

Approximately one in five North Carolinians, or almost 2.2 million people, live in a rural county.¹ Rural counties, particularly those that are economically distressed, face more significant health-related and economic challenges than more affluent or urbanized counties. People living in rural areas fare worse on many health related measures. They are more likely to engage in risky health behaviors and have a higher mortality rate than North Carolinians living in urban areas. Compounding this problem, rural communities often lack access to needed health services.

While rural communities face challenges, they also have many strengths and assets which can be harvested to address these challenges. People living in rural communities are often resilient, have a strong sense of place, and an understanding of community assets. While rural communities are often under-resourced, there is an abiding commitment to the community and to each other. Rural communities stand ready to partner with statewide and local partners to address problems facing their communities.

The North Carolina Institute of Medicine Task Force on Rural Health convened 46 experts on rural health from statewide agencies and rural communities over a period of 15 months. The Task Force hosted 8 community forums with 256 participants to solicit feedback on a draft rural health plan, identify important omissions, describe successful strategies, and prioritize strategies for the final rural health plan. The work of the Task Force was funded by the Kate B. Reynolds Charitable Trust and carried out in partnership with the Trust and the North Carolina Office of Rural Health and Community Care.

This report, the *North Carolina Rural Health Action Plan*, contains evidence-based and evidence-informed strategies to improve the health, educational, and economic well-being of people living in rural communities. This plan provides a roadmap for policymakers, funders, educational leaders, business leaders, health professionals, the faith community, and nonprofits that work in, or have a commitment to, the health and well-being of people living in rural communities. Many of the recommendations that are identified as part of the *Rural Health Action Plan* will help provide the resources needed and enable rural North Carolinians to successfully improve health, economic, and educational needs in their communities.

By working together to implement these strategies, local rural leaders, state and local governmental agencies, funders, health care professionals, academic institutions, businesses, faith organizations, and other nonprofit organizations can make a positive impact on the health and well-being of people living in rural communities.

Table 9.1 is a consolidated list of the priority strategies for the *Rural Health Action Plan*.



Rural communities stand ready to partner with statewide and local partners to address problems facing their communities.

Table 9.1 Rural Health Action Plan Consolidated Priority Strategies RECOMMENDATION	Governmental Agencies	Funders	Health Professionals	Others
PRIORITY STRATEGY 1: INVEST IN SMALL BUSINESSES AND ENTREPRENEURSHIP TO GROW LOCAL AND REGIONAL INDUSTRIES				
Priority Strategy 1a: Create a dedicated funding stream for rural communities to further investments in infrastructure, regional industry, manufacturing, and workforce development. Develop activities that capitalize on local strengths and resources and increase high value-added manufacturing and farming industries.	✓ NCDOC	✓		
Priority Strategy 1b: Promote local agriculture and the sale of agricultural produce to local businesses, schools, and other government agencies, as well as directly to consumers. Provide technical assistance to small farmers to help support GAPs certification (NCFB). Revise, as necessary, existing regulations of local farm rules to remove farm-to-table barriers.	✓ NCDOA, NCDOC, NCDPH	✓		✓ NCFB
Priority Strategy 1c: Support investments in renewable energy development. Encourage investments in renewable energy development through tax and other incentives.	✓ NCGA			
Priority Strategy 1d: Increase investments to rural health care. Invest in rural health care, including recruitment and retention of providers to rural communities.	✓ NCORHCC, NCDOC	✓		
Priority Strategy 1e: Increase partnerships between North Carolina Community College System and Local Educational Agencies and small businesses, rural entrepreneurs, and local economic development offices to develop the rural workforce. Enhance programs that offer college transfer credit to high school students proficient in college subjects and develop career readiness certificates.	✓ NCCCS, LEAs			✓ Local industry
Priority Strategy 1f: Prioritize the development of local leaders and the recruitment of talented leaders. Provide scholarship opportunities to talented youth leaders who agree to live and work in rural communities.		✓		

RECOMMENDATION	Governmental Agencies	Funders	Health Professionals	Others
PRIORITY STRATEGY 2: INCREASE SUPPORT FOR QUALITY CHILD CARE AND EDUCATION (AGES 0-8) AND PARENTING SUPPORTS TO IMPROVE SCHOOL READINESS				
<p>Priority Strategy 2a: Revise the child care star rating system to promote evidence-based strategies and best practices. Re-evaluate the star rating system based on updated evidence and best practices that supports children’s social and emotional development, executive function, language skills, and health.</p>	<p>✓ NCCDCDEE</p>			
<p>Priority Strategy 2b: Change child care subsidies to incentive quality care. Enhance child care subsidies to facilities that receive the highest star ratings and consider adjustments to the funding formula to incentivize quality care in rural counties.</p>	<p>✓ NCGA</p>			
<p>Priority Strategy 2c: Seek additional funding to support evidence-based parenting programs. Seek additional funding from multiple sources to support evidence-based parenting programs to enhance school readiness and improve long-term educational success.</p>	<p>✓ NCDPH</p>	<p>✓</p>		
<p>Priority Strategy 2d: Support the development of high quality early care and education workforce Work toward adequate wages, wage support, benefits (especially health insurance), education and training, and career advancement opportunities for the early care and education workforce.</p>	<p>✓ NCCDCDEE</p>			<p>✓ NCPC, NCCCS, CCR&R</p>
<p>Priority Strategy 2e: Choose and implement evidence-based strategies and best practices to improve school readiness. Choose and implement a range of evidence-based and best practices strategies for improving school readiness and long-term educational success and involve parent coalitions in their selection and implementation in local communities.</p>	<p>✓ NCCDCDEE, NCDPI, LEAs</p>			<p>✓ Local Smart Start, NCPC, businesses</p>

Table 9.1 Rural Health Action Plan Consolidated Priority Strategies RECOMMENDATION	Governmental Agencies	Funders	Health Professionals	Others
PRIORITY STRATEGY 3: WORK WITHIN THE FORMAL AND INFORMAL EDUCATION SYSTEM TO SUPPORT HEALTHY EATING AND ACTIVE LIVING				
Priority Strategy 3a: Implement evidence-based and evidence-informed strategies to promote healthy eating and active living in licensed child care settings. Implement evidence-based and evidence-informed strategies to promote and support healthy eating, increased physical activity, reduced screen time, and active learning environments in licensed child care settings.	✓ NDCDCEE	✓		✓ Local Smart Start, NCPC
Priority Strategy 3b: Develop and promote a model local wellness policy that includes evidence-based or evidence-informed strategies to reduce childhood overweight and obesity. Develop a model local wellness policy that includes evidence-based or evidence-informed age-appropriate strategies to reduce overweight and obesity among school-aged children and promote its use by all local education agencies.	✓ NCSBE LEAs			
Priority Strategy 3c: Require that schools implement and integrate evidence-based curricula for healthy eating and active living. Require that schools implement evidence-based educational curricula into different courses about healthy weight, good nutrition, and the importance of physical activity; give students the skills to make healthy choices; and update the Healthful Living curriculum.	✓ NCSBE			
Priority Strategy 3d: Increase partnerships between North Carolina foundations, the faith community, community-based organizations, and other agencies that work with rural communities to support healthy eating and active living. Support opportunities for healthy eating and active living and facilitate the implementation of evidence-based strategies that have been shown to improve healthy eating and active living among different rural populations.		✓		✓ Faith com, CBOs

RECOMMENDATION	Governmental Agencies	Funders	Health Professionals	Others
PRIORITY STRATEGY 4: USE PRIMARY CARE AND PUBLIC HEALTH SETTINGS TO SCREEN FOR AND TREAT PEOPLE WITH MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES IN THE CONTEXT OF INCREASINGLY INTEGRATED PRIMARY AND BEHAVIORAL HEALTH CARE				
<p>Priority Strategy 4a: Provide incentives to increase primary care medical homes to screen patients for mental health symptoms and substance abuse.</p> <p>Provide incentives to encourage primary care medical homes to screen patients (with treatment or referral when indicated) for mental health symptoms and substance abuse.</p>	<p>✓ NCDMA</p>		<p>✓ CCNC</p>	<p>✓ Private payers</p>
<p>Priority Strategy 4b: Increase provided technical assistance and promote integrated primary care and behavioral health practices.</p> <p>Provide technical assistance to increase integrated care in all practice settings.</p> <ul style="list-style-type: none"> i. Evaluate payment policies to promote integrated primary care and behavioral health practices. ii. Develop a working group to best support integrated care under Medicaid reform (NCDMHDDSAS, CCNC, NCAFP, NCF AHP). iii. Toward Accountable Care Consortium should work with shared savings delivery models to identify and implement integrated care to improve quality and decrease cost. 	<p>✓ NCDPH, NCDMA, NCDMHDD SAS</p>		<p>✓ CCNC, NCP S, NCAFP, NCMS</p>	<p>✓ NCF AHP</p>
<p>Priority Strategy 4c: Develop local resources to identify, support, and treat people with mental health symptoms and substance abuse issues.</p> <p>Develop local resources and capacity for evidence-based and evidence-informed strategies to identify, support, and treat people with mental health symptoms and substance abuse issues.</p>	<p>✓ NCDMHDD SAS</p>		<p>✓ CCNC</p>	<p>✓ NAMI-NC, AA, NA</p>
PRIORITY STRATEGY 5: EDUCATE THE PEOPLE IN RURAL COMMUNITIES ABOUT THE NEW HEALTH INSURANCE OPTIONS AVAILABLE UNDER THE ACA, THE MEDICAID EXPANSION STATE OPTION, AND EXISTING SAFETY NET RESOURCES				
<p>Priority Strategy 5a: Promote collaboration to coordinate education, outreach, and enrollment efforts.</p> <p>Work collaboratively at the local level to coordinate education, outreach, and enrollment efforts, and to identify gaps in necessary resources.</p>	<p>✓ Local DSS, Local health depts.</p>		<p>✓ Safety net orgs</p>	<p>✓ In-person assisters, faith com, business, nonprofits</p>

<p>Table 9.1 Rural Health Action Plan Consolidated Priority Strategies</p> <p>RECOMMENDATION</p>	Governmental Agencies	Funders	Health Professionals	Others
<p>Priority Strategy 5b: Support local education, outreach, and enrollment activities by targeting rural communities with high unmet needs. Support local education, outreach, and enrollment activities by targeting rural communities with high unmet needs, and prioritize those communities that have a coordinated effort in place to examine the need, identify existing resources and gaps, and develop a plan for outreach to hard to reach rural populations.</p>		✓		
<p>Priority Strategy 5c: Assess potential impact of any changes to Medicaid payment and delivery models prior to implementation. Examine the potential impact of any changes to Medicaid payment and delivery models on rural communities before implementing major system reforms.</p>	✓ NCGA, NCDHHS			
<p>Priority Strategy 5d: Promote the availability of safety net resources across the state. Transition the maintenance of www.nhealthcarehelp.org to www.nc211.org to better promote the availability of safety net resources across the state, and encourage safety net grantees to review and update information on the site at least once annually.</p>				✓ NCIOM, United Way
<p>PRIORITY STRATEGY 6: EXPAND EFFORTS TO RECRUIT HEALTH PROFESSIONALS TO RURAL AND UNDERSERVED AREAS</p>				
<p>Priority Strategy 6a: Increase recruitment and retention of health professional students through the North Carolina Community College System. Identify, disseminate, and expand successful strategies to help recruit and retain health professional students into two-year and four-year degrees on or near the community college campus.</p>	✓ NCCCS			
<p>Priority Strategy 6b: Incentivize health professions in shortage areas. Place a priority in the admissions process on students who grew up in, and/or have a desire to practice in, health professional shortage areas and consider different methods of incentivizing schools to produce the mix of health professionals needed to address the unmet health needs of the state with a focus on rural and underserved areas.</p>	✓ NCAHEC NCGA		✓ Academic health programs	

RECOMMENDATION	Governmental Agencies	Funders	Health Professionals	Others
<p>Priority Strategy 6c: Identify best practices for rural clinical placement models and disseminate models statewide.</p> <p>Identify best practices for rural clinical placement opportunities and help to disseminate those models across the state. Such models may include, but not be limited to:</p> <ul style="list-style-type: none"> i. Stipends to rural practitioners to pay for clinical supervision. ii. Development of rural longitudinal placement rotations. iii. Expansion of the number of rural residency programs for primary care. iv. Provision of support for primary care practitioners to improve quality of care and implement new models of care. 	<p>✓ NCAHEC</p>		<p>✓ Academic health programs</p>	
<p>Priority Strategy 6d: Increase funding to the Office of Rural Health and Community Care to support recruitment and retention efforts of health professions.</p> <p>Appropriate \$2.0 million in recurring funds to the Office of Rural Health and Community Care to:</p> <ul style="list-style-type: none"> i. Support additional staff with responsibility to designate areas of the state as Health Professional Shortage Areas (HPSAs) to support the recruitment of health care providers. ii. Expand efforts and resources necessary to enhance recruitment and retention of primary care, general surgeons, behavioral health, and dental health professionals into HPSAs. iii. Expand the availability of state loan repayment or other incentive payments to recruit primary care, general surgeons, behavioral health, and dental health professionals into HPSAs. 	<p>✓ NCGA NCORHCC</p>			
<p>Priority Strategy 6e: Identify and disseminate model health professions recruitment strategies for rural areas.</p> <p>Identify and disseminate model recruitment strategies, including strategies which have been successful in matching potential recruits and their families with the broader community. Determine best retention practices and disseminate them across the state.</p>	<p>✓ NCORHCC</p>		<p>✓ NCMSF</p>	

Key:

AA:	Alcoholics Anonymous
CBO:	Community-based organization
CCNC:	Community Care of North Carolina
CCR&C:	Child Care Resource and Referral Agencies
LEA:	Local educational agency
NA:	Narcotics Anonymous
NAMI NC:	National Alliance on Mental Illness, North Carolina
NCAFP:	North Carolina Academy of Family Physicians
NCAHEC:	North Carolina Area Health Education Centers
NCCCS:	North Carolina Community College System
NCDCDEE:	North Carolina Division of Child Development and Early Education
NCDHHS:	North Carolina Department of Health and Human Services
NCDMA:	North Carolina Division of Medical Assistance
NCDMHDDSAS:	North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
NCDOA:	North Carolina Department of Agriculture
NCDOC:	North Carolina Department of Commerce
NCDPH:	North Carolina Division of Public Health
NCDPI:	North Carolina Department of Public Instruction
NCDSS:	North Carolina Division of Social Services
NCFAHP:	North Carolina Foundation for Advanced Health Programs
NCFB:	North Carolina Farm Bureau
NCIOM:	North Carolina Institute of Medicine
NCMS:	North Carolina Medical Society
NCMSF:	North Carolina Medical Society Foundation
NCORHCC:	North Carolina Office of Rural Health and Community Care
NCPC:	North Carolina Partnership for Children
NCSBE:	North Carolina State Board of Education

Reference

1. US Department of Commerce, US Census Bureau. State and County QuickFacts: North Carolina. US Census Bureau website. <http://quickfacts.census.gov/qfd/states/37000.html>. Accessed February 24, 2014.