COMMUNITY AND ENVIRONMENTAL DETERMINANTS OF HEALTH
MCDOWELL COUNTY
EXPAND JOBS AND ECONOMIC SECURITY
PRIORITIES AND STRATEGIES

STRATEGIES TO EXPAND JOBS AND ECONOMIC SECURITY IN RURAL NORTH CAROLINA
1. **Invest in infrastructure (e.g. water, sewer, technology, transportation, health care)**
2. **Develop regional industries and local resources (e.g. farm to table, fishing, tourism, agriculture, solar)**
3. **Recruit and retain industry**
4. **Create workforce development programs to support local economy**

Investment in infrastructure (e.g. water, sewer, technology, transportation)
Existing efforts: There have been several successful initiatives in McDowell County, including increased water and sewer infrastructure (with millions of dollars in investment from the NC Rural Center). There have also been investments in broadband expansion (the "last mile") through ARRA funding, ERC, and the Golden Leaf Foundation. Now, major companies are able to get broadband. The Chamber is also trying to bring in small businesses. The county is letting them put equipment on towers to access broadband. In addition, participants noted that McDowell embraces ideas and community partners work together. There is no fighting or turf issues or competing powerhouses. This is unique about McDowell County.

Barriers: Participants noted that it was difficult to find sufficient funds to support infrastructure development and maintenance. In addition, while there has been some investment in getting broadband to the community, there have been problems getting it to residences. It costs 5 to 10 times as much for individual households or very small businesses at the end of the road to get internet access (because of the lack of profitability in "last mile" extensions). However, the county is exploring options. Participants noted that one company in Asheville put a satellite on the roof of the YMCA to make it more cost effective.

Develop regional industries and local resources (e.g. farm to table, fishing, tourism, agriculture, solar)
Existing efforts: The Health Coalition has a Workplace Wellness program that educates workers, and demonstrates commitment to wellness. The goal of the program is to improve worker health and lead to decreased health insurance premiums.

Barriers: Participants noted a lack of emphasis in education and training programs on entrepreneurship and creative problem-solving skill. There needs to be better training on business approaches to local issues and increased economic opportunities.

Recruit and retain industry
Existing efforts: See Universal Project notes below. Workforce development is seen as important recruitment/ retention tool. However, continued infrastructure development is needed. The broadband infrastructure is important, but it has not been a deal-breaker when recruiting companies, as many of those that really needed it found a way to get it prior to the latest infrastructure installments. It is available for businesses generally (notwithstanding the last mile extension to residences and very small businesses cited above). Traditional economic development efforts are having some success and there are spillover benefits from Asheville region.

Barriers: Participants noted that relative lack of skilled workforce and the need for continued infrastructure development as barriers.

Create workforce development programs to support local economy

Existing efforts: For the Universal Project in McDowell, the county bought a 400,000 square foot former furniture factory (Universal Furniture) and received $2.1 million from Golden LEAF's Community Assistance Initiative (that gave them extra money because the entire county got behind the project). They have turned the factory into an industrial skills training center with McDowell Tech, and will offer training to high school students (which will be particularly helpful to students with alternative learning styles). The initiative ties industry, the community college, and economic development together. Collaboration has been critical. Participants were hopeful that this initiative would help recruit businesses with higher paying jobs, although they noted that they did not have the luxury of being selective with jobs. It is a one of a kind project; the closest version is the BMW plant in Spartanburg, SC. In addition, participants discussed the Get NOT Out of Your Life Program, which is designed to address the challenges of dislocated workers and unemployed workers. Isothermal launched it to help eliminate barriers for people looking for jobs who are "not" qualified, "not" young enough, etc. The program is gaining momentum. People who have lost their job can call 211, and they will help shepherd the person through community resources (including training and social services) to help them remove barriers.

Barriers: Participants noted a lack of an entrepreneurship emphasis in education and training. The general workforce needs more training on problem solving and innovation, in addition to hard and soft skills. There is also a stigma associated with traditional industries, which makes it difficult to recruit students and workers to jobs in manufacturing and other areas, even though the new jobs in those sectors are more high-skilled and high-tech than in the past. Participants also noted that it is too easy to drop out of school. There is also a lack of business involvement in shaping workforce development and education, and in developing and implementing a public awareness campaign regarding new job opportunities. More leadership on these issues from private sector is needed.

COMMUNITY AND ENVIRONMENTAL DETERMINANTS OF HEALTH
MCDOWELL COUNTY
IMPROVE EDUCATIONAL OUTCOMES
PRIORITIES AND STRATEGIES

STRATEGIES FOR IMPROVING EDUCATIONAL OUTCOMES IN RURAL NORTH CAROLINA
1. **Increase support for quality child care and education (birth-5) and parenting supports to improve school readiness**
2. **Better recruitment and retention of strong teachers**
3. **Increase technology/internet infrastructure**
4. **Increase K-12 parent engagement and involvement (e.g. PTA/PTO, classroom visits)**
5. **Promote innovative/non-traditional educational programs and strategies**
6. **Increase adult learning opportunities and professional development**

Increase Support for quality child care and education (birth-5) and parenting supports to improve school readiness
Existing efforts: Participants noted several different successful early childhood educational initiatives, including Early Head Start, Head Start, Nurse Family Partnership, family resource centers in schools (including visiting/drop in parenting programs), teen pregnancy prevention initiatives, WIC, etc. One of the more unique initiatives is the early intervention research to practice program. It is an early intervention program targeting families in poverty, or parents who are at- risk due to mental health or other problems. The early intervention program provides family support programs based on evidence-based practices. The program works with parents by building their parent assets (what they are doing right) as a means of keeping them interested in the program.

Barriers: Participants expressed difficulties engaging parents in some of the programs. They noted the need to vary program hours so that parents who are working multiple jobs can come into the programs. They also explained that many families have limited resources, transportation, time, etc. which makes it difficult for them to come into the organizations that could offer them resources. Participants expressed the need to do home visits, or bring programs to where people live to make them more accessible. They also talked about the importance of building on family strengths (an asset based approach) rather than focus on what the families are doing wrong.

Better recruitment and retention of strong teachers
Existing efforts: Participants did note that the schools generally had a decent retention rate in the past, especially for those teachers who came from that area. They had several programs to make it easier for students to become teachers. They had 2+2 programs at the community college where students could take the first 2 years in the community college system and then transfer into participating universities (and have all their college credits transfer). Otherwise, the students could take general education classes for the first 2 years in the community college (and some/all of them may transfer—depending on the policies of the 4 years institution). Participants also noted that some of the surrounding colleges offered classes in McDowell County so that students could be working part-time and still work towards a bachelors degree. (Courses are offered in the community college that would help apply to a Birth-through-Kindergarten (B-K) or a teaching degree).

Barriers: Participants noted that it is hard to recruit people into education today. Teachers are not paid well, and the county does not provide a supplement to the state funds. As a result, McDowell loses teachers to other counties. Participants also noted that NC teachers could leave the state and get large salary increases in most other states. Some noted that the Teaching Fellows program has been helpful in recruiting teachers to underserved communities. Others noted the importance of selective recruitment and trying to match prospective teachers to the right communities (similar to what happens in communities recruiting physicians).

Increase technology /internet infrastructure
Existing efforts: Schools and hospitals have internet, as do many libraries.

Barriers: Participants noted that over 50% of the county does not have internet. However, they thought that more could be done to encourage mixed-use of existing facilities. For example, some people suggested that the schools remain open after hours to allow people to use the computers. That could be combined with tutoring for the children (which could draw the parents and students into the schools). Participants also noted that community members could use the computers at the community college (people need not be students to access their library resources), but most people do not know of this resource. They also discussed the possibility of expanding library hours, or encouraging churches and senior centers with internet access to open up their resources to the community.

Increase K-12 parent engagement and involvement (eg, PTA/PTO, classroom visits)
Existing efforts: Participants noted that parental involvement is better in the K-6 classes than in middle or high school (when children no longer want their parents to be involved). They noted that events with food usually do a better job attracting parent involvement. They also mentioned one successful program – Families and Schools Together (FAST). This program offers tutoring for the kids and parenting skills for parents. It is offered through the Family Resource Center. Ten families are involved in this program at a time which creates a support group for the families. Participants noted that this effort was successful and created a positive working relationship between the parents and the teachers.

Barriers: Again, the participants noted frustration with the lack of parent engagement. They stressed the importance of involving parents in their children's education. They also noted the importance of providing transportation options for parents, in addition to reaching out to parents through multiple vehicles (including CCNC, pediatric offices, or DSS flyers). Furthermore, participants noted that homeless children can get caseworkers through the McKinney-Vento Act and that caseworkers can help reach families. They also noted the importance of using existing resources more creatively—to engage with families after work hours.

Promote innovative/non-traditional education programs
Existing efforts: Participants noted that several of the community churches had tutoring programs for children, which included after school snacks and transportation. This is really helpful for parents who are overwhelmed with work or life circumstances. There are similar programs in the community for Latino youth. Also, there is a McSmiles preschool bus that offers preschool experiences to children who are not in preschool.

Barriers: Transportation is a major barrier to families participating in innovative/nontraditional programs.

Increase adult learning opportunities and professional development
Existing efforts: The community colleges offer multiple career and educational pathways. They have different 2+2 programs (the first 2 years in the community college preparing the student to transfer to a 4 year college). They offer early college (and last year had a 100% graduation rate). They offer programs from 8 in the morning to 11 in the evening. They also offer child care to parents who are working on their GED (and have child care on site). They also have a successful JobsLink program to help students with interviewing skills, resume development, interviewing skills, GED preparation, and connecting students to available jobs in the community.

Barriers: Many of the challenges are listed above. Participants highlighted lack of transportation or child care as the two main barriers for some students to successfully complete school. Students have difficulty completing assignments at home due to the lack of the internet. And, while they offer a tutoring academy/resource center, many students do not make use of these resources.

COMMUNITY AND ENVIRONMENTAL DETERMINANTS OF HEALTH
MCDOWELL COUNTY
FOSTER STRONG, COLLABORATIVE LEADERS
PRIORITIES AND STRATEGIES

STRATEGIES FOR FOSTERING STRONG, COLLABORATIVE COMMUNITY LEADERS
1. **Encourage communication between community leaders (e.g., health, business, education, faith) to support local economic development, education, health care, and other issues of vital importance to the community.**
2. **Educate state and local leaders about health and health care issues, including the economics of health care and the impact of the health of the community on other areas of development. Encourage them to factor health data into their decision-making.**
3. **Support or build opportunities for local leaders to come together around health issues in a way that encourages collaboration and supports the implementation/replication of successful programs/policies/practices (e.g. Healthy Carolinians or Partnership for Children model).**
4. **Identify and support development of local leaders in all disciplines in order to strengthen rural communities.**

Encourage communication between community leaders (e.g., health, business, education, faith) to support local economic development, education, health care, and other important community issues.
Existing efforts: The McDowell Chamber of Commerce's LINC (Leadership Involvement Networking Communities) program is in its sixth year. The Chamber and McDowell Community College collaborate to offer a this program for community members. The LINC program is designed to help leaders learn about the county, to become involved, and to experience local arts, government, businesses, manufacturers, and prisons so they get to know the county. Additional details of the program are below:

- The program costs $275 per person and scholarships are available. The program is advertised locally. There have been 24 participants and waiting list in previous years with 30 participants this year.
- The program helps people, even long-time residents, to connect and learn about the community. The program is looking to make LINC classes more available and create an alumni component.
- The main challenges to LINC include time (9 days at 1 day / month) and money.
- Each class has a legacy project (e.g., enhanced playground at women's shelter).
- In order to connect and to learn more about LINC, participants are encouraged to get on the mailing list.
- The collaboration offers a high school LINC program for free! Currently, there is only one class per summer. Some participants would like to see additional classes offered.

Participants also suggested going to businesses to find out what is needed to increase employment. Plants in McDowell cannot find or hire people with the skills they want and need. The Western North Carolina Nonprofit Pathways (www.nonprofitpathways.org) offers on-site training. Additional efforts are on-going through the Non-Profit Organization (NPO) program through McDowell County YMCA. Also, newspapers and radio still have wide audiences. Participants reported that there are good ways to get the word out, connect with folks who do not have internet access.

Barriers: In McDowell, it is a struggle to connect with community members themselves, beyond just organizations and groups. Not everyone has email access. Listservs are common and serve group communication well, but it is not clear if this is not the best route for communicating to the broader community. There is a lot of cross talk across counties. The challenge is when leaders move outside the community. Participants reported losing agency

leaders and other professionals to Buncombe, Burke, Orange, other counties. These losses disrupt projects and removes significant knowledge, so limited progress is made.

McDowell is located between two major hospitals. Participants stated that they feel caught between two powerhouses where there is turfism. It is common to have small isolated providers.

- Participants laud Kate B. Reynolds Charitable Trust which is using funder power to make two entities work together and play nice.
- While hospitals do operate as a business, participants urged the hospitals to focus on people. Participants encouraged the hospitals to work together in order to address community needs.
- Participants reported that new, younger leadership at the hospitals may be beneficial.

Educate state and local leaders about health and health care issues, including the economics of health care and the impact of the health of the community on other areas of development. Encourage them to factor health data into their decision-making.
Existing efforts: When the western NC counties conducted community health assessments, the different counties came together for the benefit of the larger community. Many discussions have taken place but more need to continue. Participants noted that it is important for community leaders to engage with leaders at state level. They want to directly engage policymakers and local representatives on the issues that the community has identified as critical, rather than waiting for leaders to come to the community with their own agendas. For example, Lieutenant Governor Forrest was scheduled to attend a roundtable in McDowell County a week following the Rural Health Community Meeting. Participants reported that the county may look at hosting quarterly "policymakers lunches." Roundtables invite state leaders to McDowell County. Participants wondered whether reduced lunch costs would increase participation from the community.

Barriers: Participants stated that the decision-making should not all occur in Raleigh; transportation is a huge barrier for community members and leaders to attend important meetings. It would be easier to bring a meeting to 150 people here rather than make them all travel to Raleigh. In addition, participants suggested the use of webinars and teleconference technology to reach participants who are further from Raleigh but acknowledge this may be difficult. They also shared that it may be difficult to focus on/prioritize a webinar when office distractions more immediate. To address this major issue, state leaders should make a concerted effort to reach out more by coming to the community and holding fewer meetings in Raleigh. Participants lauded the NCIOM for coming to McDowell County for the Rural Health Community Meeting and urged Raleigh leaders to do the same.

Support or build opportunities for local leaders to come together around health issues in a way that encourages collaboration and supports the implementation/replication of successful programs/policies/practices (e.g. Healthy Carolinians or Partnership for Children model)
Existing efforts: The Marion 101 program is similar to the LINC program, but Marion 101 focused on the municipal units. There are many "Neighborhood College" programs that have this focus. McDowell Health Coalition is working on providing healthy eating/active living initiatives. Participants reported that the coalition's coordinator keeps an email list that anyone can join, and the collation has set meeting dates for the rest of the year. In addition, the Health Coalition has mapped assets and organizations. McDowell has a United Way 211 number (to help connect residents to community resources).

Barriers: Participants reported limited knowledge base, lack of options, and lack of strategies as barriers. They offered that facilitation helps community members overcome these barriers. Participants wanted incentives for leaders to collaborate. With regards to the Health Coalition, barriers include the need for more materials, facilitators, and information. Participants suggested creating a regional hub system to get resources to

communities. One participant identified the need for training on how to process health data and how to analyze what the data are saying about a particular community, so local professionals with specific training and interest can take that to their communities and translate it into action.

Identify and support development of local leaders in all disciplines to strengthen rural communities.
Existing efforts: The Chamber of Commerce offers leadership training at times, and it has a clear system for sharing information and experiences beyond county lines. A similar county-wide system would be useful for general leadership development, and more specifically leadership development among health care professionals. Such networking currently happens, but it does not happen between sectors.

Barriers: Participants wanted additional training and specific facilitation training on how to set up a project and how to evaluate it. This information needs to be shared throughout the community. In addition, participants suggested leadership training for the county because they want more community members to learn how to become board members. Participants considered developing regional peer learning and networking opportunities that extend beyond the county. Participants wanted some ideas about how to connect people interested in similar topic areas who in different professional sectors or across county lines.

HEALTH BEHAVIORS
MCDOWELL COUNTY
PROMOTE HEALTHY EATING AND ACTIVE LIVING
PRIORITIES AND STRATEGIES

TASK FORCE STRATEGIES TO PROMOTE HEALTHY EATING AND ACTIVE LIVING
1. **Educate families to support healthy eating and active living**
2. **Work within the education systems (including early education through college) to support healthy eating and active living**

Educate families to support healthy eating and active living
Existing efforts: The Catawba Greenway has expanded. The YMCA's diabetes prevention program has very strong outcomes (decreased A1C and glucose levels) and a 92% retention rate. Also, the "Eat Smart Move More Weigh Less" program was offered to county employers. County employees were reimbursed for expenses if they attended at least 12 of the 15 sessions. In addition, McDowell County has the capacity to grow food locally and there are cooking and food preservation demonstrations. Furthermore, the Electronic Benefits Transfer (EBT) is now available through tailgate markets. Participants shared that farmers markets are well liked plus they provide locally grown health fruits and vegetables. There are new playgrounds in the county and Catawba has been designated a "playful city" by Kaboom. Kaboom has had three recent projects in the area and the county will need additional funds for more equipment. The Recreation Department is also renovating old facilities with plans to offer new programs in those facilities.

Action steps: Participants suggested that members of the county should better utilize community centers, fire departments, and other already existing community space. They want to invest in community gardens and host community events like 5K runs. Participants also wanted more support for mothers during pregnancy (e.g. education on importance of healthy infant weight, breastfeeding, and healthy weight for mother). The community should look at funding opportunities for some of these initiatives. Community members should weigh themselves more often. Participants reported that after age 2, many children do not visit the pediatrician as often, so Body Mass Index (BMI) is not measured consistently over time. The community needs better advertisement initiatives that support active living and healthy eating. Participants wanted more education about food, diabetes, and obesity, and for the county to start a healthy vending program. Additionally, participants wanted to establish appropriate health metrics to measure improved health status. They also wanted to set-up demonstrations in the grocery stores and food pantries to encourage people to try different foods. Others suggested raising the cost of unhealthy foods by taxing them to fund programs. Furthermore, they wanted to institute junk food restrictions on Electronic Benefits Transfer (EBT) cards and restrict EBT to healthy foods. Participants perceived that high costs to healthier food options made healthier foods less accessible to low-income families. They expressed the need to educate physicians about resources to support the patient and family. Likewise, they called for more support for families in WIC to better utilize their money. They also want fast food labels that are easy to understand (e.g. eat this and walk this much to burn off the calories). Participants also wanted to eliminate cultural barriers with immigrants, both cultural and language barriers. Lastly, participant want improvements of the standards for USDA's Child and Adult nutrition program, in addition to the removal of barriers to local fruits and vegetables, Good Agricultural Practices (GAP), etc.

Barriers: Participants acknowledged that it is difficult to help people take ownership of their health. McDowell County also has a good number of low-income residents. The county lost funding for breast feeding initiative. The county want resources to motivate people to use available gardens. Another barrier that prohibits community members from purchasing new vegetables is the lack of knowledge how to cook it. Additionally, participants cited transportation as a major barrier.

Work within the education systems (including early education through college) to support healthy eating and active living

Existing efforts: Head Start has access to nutritionists. The Expanded Food and Nutrition Education Program (EFNEP) helps low-income families learn how to improve their family's diet and nutrition. In addition, Yancey county implemented programs in their K-12 schools to improve food choices. The impact of end-of-year testing was also positive. Additionally, the following efforts are happening within the school: school wellness policies, community gardens integrated with schools (grow it then eat it), healthy food in the cafeteria, and the School Health Advisory Council (SHAC). Participants wanted community members to properly manage diabetes through the expansion of the diabetes program for newly diagnosed (past 5 years) people with type II diabetes.

Action steps: Participants recommended that the county take out unhealthy food from cafeterias, vending machines, and convenience stores. They encouraged participation in the "In School Prevention of Obesity and Disease" (ISPOD) program through BMI data collection. This will help to prevent childhood obesity by engaging parent and children. Participants want to expand Healthy Kids, Healthy Parents program that is rolling out in Burke. Also, they wanted to consider reinstating home economics classes and restore recess and free play back into the school day. They want to start education about healthy eating and active living at pre-school level. Furthermore, participants suggested integrating gardening into the curriculum to help increase parent ownership. Participants also suggested expanding current EFNEP educational efforts. They suggested that schools should make the healthy choice the only choice in school. They also recommended professional health educators for physical activity, and that schools should follow the Department of Public Instruction (DPI) curriculum. Health and physical education teachers need to know what they are doing. The Department of Public Instruction should more fully integrate healthy eating and active living into the curriculum (including requiring specific content and time spent on the curriculum). The State Department of Education should follow the Institute of Medicine (IOM) standards for nutrition. In addition, school and community policies should support healthy vending, fundraisers, games, etc.

Barriers: Participants discussed current federal school nutrition budget policies—if students do not buy the healthy food choices offered in the school, they do not get reimbursed by the federal government for subsidized lunches. Also vending machines at school are used to make up for reduced revenue in the cafeteria. Unhealthy items are more popular and there are limited healthy options to put in vending machines. There is also a movement of children bringing unhealthy lunches even though the lunch options at school are healthy. Good Agricultural Practices (GAPs) certification is a huge barrier for small local farmers to participate in farm-to-table efforts. Foods that day care centers serve are also unhealthy; more emphasis should be placed in improving pre-school nutrition. Additionally, working parents are hard to reach and they're balancing a lot of priorities, no time for more activities, education etc. There are restrictions on teachers in addition to teachers not being aware of policies around recreation during the school day. If DPI sets healthy policy, teachers need to be aware of it and follow it.

Additional Strategies
- Facilities – support expansion and maintenance of facilities to support active living and align policy in addition to resources. Example: DOT – not pedestrian friendly so there isn't a focus on building sidewalks, foster more strategic sharing of resource like joint use agreements, this helps leverage resources and brings people together through the process of developing the policy
- Spread the best practices to other communities – i.e.: diabetes prevention program, obesity treatment prevention

HEALTH BEHAVIORS
MCDOWELL COUNTY
REDUCE SUBSTANCE ABUSE
PRIORITIES AND STRATEGIES

TASK FORCE STRATEGIES FOR REDUCING SUBSTANCE ABUSE
1. **Promote and educate doctors on the use of the statewide controlled substance reporting system to help identify people who abuse and misuse prescription drugs.**
2. **Use Project Lazarus (a community-based overdose prevention and opioid safety program) as a model for substances in addition to opioids.**
3. **Promote the use of drug treatment courts, an intervention program where non-violent addicted offenders enter court-supervised treatment.**
4. **Use school-based intervention for substance abuse prevention.**

Promote and educate doctors on the use of the statewide controlled substance reporting system to help identify people who abuse and misuse prescription drugs.
Existing efforts: The group had some familiarity with the controlled substance reporting system (CSRS), but only the managed care organization was noted to be using it regularly.

Barriers: The group identified several barriers to using the CSRS. Providers have to focus on productivity and don't have the time to check for every patient. The group discussed barriers in various community locations homeless shelters and mental health providers. One local homeless shelter has a limit on the amount of controlled medications that can be brought in.

Strategies to overcome barriers: They suggested giving access to the CSRS to providers other than physicians to make better use of each provider's time.

Use Project Lazarus (a community-based overdose prevention and opioid safety program) as a model for substances in addition to opioids.
Existing efforts: While some of the group members were aware of the program, they were not aware of existing efforts.

Barriers: Someone mentioned that the local Community Care of North Carolina (CCNC) network would be training behavioral health agencies on the model, but there was a disconnect between the organizations that need the training and CCNC. Some participants said that other community providers were left out of the training

Strategies to overcome barriers: Other participants suggested training other service agencies in the area, so that they were aware of the new prescribing and prevention methods.

Promote the use of drug treatment courts, an intervention program where non-violent addicted offenders enter court-supervised treatment.
Existing efforts: The group members thought drug treatment courts would be an asset to the community, but did not believe there were any in the area.

Barriers: Lack of funding for drug treatment courts was major identified barrier.

Use school-based intervention for substance abuse prevention.

Existing efforts: The group believed there were some school-based interventions in the area including DARE. They were unsure of the level of success of the programs.

Barriers: Lack of funding was a major barrier to school-based intervention. They also discussed the lack of interest in the programs and lack of commitment to support the programs.

Strategies to overcome barriers: The group suggested programs in other places with captive audiences of community groups like churches, community organizations, and homeless shelters.

**HEALTH BEHAVIORS
MCDOWELL COUNTY
IMPROVE MENTAL HEALTH
PRIORITIES AND STRATEGIES**

TASK FORCE STRATEGIES FOR IMPROVING MENTAL HEALTH
1. **Build/strengthen community supports to improve mental health**
2. **Use primary care and public health settings to screen for and, when appropriate, provide treatment for mental health and substance abuse problems**
3. **Educate communities about the signs and symptoms of mental health disorders and suicide**

Build/strengthen community supports to improve mental health
Existing efforts: The group discussed a variety of mental health services in the area. The noted strength was the continuity of some providers despite the changing managed care and mental health agencies.

Barriers: The group discussed the changing behavioral health system as a barrier to community supports. They described patients not knowing who to contact and where to go for help. Lack of funding for mental health has pushed the problem onto other organizations like the emergency departments at hospitals, social services, and homeless shelters.

Strategies to overcome barriers: The group thought that collaboration between community organizations would help support community mental health. They mentioned representatives from the local homeless shelter, law enforcement, emergency medical technicians, and others.

Use primary care and public health settings to screen for and, when appropriate, provide treatment for mental health and substance abuse problems
Existing efforts: The group thought primary care and public health would be good places to screen for mental health and substance abuse problems. They thought the Community Care of North Carolina program would be introducing something similar into their community.

Barriers: Some of the behavioral health providers were unsure how comfortable primary care and public health providers would be in screening for mental health and substance abuse problems. The lack of funding has reduced local programs leaving fewer places to refer patients who screen positive and need further behavioral health care

Educate communities about the signs and symptoms of mental health disorders and suicide
Existing efforts: The group was not aware of any local efforts to educate the community about mental health signs and symptoms and suicide.

Barriers: The lack of funding for behavioral health was described as the major barrier. Rather than understanding the signs and symptoms, the community sees the extreme cases and the fallout from untreated or poorly managed behavioral health conditions.

ACCESS TO AND AVAILABILITY OF SERVICES
MCDOWELL COUNTY
MAXIMIZE INDIVIDUAL INSURANCE OPPORTUNITIES
PRIORITIES AND STRATEGIES

Strategies for Improving Access by Maximizing Individuals' Insurance Opportunities
1. **Encourage employers to offer affordable coverage to more employees**
2. **Advocate for Medicaid expansion to cover low-income adults**
3. **Leverage safety net resources to bridge the gaps in insurance coverage for individuals, with a focus on those who are not able to obtain affordable health insurance coverage.**

Work with employers to maximize insurance coverage
Successful activities: Participants were not able to report any successful action steps to encourage employers to offer health insurance coverage. However, they were able to report worksite wellness activities—aimed at either improving the health of workers, or more broadly to improve the health of the community. For example, Mission health care system is offering fitness programs, contests to lose weight. Eat Smart Move More offers workplace wellness activities, and one of the counties in the area offers wellness initiatives. Some of the employers are offering financial incentives to fill out health risk assessments, participate in exercise programs (such as the YMCA), or participate in wellness activities (such as lower premiums or partial payment for YMCA membership).

Challenges: Participants reported that some of the larger industries were limiting their wellness activities to management only. Participants thought that more outreach was needed—especially to small businesses to educate them about the benefits of worksite wellness activities to the employer. Others thought that strategies involving the YMCA—where the YMCA might offer lower premiums to employees as part of an overall employer wellness activity might encourage both employers to offer and employees to participate in wellness activities.

Educate the public about the state's option for Medicaid expansion
Successful activities: One participant talked about activities in the Buncombe area to educate the public about the Medicaid expansion option. They are trying to help the public understand that the failure to expand Medicaid will adversely impact on hospital finances, because under the ACA, hospitals are losing funding that previously was used to help support services to the uninsured (disproportionate share hospital payments—or DSH). There is a regional effort involving United Way, NC Justice Center, AIDS coalition, NAACP, and others to try to educate the public on this option. However, these activities were just beginning and there was not a strong organized effort yet underway.

Challenges: DSS was worried that a lot of people would seek to apply for coverage at the DSS and find out that they are not eligible for coverage because they are too poor to qualify for the subsidies. DSS staff reported that would explain that the state has an opportunity to expand Medicaid to provide coverage to low-income people, but at this time, the legislature has decided not to pursue this option.

Leverage safety net resources to bridge the gaps in insurance coverage for individuals, with a focus on those who are not able to obtain affordable health insurance coverage.
Successful activities: Participants in McDowell county did not report many safety net resources. There is a Good Samaritan free clinic offered 1 evening/week. Participants also noted that ECU was going to set up a service learning dental clinic in Mitchell and another in McDowell or Burke.

Challenges and strategies to overcome those challenges: There is a lack of affordable primary care services to meet the health care needs of the uninsured. There is no community health center in McDowell. People typically

have to drive to Rutherford or Burke County. Public health does not provide significant primary care services, and there are no school based health centers in McDowell (although there are in Mitchell-Yancey). Also, the participants noted that there were not enough school nurses in the schools. However, Kate B. Reynolds is funding a paramedic to provide home visiting to the frail elderly and people with chronic conditions targeted to help reduce readmissions.

Educate the public about the insurance options available under the ACA, including the potential for Medicaid expansion (NEW)
Successful activities: DSS in McDowell county are trying to partner with navigators. They have tried to reach out to navigator entities to see if they are willing to operate out of the local DSS office. They are also talking to the Buncombe County SHIIP office to see if they could get one of their staff trained as a navigator/certified application counselor and help people when they are trying to enroll through DSS. One of the participants also noted that their local Smart Start office received federal funding from HRSA to educate people about the ACA. Some written materials have been distributed in libraries, senior centers, etc. DSS also has information about the ACA on their website. United Way also has information about the ACA and where to seek help on its 211 line, but not many people know about the 211 line.

Challenges: While there is a fledgling effort underway, more education and outreach is needed. Participants thought that good strategies for reaching the public would include (but not be limited to): local radio (WBRM), county and city cable channels, churches (church bulletins), notices sent out with students in schools, social media.

ACCESS TO AND AVAILABILITY OF SERVICES
MCDOWELL COUNTY
SUPPORT NEW MODELS OF CARE THAT EXPAND ACCESS TO HEALTH SERVICES
PRIORITIES AND STRATEGIES

Strategies to Support New Models of Care to Expand Access to Health Services
1. **Expand telehealth efforts**
2. **Support and expand school-based and school-linked health centers**
3. **Funders and policies should support new models leveraging leadership, coordination, and sustainability**

Expand telehealth efforts
Existing efforts: Center for Rural Health Innovation (Amanda Martin) use telehealth with 14 school based health centers in Mitchell and Yancey; for 4,000 students from K-12. Western North Carolina (WNC) AIDS Project (Peggy Wall) worked with Center for Rural Health Innovation and has grant funding to support telehealth at 2 sites. Also Asheville PACE Program is looking into submitting an application to expand into rural counties using telemedicine. Mission – telepsych and telestroke (Steve North).

Barriers: Community patients can be reluctant to interact or embrace new technologies or use of telehealth; also true of some providers. Telehealth is currently silo'ed within communities; facilities should be able to be shared within communities and across referral providers/health care systems. Current guidelines (or lack of) for reimbursing telehealth services – need flexibility but rules must also protect quality of care.

Support and expand school-based and school-linked health centers
Existing efforts: Center for Rural Health Innovation (Amanda Martin) uses telehealth with 14 school based health centers in Mitchell and Yancey; for 4,000 students from K-12.

Barriers: Current guidelines (or lack of) for reimbursing telehealth services – need flexibility but rules must also protect quality of care. North Carolina Division of Medical Assistance regulations require school based health centers to be credentialed in order to bypass the primary care physician prior authorization approval process (some local pediatricians and physicians will not give prior authorization to student treatment at school clinic to qualify for Medicaid reimbursement) – problem is that the state of NC (not sure if this is Medicaid or DPH) has not credentialed any SBHC in last 2 years (issue seems to be lack of staffing?). Communication – both with the community and within the health care community.

Funders and policies should support new models leveraging leadership, coordination, and sustainability
Existing efforts: McDowell EMS Community Care Paramedicine Program (Chad Robinson) grant funded; program is currently focusing on reducing high utilizers of EMS they also plan to work on reducing 30 day readmits using home visits, RX reconciliations post-discharge and be active participants in raising public awareness and participating in health fairs. East Carolina University Dental Learning Center in Spruce Pine has dental students working in rural community.

Barriers: North Carolina Division of Medical Assistance controls expansion of PACE program it currently takes 6-8 months to review applications – approval process needs to be streamlined. Providers can be reluctant to embrace new models. Working in an environment of increased need and decreased resources - money ($). Also need patient transportation. Getting community to accept a level of personal responsibility is necessary. Community "doesn't know" about resources available – even when providers make an effort, example of this is resource list produced by McDowell YMCA "great list but most folks don't know about it"; community and even other health

care organizations don't know about resources like 211. Communication – both with the community and within the health care community

Other Strategies
- Explore potential to link community paramedicine and telehealth
- Make sure rural is represented/at the table if ACOs are developed that will reach into these communities
- Utilize faith based communities as source of lay health advisors/health education to help folks link appropriately to the health care system
- Increase communication within rural communities – most media outlets coming from larger markets Charlotte/Asheville and have little information specific to small communities
- Have entire family wellness/preventive check-ups
- Send DVDs home with school students which can be used to educate parents about resources available in community – letters home don't work
- Find ways to connect community providers to home monitoring products that are becoming more main stream
- Engage community/patients to understand barriers or reasons they are resistant to change

ACCESS TO AND AVAILABILITY OF SERVICES
MCDOWELL COUNTY
IMPROVE RECRUITMENT, RETENTION, AND DISTRIBUTION OF KEY HEALTH PROFESSIONALS
PRIORITIES AND STRATEGIES

Strategies for Increasing Access by Improving Recruitment, Retention, and Distribution of Key Health Professionals (i.e. primary care providers, general surgeons, dental providers, and mental health professionals)
1. **Ensure adequate incentives to recruit health professionals into underserved areas**
2. **Involve broader segments of community (e.g., schools, business, community leaders) in recruitment efforts**
3. **Support health professionals new to rural communities**

Ensure adequate incentives to recruit health professionals into undeserved areas
Existing efforts: None directly related

Barriers: Little to no incentives for mental health and allied health recruits i.e. access to student loan forgiveness or other financial incentives offered to doctors/dentists such as low-interest home loans. In addition, often focus just on immediate need and fail to plan and recruit for the long term.

Involve broader segments of community (e.g., schools, business, and community leaders) in recruitment efforts
Existing efforts: Involve spouse/family while recruiting – know background and interests, ask who they want to meet with while on site visit. Also elected officials invited to participate in the recruitment process.

Barriers: Community doesn't see/understand the bigger picture of these providers as key to economic development; do not see value beyond "just health care". Also community impression can be a negative – need to have successful rural communities, health care can be a lever for these.

Support health professionals new to rural communities
Existing efforts: Involve spouse/family while recruiting – know background and interests, ask who they want to meet with while on site visit. Also recruit linked to similar provider in community during site visit. Start recruitment early – i.e. encourage rural kids to train and return – Mitchell County High School "Home Grown Health Care Program" is a private social network that links teens interested in health care careers to college students, other teens, and professionals, want to use this network to facilitate and maintain connections to rural home

Barriers: Retention impacted by inability to generate enough income. Additionally, the infrastructure is old and outdated as well as the technology, facility, equipment matter.

Additional Strategies:
- Rural interdisciplinary graduate education within rural communities for 1 year (similar to Auburn's rural architecture initiative)
- Focus on making good matches between candidates and communities
- Be intentional/deliberate about integrating entire family into community – use social networking to connect new recruits/family to community
- Ensure students rotating through rural communities have a good experience and get to know the community