

Community-based pulmonary rehabilitation program in rural Appalachia

Chronic obstructive pulmonary disease (COPD) is the 3rd leading cause of death in the US and 6th worldwide.

Pulmonary rehabilitation (PR) improves quality of life, exercise ability, and labored breathing for persons with COPD of moderate severity or greater. However, less than 20% of persons with COPD enter and complete PR programs.

Access to programs is limited, especially in rural areas, due to geographic isolation and transportation barriers. This project describes the development and results of a pulmonary rehabilitation program carried out by a network of rural primary care centers.

A family foundation approached Cabin Creek Health Systems and the Grace Anne Dorney Rehabilitation Project of West Virginia (GADPRP) began. Three sites were invited to participate in the program--2 FQHCs and 1 critical access rural hospital.



Benefits of easier access, post-program continuity of care, and reduced transportation costs strengthens the case for expanded rural PR services.



Findings

- 195 persons enrolled in the program (November 1, 2013 - June 30, 2015). Of these, 111 completed the program, “graduated”, an overall rate of 57%.
- 40 (36%) have returned for exercise at their program site at least once. Some graduates choose to exercise at home or in other venues.
- Reasons for dropout included 1) worsening of pulmonary illness, 2) problems of other illnesses, 3) loss of mobility, 4) costs, 5) transportation, and 6) death.
- Graduation rates varied among the three sites with rates of 51%, 70%, and 48%.