TASK FORCE ON RURAL HEALTH
Guilford County Department of Public Health
1203 Maple Street, Greensboro, NC 27405
June 25, 2013
10:00am - 3:00pm
Meeting Summary

Attendees
Members: Robin Cummings (co-chair), Paul Cunningham (co-chair), Danielle Breslin, Silvia Cendejas, Olivia Collier, Laura Edwards, Jim Graham, Tammy Greenwell, John Kauffman, Michael Lancaster, Armando Limon, Thomas Maynor, Mary Perez, Mary Piepenbring, Andrea Radford, Nancy Reigel, A. Ray Rogers, Margaret Sauer, Jeff Spade, Willona Stallings, Jean Steverson, Robin Tutor-Marcom, Henrietta Zalkind

Steering Committee and NCIOM Staff: Kimberly Alexander-Bratcher, Elizabeth Chen, Linda Kinney, Andrew Olson, Pam Silberman, Anne Williams, Berkeley Yorkery, Adam Zolotor

Other Interested people: Joylyn Daniel, Nettie Evans, Amanda Gard, David Gardner, Herb Garrison, Markita Keaton, Taylor Riley, Linda Shaw, Marvin Swartz

WELCOME AND INTRODUCTIONS
Robin G. Cummings, MD, FACC, FACS
Director
Office of Rural Health and Community Care
North Carolina Department of Health and Human Services
Co-Chair

Paul Cunningham, MD
Dean, Senior Associate Vice Chancellor for Medical Affairs
Brody School of Medicine
East Carolina University
Co-Chair

Dr. Cunningham called the meeting to order and welcomed the Task Force members and guests.

REVIEW OF THE RURAL HEALTH PLAN AND TASK FORCE PROCESS
Berkeley Yorkery, MPP
Project Director
North Carolina Institute of Medicine

Ms. Yorkery reviewed the goals of the Task Force, updated the members on the current progress, and outlined the planned process for Tuesday's meeting. Ms. Yorkery also reviewed the plans for

the community meetings scheduled to begin in late August. See below for the complete schedule. Ms. Yorkery also presented the task force with a draft of the priorities and strategies for community and environmental determinants of rural health as they were discussed at the May 14th meeting.

Community Meeting Schedule:

- August 28th – Wentworth, Rockingham County
- August 29th – Sylva, Jackson County
- September 12th – Elizabethtown, Bladen County
- September 19th – North Wilkesboro, Wilkes County
- September 27th – Troy, Montgomery County
- October 4th – Marion, McDowell County
- October 10th – Washington, Beaufort County
- October 11th – Roanoke Rapids, Halifax County

A copy of Ms. Yorkery's presentation is available here: Task Force on Rural Health: Next Steps.

HEALTHY EATING ACTIVE LIVING
Dave Gardner, DA
Executive Director
North Carolina Center for Health & Wellness
University of North Carolina at Asheville

Mr. Gardner gave an overview of some of the health disparities that exist between residents of rural and urban North Carolina including prevalence of chronic disease, rates of fruit and vegetable consumption, rates of active living, and life expectancy. Acknowledging the multiple and complex factors that contribute to these disparities, Mr. Gardner called the Task Force members' attention to the data regarding the benefits of healthy living and physical activity. Mr. Gardner also summarized the barriers to healthy eating and active living that affect rural North Carolina more than areas that are more populated. Key barriers included cost, access, communication, and policy. Mr. Gardner also highlighted some examples in different North Carolina communities that have creatively overcome these barriers, such as the adoption of healthy eating and education in places of worship and joint use agreements for the use of a school track for community walking. Finally, Mr. Gardner made three recommendations for the Task Force to consider: (1) develop a comprehensive plan to adopt the *NC Plan to Address Obesity: Healthy Weight and Healthy Communities*, (2) create and disseminate a healthy eating and active living communications plan template for rural North Carolina Counties, and (3) compile, disseminate, and promote a comprehensive healthy eating and active living resource directory for rural North Carolina.

A copy of Mr. Gardner's presentation is available here: Healthy Eating, Active Living: Improving Rural Health in North Carolina.

Selected Questions and Comments:

- Q: What are examples of specific resources that will be included in the directory?
  A: It will include institutions, agencies, and local initiatives like Eat Smart, Move More. It will include the contact information for local health departments and members of the

school (physical activity teachers or health educators) who are traditionally not included but can be very helpful.
- C: It would be helpful to organize this resource directory by health topic and consider it more of a toolkit. A template would be useful so that each county can input their specific information.

MENTAL HEALTH AND SUBSTANCE ABUSE
Marvin Swartz, MD
Division Head
Social and Community Psychiatry
Duke University Medical Center

Dr. Swartz gave the Task Force an overview of the current ways in which most patients receive mental health care. Data shows that most mental health care is received in a general medical facility or from a general practitioner. In addition spending on prescription drugs has increased substantially, while spending on other forms of treatment such as counseling has held steady, and there has been a significant decrease in the number of psychiatric hospital units and hospital beds. While the studies available are not ideal for contrasting the prevalence of mental health disorders in rural and urban areas, access to treatment services is a bigger issue in rural areas of the state. In addition to an anticipated shortage of mental health professionals as the population grows, the state currently has a maldistribution of mental health professionals similar to that of primary care providers. As a result, Dr. Swartz highlighted to need for new models of treatment to serve the mental health needs of rural residents. Dr. Swartz summarized a number of potential approaches including telepsychiatry, internet-based counseling and follow-up, telephone-based counseling and follow-up, education/self-help/natural supports, and collaborative and integrated care models. He provided a few examples of collaborative/integrated care models as well a model that relies more heavily on care coordination/case management in psychiatry.

A copy of Dr. Swartz's presentation is available here: Addressing Challenges in Providing Rural Behavioral Health Services.

Selected Questions and Comments:
- Q: What is the recommended level of training/education for care managers?
  A: Typically they are nurses but they can be social workers. They get targeted training in behavioral activation and motivational interviewing.
- Q: With regards to sustainability, how will we pay for these care managers?
  A: Care managers do not have to be a new person within a practice. In small practices, you can train someone within the practice like an existing nurse. There are evolving payment methodologies that will make this work better in health reform.
- Q: What does this look like with a partnership between mental health professionals and the faith community?
  A: There are efforts to reach out to pastors and train them in mental health conditions. The Duke Divinity School does work in this area.

INJURY

Herbert G. Garrison, MD, MPH
Professor, East Carolina University
Director, Eastern Carolina Injury Prevention Program
Vice President of Medical Affairs, Vidant Medical Center

Dr. Garrison gave the Task Force a summary of the prevalence and distribution of injury deaths in North Carolina. North Carolina has the 19th highest rate of injury deaths in the United States. Though the incidence of injury deaths in North Carolina is far less than deaths a result of cancer or heart disease, injury is the most significant cause of years of productive life lost. The rates for different types of injuries differ among age groups and have shifted over time; for example, the rate of motor vehicle deaths has decreased while the rate of unintentional poisonings has increased significantly. According to Dr. Garrison, the most pressing rural injury issues in North Carolina are motor vehicle crashes, poisoning, falls, suicide, and farm injuries. Dr. Garrison reviewed North Carolina data and some examples of prevention strategies that have been employed for each of these injury types. He also highlighted the overlap between injury prevention and health efforts around the built environment such as bike lanes.

A copy of Dr. Garrison's presentation is available here: The Rural Injury Problem and Solutions in North Carolina.

Selected Questions and Comments:

- Q: Discussions on gun law have been focused on homicides, but two-thirds of gun deaths result from suicides. The link between mental health and suicide is stronger than that between mental health and homicide. Are there ways to reduce the lethal means and remove weapons from homes?
  A: We don't currently have ways to get guns out of homes where they already exist.

HEALTH BEHAVIOR POTENTIAL PRIORITIES

The Task Force discussed potential priority areas for the meeting's topic of health behavior. As a group, the Task Force brainstormed potential priorities including:

- Physical Activity & Nutrition
- Tobacco Use Prevention
- Substance Abuse Prevention
- Mental Health Promotion
- Maternal & Child Health/Unintended Pregnancy Prevention
- Injury Prevention

The Task Force members voted on top priorities and three priorities were selected: physical activity and nutrition, substance abuse prevention, and mental health promotion.

HEALTH BEHAVIOR STRATEGIES

The Task Force members divided into 3 small discussion groups to brainstorm and discuss strategies for each of the 3 priorities: physical activity and nutrition, substance abuse prevention, and mental health promotion. After the small groups had time to discuss they reported the strategies they had brainstormed back to the group for further discussion, and

the Task Force members voted on top strategies for each priority area. The selected strategies of the Task Force are below, ordered by the number of votes received.

Physical Activity and Nutrition:

- Build local infrastructures to allow for collaboration and implementation/replication of successful programs/policies/practices
- Educate families to support physical activity and nutrition
- Work within the education systems (including early education through college) to support physical activity and nutrition

Substance Abuse Prevention

- Promote and educate doctors on the use of controlled substance reporting systems
- Use Project Lazarus as a model for substances in addition to opioids
- Promote the use of drug treatment courts
- School-based intervention on substance abuse prevention

Mental Health Promotion:

- Build/strengthen community supports to improve mental health
- Use primary care and public health settings to screen for behavioral health
- Educate communities about the signs and symptoms of mental health disorders and suicide