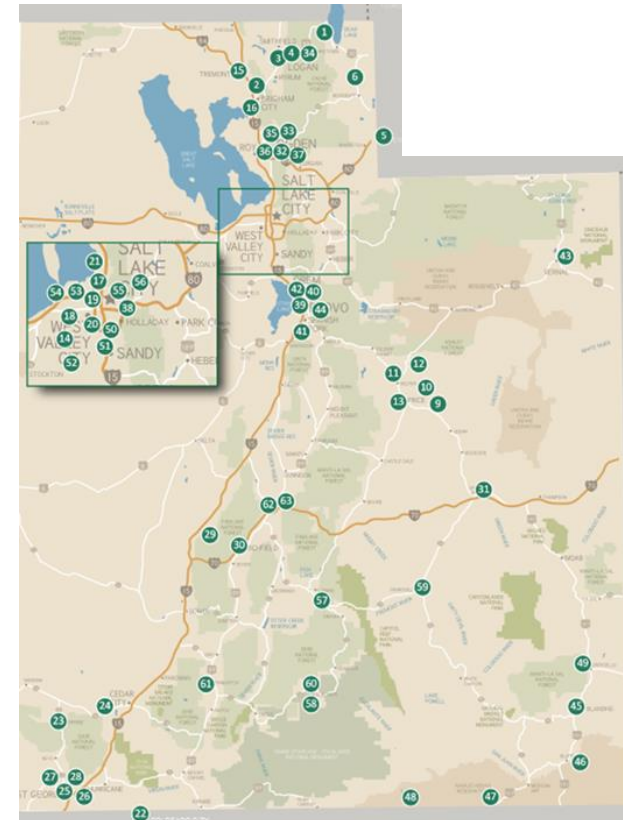


Goal: Improve back pain management for persons with chronic back pain in Utah Community Health Centers through accessible and effective nonpharmacologic care.

Pragmatic, hybrid I effectiveness-implementation trial evaluating PT-led telehealth pain care in FQHCs in Utah

Patients with chronic LBP receiving care in Utah FQHC clinics are referred to the project.

Team members reach out to referred patients to engage them in care and in the study.

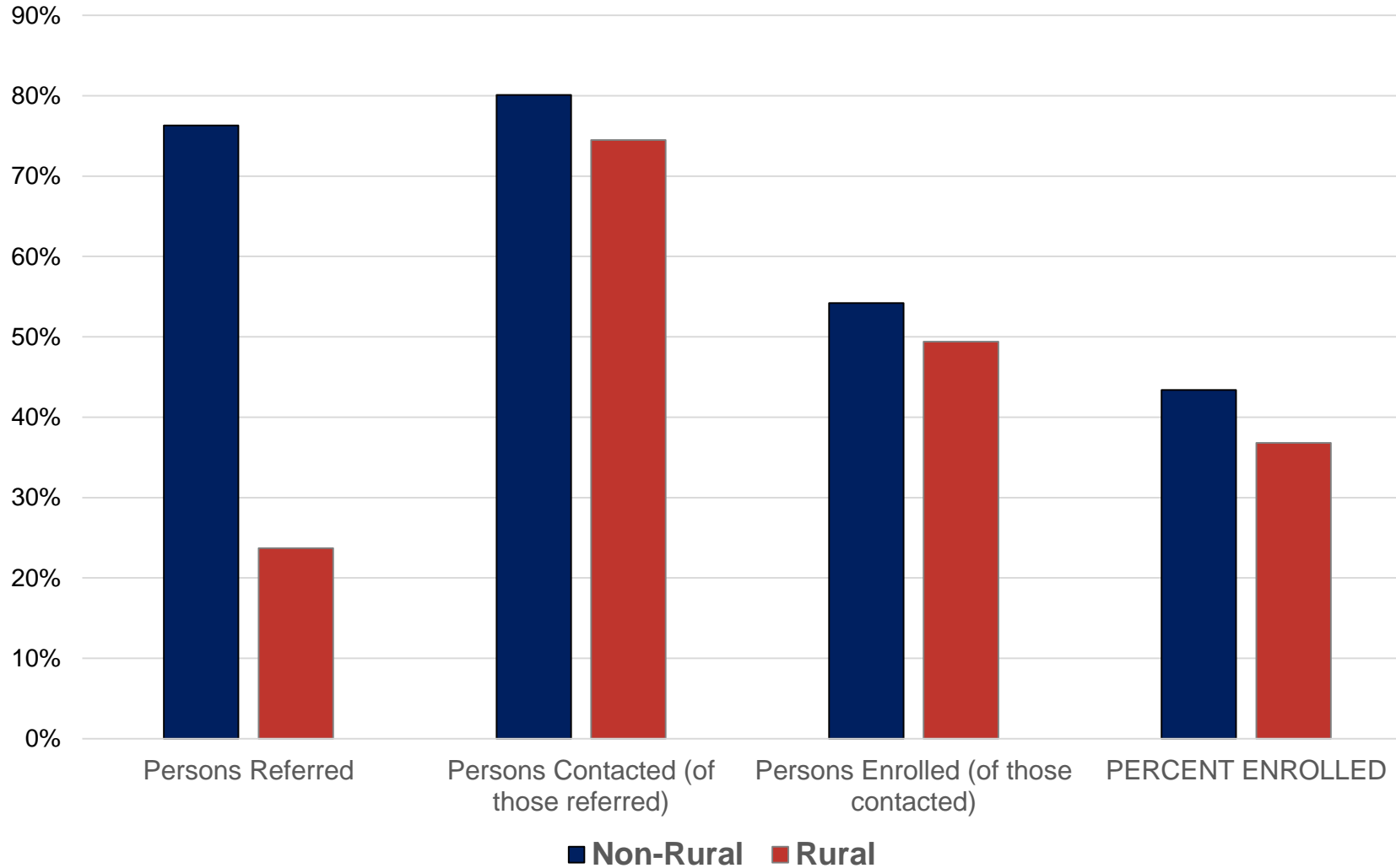


57% of clinics are in rural or frontier communities



Nonpharmacologic Pain Management in Federally Qualified Health Center Primary Care Clinics

ENGAGEMENT WITH RURAL AND NON-RURAL RESIDENTS



Reasons for Under-Representation of Rural Residents

OLDER

18.4% of rural residents are 65 or older compared to **14.5%** of non-rural residents

↓ ECONOMIC RESOURCES

14.7% of rural residents have income below the poverty level compared to **11.3%** of non-rural residents

↑ COMMORBIDITIES

19.6% of rural residents meet physical activity guidelines and **33.5%** are obese compared to **25.3%** and **28.0%** of non-rural residents, respectively

↓ HEALTH LITERACY

Lower health and digital literacy among rural residents

COMPLEX SCHEDULES

Rural residents are less likely to have traditional working hours

DIFFERENT VIEWS OF HEALTHCARE

Rural residents are more likely to have stigmatized views or distrust of organized health care. Rural residents may have cultural values favoring self-reliance

↑ SOCIAL LONLINESS

Higher levels of loneliness in rural residents linked to structural barriers to connection.

CONCLUSIONS

- Rural communities experience substantial disparities in the prevalence and management of chronic pain
- Increasing the Reach of evidence-based interventions into rural communities is necessary to reduce disparate impacts
- Community-engaged efforts are needed to partner with persons and providers in rural settings to overcome barriers to engaging in research
- Pragmatic, decentralized trials can help to develop effective and sustainable delivery models
- Digital health solutions are needed to overcome access barriers

Thank You

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