NCIOM Rural Health Task Force

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Webinar

11/18/2014

North Carolina Institute of Medicine

shaping policy for a healthier state

North Carolina Institute of Medicine

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
  - Be concerned with the health of the people of North Carolina
  - Monitor and study health matters
  - Respond authoritatively when found advisable
  - Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

NCGS §90-470

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NCIOM Task Force on Rural Health

- The Office of Rural Health and Community Care within the North Carolina Department of Health and Human Services and the Kate B Reynolds Charitable Trust asked the NCIOM to convene this Task Force
- Funding for the Task Force comes from

KATE B. REYNOLDS CHARITABLE TRUST

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NCIOM Task Force on Rural Health

- Co-Chairs:
  - Chris Collins, MSW, Director, North Carolina Office of Rural Health and Community Care*
  - Paul Cunningham, MD, FACS, Dean and Senior Associate Vice Chancellor for Medical Affairs, Brody School of Medicine, East Carolina University
  - Donna Tipton-Rodgers EdD, President, Tri-County Community College
- 46 Task Force Members:
  - 24 are local representatives serving rural communities
  - 22 are from statewide organizations with a mission to serve rural and underserved communities

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*Robin Cummings, MD, Director, North Carolina Office of Rural Health and Community Care was a co-chair until he became Deputy Secretary for Health Services, NC Department of Health and Human Services

Task Force Charge

- To develop a North Carolina Rural Health Action Plan to provide policy makers, funders, and stakeholder organizations with a common vision and action steps to improve rural health
  - **The Task Force will identify 4-6 priority areas with strategies that state and local organizations can undertake that can help local communities improve the health of their communities**

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Rural Defined

- There are many definitions of rural.
  - The Task Force selected to use the federal Office of Management and Budget definition (2009).
  - By this definition, NC has 60 rural counties (counties that are non-metropolitan).
- The Task Force also examined the NC Department of Commerce's Tier economic rankings
  - There are 40 tier 1 counties (most distressed), 40 tier 2 (next most distressed) and 20 tier 3 counties.
  - Of the 60 rural counties in NC, 33 are tier 1 counties, and 22 are tier 2 counties.

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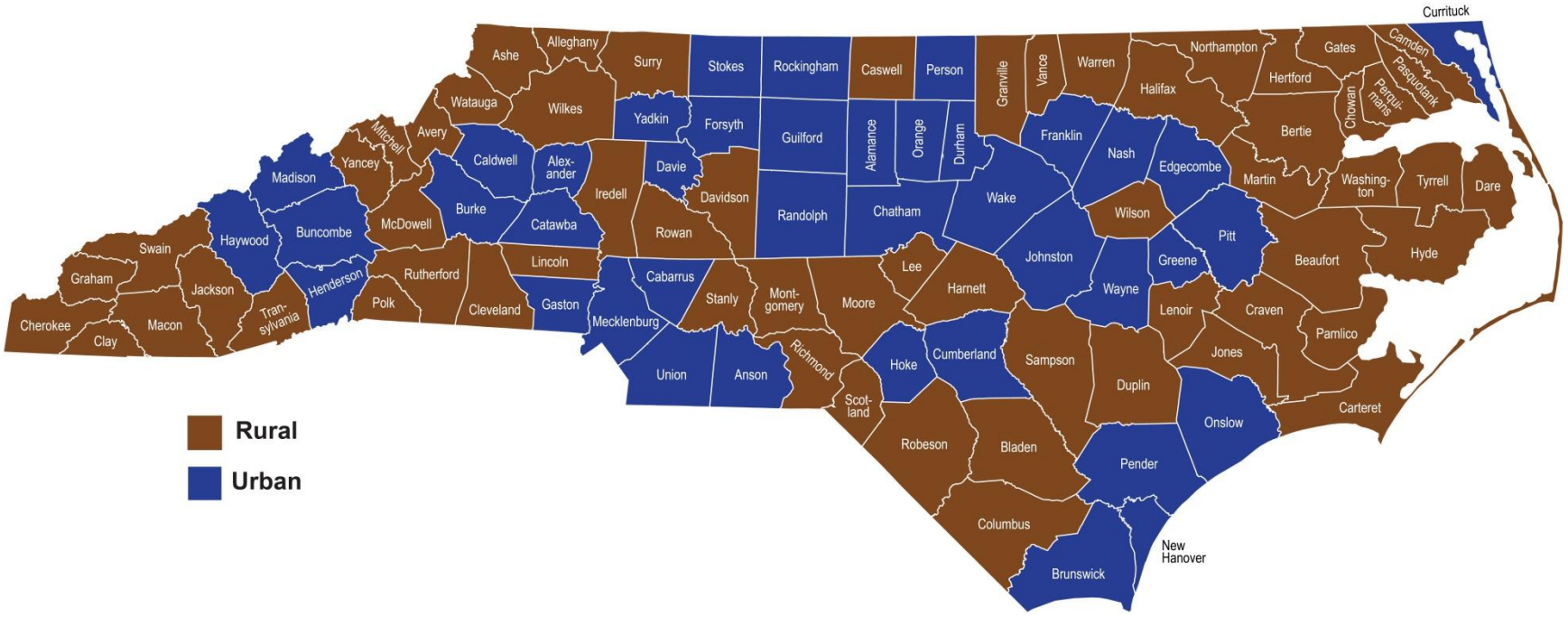
Rural North Carolina



Why Focus on Rural Communities?

- *Rural communities have unique strengths:*
  - Rural residents:
    - Have a strong sense of community—they know what will work and what will not
    - Are self-reliant and resourceful
    - Have an innate sense of commitment to the community and to each other
  - Many of the state's natural resources come from rural communities

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Why Focus on Rural Communities?

- *But rural areas face many challenges*
  - Rural residents are more likely to:
    - Live in poverty or have lower household incomes
    - Smoke or be overweight or obese, leading to higher rates of chronic illnesses
    - Die prematurely
  - Rural areas also lack key infrastructure needs, including:
    - Water and sewer, last mile internet access, affordable housing, public transportation.

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NCIOM Task Force on Rural Health: Process

- Task Force Process:
  - Examined the health of rural North Carolinians
  - Identified priority strategies that are critical to improve rural health outcomes and actionable over the next three to five years.
  - Gathered input from eight rural communities across North Carolina.
    - All together we received feedback from approximately 250 people in rural communities across the state.
  - Considered the feedback from the local community forums and made adjustments to priority strategies.

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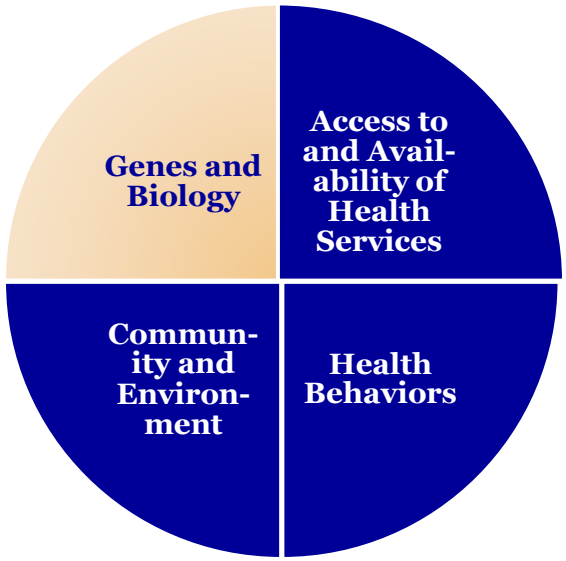
Examining the Health of Rural Communities

- There are many factors which influence health, including:
  - Access to and availability of health services
  - A person's health behaviors
  - Community and environmental factors
  - A person's genetic makeup
- The Task Force focused on the first three factors, because it is more difficult to impact on a person's genes

Factors the Influence Health



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Examining the Health of Rural Communities (cont'd)

- The Task Force examined rural/urban differences in the factors influencing health, including:
  - *Community and environment*: poverty rates, high school graduation, community economic wellbeing
  - *Health behaviors*: tobacco use, obesity rates, physical activity, consumption of fruits and vegetables, traffic crashes that are alcohol related, suicide rates, mental health visits to the emergency department, unintentional poisonings, falls, homicide
  - *Access to and availability of health services*: uninsured rates, access to care measures, health professional workforce data, financial viability of rural hospitals

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Nine Initial Priority Areas

- The Task Force initially identified 9 priority areas:
  - Community and environment
    - Expand jobs and economic security
    - Improve educational outcomes
    - Foster strong collaborative community leaders
  - Health behaviors
    - Increase healthy eating and active living
    - Reduce substance abuse
    - Improve mental health
  - Access to and availability of services
    - Maximize individuals' insurance opportunities
    - Support new models of care that expand access to health services
    - Improve recruitment, retention, and distribution of key health prof'ls

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Draft Rural Health Plan

- Within each priority area, the Task Force identified promising strategies to improve rural health
  - The Task Force identified 40 strategies overall
- Staff developed a draft rural health plan with the 9 priority areas and 40 strategies to bring to rural feedback meetings
  - We developed separate draft rural health plans for each community meeting, with relevant county-level information about the priority areas.

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Input from 8 Rural Communities

- We held 8 rural meetings to solicit feedback (counties listed in bold are where the regional meetings were held):
  - Aug. 28: Caswell, **Rockingham,** Stokes (46 participants)
  - Aug. 29: Haywood, **Jackson,** Macon, Swain, Transylvania (44 participants)
  - Sept. 12: **Bladen,** Columbus, Pender, Robeson, Sampson (41 participants)
  - Sept. 19: Alexander, Ashe, Alleghany, Caldwell, Iredell, Surry, Watauga, **Wilkes,** Yadkin (47 participants)
  - Sept. 27: Davidson, **Montgomery**, Moore, Richmond, Stanly (21 participants)
  - Oct. 4: Avery, **McDowell**, Mitchell, Rutherford, Yancey (35 participants)
  - Oct. 10: **Beaufort,** Craven, Hyde, Martin, Pamlico, Washington (21 participants)
  - Oct. 11: Bertie, Edgecombe, **Halifax,** Northampton, Warren (26 participants)

Community Participants

- We solicited feedback from 259 individuals in the 8 regional meetings.
- Most worked for health related organizations:
  - ~53% represented health organizations (hospitals, FQHCs, private practice, clinics, LME/MCOs)
  - ~22% represented educational organizations (community college, K-12, Smart Start partnerships, cooperative extension)
  - ~3% represented industry or economic development organizations
  - ~10% represented human service organizations
  - ~12% were other (including individuals, county/city officials, YMCA representatives, and others)
- Rural participants helped identify priority areas and strategies

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Priority Areas

- The Task Force considered feedback from the rural participants to select **six final priority areas**:
  - *Community and environment*
    - Invest in local and regional industries
    - Invest in early education and parenting supports
  - *Health Behaviors*
    - Promote healthy eating and active living
    - Support provision of behavioral health in primary care settings
  - *Access to and availability of health services*
    - Expand insurance coverage and the health care safety net
    - Recruit and retain health providers into underserved areas

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Invest in Local and Regional Industries

- Existing strengths:
  - Many rural areas have strong farm economies and are developing farm-to-table initiatives
  - Local resources can be employed to develop agrotourism and other locally grown industries
  - Promising investments in renewable energy
- Challenges:
  - Some rural communities lack key infrastructure (water, sewer, internet, strong schools) making the communities less competitive for new industries
  - Some young people leave to find jobs in urban locations

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Invest in Local and Regional Industries: Recommendations

- The Department of Commerce (DOC) and other funders should work with rural businesses and community organizations to enhance infrastructure and broadband access.
- The NC General Assembly (NCGA), DOC, and rural funders should also provide support to local entrepreneurs to develop high quality jobs that take advantage of local resources including: agriculture/food programs, renewable energy, and high value added manufacturing.
- Rural funders, Office of Rural Health and Community Care (ORHCC), and DOC should invest in rural health care, including support for rural health care institutions and telemedicine programs.

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Invest in Local and Regional Industries: Recommendations

- The North Carolina Community College System and Local Education Agencies should continue to partner with small businesses and local economic development offices to develop the rural workforce.
- Rural funders need to focus on the development of local leaders and the recruitment of talented leaders.
- State and private funders should establish dedicated funding streams to rural communities for further investments in infrastructure, regional industry and manufacturing, and workforce development.

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Support Early Education and Parenting Supports

- Existing strengths:
  - Every county is served by a local Smart Start partnership
  - Many counties have evidence-based or evidence-informed parenting support programs, such as Nurse Family Partnerships or Parents as Teachers
- Challenges:
  - High quality early education is not available or affordable to everyone who needs it
  - Parenting support programs do not reach everyone

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Early Education and Parenting Supports: Recommendations

- The Division of Child Development and Early Education (DCDEE) should revise the star rating system to focus on learning that supports children's social and emotional development, executive function, language skills, and health.
- The NCGA should support adjustments to subsidy rates based on quality.
- The Division of Public Health (DPH) should seek funding for evidence-based programs for parent engagement to support school readiness and long-term educational success (e.g. NFP and Child FIRST).

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Early Education and Parenting Supports: Recommendations

- DCDEE and other partners should support education, training, adequate wages, and career advancement opportunities to ensure a high quality early education workforce.
- Local Smart Start partnerships, North Carolina Partnership for Children (NCPC), DCDEE, and other partners should choose from and implement evidence-based or best practices to improve school readiness and ensure long-term educational success.

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Promote Healthy Eating and Active Living (HEAL)

- Existing strengths:
  - Because of enhanced federal nutrition standards, schools offering healthier foods during the school day
  - Many local initiatives through schools, churches, local nonprofits to promote healthy eating and active living
  - Active farm-to-table initiatives in many communities including efforts to reach lower-income communities
- Challenges:
  - Schools do not all offer sufficient hours of physical education and physical activity, and not enough evidence-based curricula to promote healthy eating and active living
  - Still difficult for many families to make the healthy choices

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Healthy Eating and Active Living: Recommendations

- DCDEE, NCPC, and other groups should promote evidence-based or evidence-informed practices that support HEAL in early care and education.
- The State Board of Education (SBE) should develop a model wellness policy for local use focusing on optimal age appropriate targets for HEAL.
- SBE should require schools to implement evidence-based practices into core curriculum that support HEAL. HEAL information should be integrated into the Healthful Living curriculum.

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Healthy Eating and Active Living: Recommendations

- Local communities and NC funders should support community-based (including faith-based) evidence-based strategies to promote HEAL.
- Funders, state agencies, and local communities should support opportunities for HEAL in rural communities (including farmers markets, community supported agriculture, green spaces for play/exercise, etc.).

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Offer Behavioral Health Services in Primary Care Settings

- Existing strengths:
  - Community Care of North Carolina (CCNC) and Center for Excellence for Integrated Care have trained primary care professionals in screening, brief intervention, and referral into treatment.
  - Many practices are employing co-location and/or integrated practices with behavioral health professionals.
  - Mental health parity laws will provide better coverage for many.
- Challenges:
  - Rural practices do not always have the volume of insured patients to support behavioral health co-location or integration.

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Behavioral Health Services in Primary Care: Recommendations

- CCNC, Division of Medical Assistance (DMA) and private payers should encourage primary care medical homes (PCMHs) to screen for mental health and substance abuse disorders, and provide treatment or referral.
- NC Center for Excellence for Integrated Care, CCNC and other groups should provide technical assistance to practices to increase the availability of behavioral health services in primary care settings

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Behavioral Health Services in Primary Care: Recommendations

- The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), DPH, CCNC and other groups should support development and dissemination of community-based mental health and substance abuse treatment strategies (eg, 12 step, psychological first aid, lay and faith based approaches).

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Expand Health Insurance Coverage and Safety Net Resources

- Existing strengths:
  - North Carolina doing a better job than most states in helping link people to insurance coverage in the new Marketplace.
  - North Carolina received funding to create 13 new community health centers, 10 located in rural areas.
- Challenges:
  - North Carolina has chosen not to expand Medicaid, leaving many of the lowest income people with insurance options.
  - Even with the expanded insurance options, many remain uninsured.

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Health Insurance Coverage and Safety Net Resources: Recommendations

- Existing navigators, certified application counselors, and other community groups should continue to work together at the local level to coordinate education, outreach and enrollment efforts and identify gaps.
  - North Carolina foundations should support local education, outreach and enrollment activities by targeting rural communities with high unmet needs.
- The NCIOM should help transition the maintenance of the safety net web resources to United Way's 211 line.
  - Foundations should encourage safety net grantees update their information regularly.

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Recruit Providers in Underserved Areas

- Existing strengths:
  - North Carolina has one of the strongest state Offices of Rural Health in the country, with strong collaborations to other organizations (eg, NC Medical Society Foundation's Community Practitioner Program) that also helps with recruitment and retention.
- Challenges:
  - 10 whole counties and 31 population based (part counties) are persistent primary care health professional shortage areas.
  - Insufficient resources at ORHCC to meet all recruitment needs.

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Recruit Providers in Underserved Areas: Recommendations

- Community colleges should expand successful strategies to recruit health professional students into 2-year and 4-year degrees on or near the community college campuses.
- North Carolina academic health programs supported by NC general funds should place a priority, in the admissions process, to students who grew up in or have a desire to practice in health professional shortage areas.
- The Area Health Education Centers (AHEC) should identify best practices for rural clinical placement opportunities.
  - The NCGA should expand rural residency programs.

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Recruit Providers in Underserved Areas: Recommendations

- The NCGA should appropriate $2 million to ORHCC to support additional staff to help designate communities with HPSA designations, to help with recruitment, and to help pay for loan forgiveness or other incentive payments.
- ORHCC with the NC Medical Society Foundation should identify and disseminate model recruitment and retention strategies.

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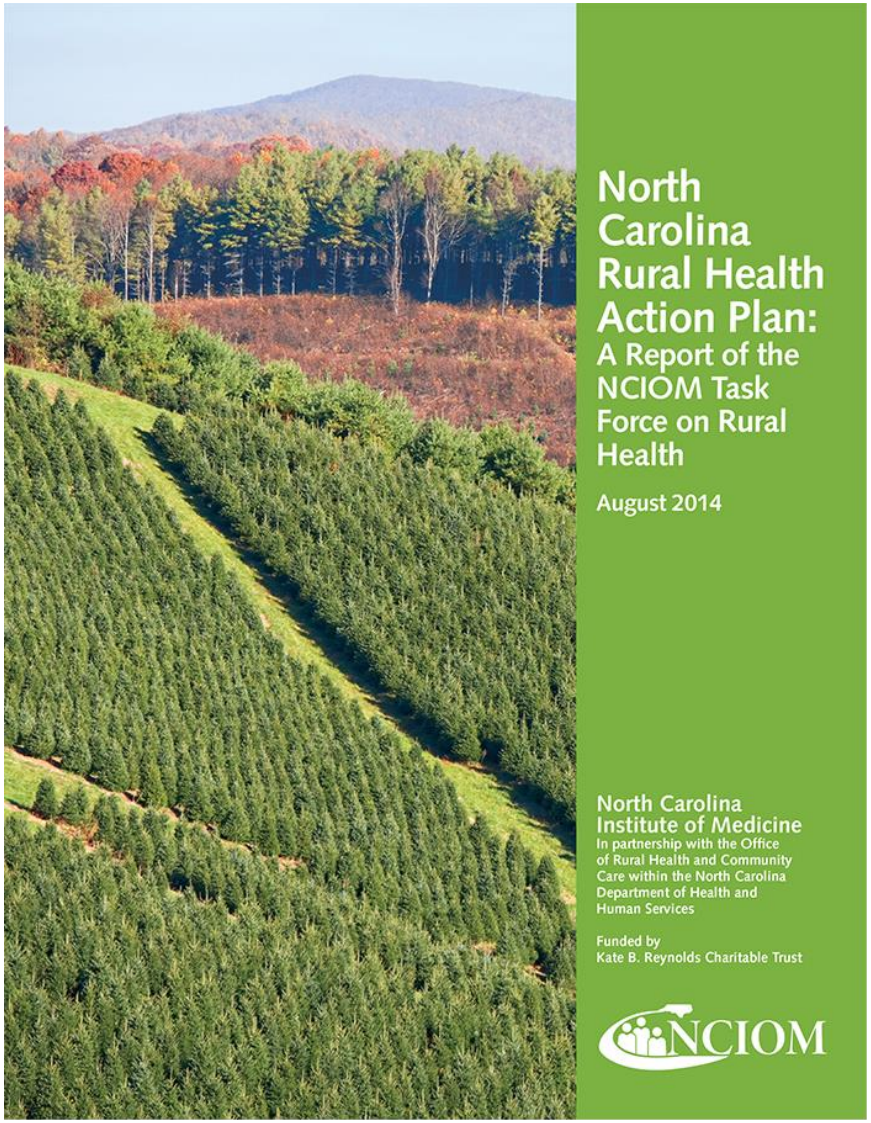

http://www.nciom.org/publications/

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Follow up

- Representatives from KBR, ORHCC, and NCIOM met with Secretary Wos (DHHS) and Secretary Decker (Commerce) to discuss task force recommendations
- Webinar with NCNG
- Media roll out
- Report/issue brief
- Webinar for community forum participants

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Follow up

- Planning 3 regional follow-up meetings (east, west, and piedmont)
  - Invite teams from rural communities to attend the meeting
  - We would discuss task force findings broadly, and then break into smaller sessions to focus on the different priority areas
  - Bring "experts" to each meeting to help communities in the early planning process
    - Staff from DHHS, DOC
    - Other technical assistance experts (eg, Center for Excellence in Integrative Care; NC Partnership for Children, Care Share etc.)
  - Representatives from funding agencies to talk about potential collaborations and interests.

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Community Meetings

- 12/9/2014 Marion (McDowell Senior Center 1-4 PM)
  - invest in local and regional industries in order to promote economic security
  - behavioral health services in the primary care setting
- 12/15/2014 Rockingham (County Agricultural Center 9AM-12PM)
  - expand health insurance coverage and safety net resources
  - promote healthy eating and active living
- 1/15/2015 Bladen (Bladen County Community College 1-4 PM)
  - support early education and parenting supports
  - recruit and retain providers in underserved areas

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Outcomes from Follow-up meetings

- New collaborations within and between communities. New relationships with state agencies and funders.
- Community teams will be invited to apply for time limited technical assistance.
- Applications will be due 1/30/15.
- Two page limit. Describe area of work. Describe how TA will move your team to next step. Who is on team? Commitment to moving forward.
- Next step must be within scope of recommendations of RHAP. Should have an outcome such as new collaboration, new project, grant proposal, or next step in project.
- We plan TA for two teams in each priority area. Four months TA.

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Questions

For More Information

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