NCIOM North Carolina Institute of Medicine
shaping policy for a healthier state

TASK FORCE ON RURAL HEALTH
630 DAVIS DRIVE
MORRISVILLE, NC 27560
DECEMBER 11, 2013
10:00-3:00
MEETING SUMMARY

ATTENDEES

Members: Chris Collins (co-chair), Paul Cunningham (co-chair), Jason Baisden, Ronny Bell, , D. Gregory Chadwick, Jim Graham, Polly Jackson, John Kauffman, Michael Lancaster, Armando Limon, Andy Lucas, Thomas Maynor, Jennifer Nixon, Mary Piepenbring, John Price, Andrea Radford, Margaret Sauer, Willona Stallings, Dennis Streets, Robin Tutor-Marcom,

Steering Committee and NCIOM Staff: Kimberly Alexander-Bratcher, Elizabeth Chen, Thalia Fuller, Renee Godwin Batts, Linda Kinney, J. Nelson-Weaver, Mikki Sager, Adam Zolotor

Guest and Other Interested People: Katie Eyes, Chris Pribula, Mike Schultz, Linda Shaw, Franklin Walker

WELCOME AND INTRODUCTIONS

Chris Collins, MSW
Acting Director
Office of Rural Health and Community Care

Adam Zolotor
Vice President
North Carolina Institute of Medicine

Collins and Zolotor welcomed everyone to the Task Force's fifth meeting and asked all attendees to introduce themselves.

RESULTS OF THE RURAL COMMUNITY MEETINGS

Adam Zolotor
Vice President
North Carolina Institute of Medicine

Zolotor provided a comprehensive overview of the eight rural community meetings and the results. He reminded members that the ultimate goal of the Task Force is to prioritize 4-6 strategies to highlight in the Rural Health Action Plan. The purpose of today's meeting was to consider the feedback from local community forums and make adjustments to priority strategies as necessary. Then, Adam walked the Task Force through synthesized feedback in each of our three priority areas: 1) Community and Environment; 2) Health Behaviors; and 3) Access and

Availability of Services. In general, there were a lot of connections made during the community forums between participants in different sectors.

Community and Environment After Zolotor's overview of the community feedback for this priority area, he opened it up for comments from the Task Force. Additional points made and suggested recommendations are listed below.

Selected Comments:

- Chris Collins, Mikki Sager, and J. Nelson-Weaver highlighted the need for better transportation in rural counties. Dennis Streets mentioned Coordinated Transportation Services through various state departments (DHHS, Division of Aging) as a potential resource. Those who attended community forums stated that the community members were more concerned about day-to-day transportation and not just transportation for Department activities. In fact, Mikki recalled that Bladen County community members were overjoyed when a single taxi cab was licensed and approved in the county.
- Some industries that target rural communities do not always have those communities' best interests in mind.
- New teachers need more mentoring. Perhaps mentor teachers in Raleigh can provide real-time feedback to novice teachers via video feed. This would require a strong internet connectivity. We could also consider having retired teachers in the county and in other counties mentor new teachers.
- Community members thanked facilitators for traveling to the counties to host community forums instead of asking them to travel to Raleigh.
- Community members expressed concern about youth graduating from high school and relocating to other places to attend college or to find jobs.

Selected Questions:

- Q: Was there diverse ethnic/racial representation among the community members who attended the meeting?
  A: NCIOM staff estimate that ~10% of community members who attended the meeting identified with a minority ethnic/racial group. Facilitators noted that those who attended the meetings were a self-selecting group with vested interest in health, even though NCIOM staff and others reached out to professionals in non-health related fields.

Health Behaviors

Selected Comments:

- Some communities noted sparse community funding for drug treatment courts.
- Community members in Halifax County were concerned that tobacco was not one of the priority strategies listed in the Health Behaviors priority area. They identified it as a priority in their community.
- Community participants discussed how the mental health system is perceived to be *reactive* instead of *preventive*.
- While there is a fair bit of care management around folks with Medicaid, for most of who

are mentally ill, there is lack of care management around Medicare for the uninsured. There is concern among the community that if you don't have Medicaid, most communities don't have care management services available.

Selected Questions:

- Q: Was there any discussion about HEAL (healthy eating active living) and Community Transformation Grants (CTGs)?
  A: CTGs were discussed at some community forums. It depended on the county.
- Q: Was the community feedback facilitators received consistent across the state, or was there distinct regional variation?
  A: There were consistent themes gathered in the rural communities, but there is no single representative rural community.

Access and Availability of Services

Selected Comments:

- Community members commonly suggested using retired physicians to provide mentorship and coverage in rural areas.
- Incentives are useful for recruiting physicians to rural counties, but the same incentives are not offered to recruit nurse practitioners, physician assistants, or other health care professionals. In addition, community type incentives (like incentives from local banks, carpet manufacturers, or furniture stores) are not readily available. However, loan repayment is not good enough to create a strong rural pipeline for health providers.
- Recruiting health professionals from rural counties makes sense because these individual are more likely to practice in a rural setting.
- Community members in Halifax County expressed concern with regards to accessing information about general health and prevention efforts. In Halifax, information is best accessed through churches. There are increased efforts to promote health and well-being through the church and Blue Cross Blue Shield of North Carolina Foundation is aiding in these efforts. A Task Force member also suggested utilizing church vans when they are not in use (in addition to school buses).

Overview of Voting Process Zolotor presented the highlights from the community voting. The votes were analyzed and interpreted in three ways: 1) top strategy for each priority area; 2) total number of votes; and 3) top vote getters across multiple communities. The overall top 3 priority strategies from the community meetings included:

1. Insurance: Educate communities about insurance options (combined with Medicaid expansion option): Rockingham, Jackson, Bladen, Wilkes, McDowell, Halifax
2. HEAL: Work with the education system to promote healthy eating and active living: Bladen, Wilkes, McDowell, Halifax
3. Recruitment/retention: Ensure adequate incentives to recruit health professionals to underserved areas: Rockingham, Jackson, Bladen, Halifax

The Steering Committee moved to include these three priority areas in the Rural Health Action plan. Members in attendance voted and the motion passed. See the presentation below for additional details on the community voting process.

Selected Comments:

- Prior to the Task Force on Rural Health, outside consultants prepared a list of 26 recommendations for the Office of Rural Health with no prioritization. Therefore, the purpose of this Task Force is to focus on 4-6 strategies to promote at the state and the community levels.
- Mental health and oral health are similar in the sense that they are typically optional services.
- Data extraction on community health assessments from 2012 consistently show that job creation/poverty, education, and transportation are critical issues for rural counties.

Selected Questions:

- Q: Looking at the three priority strategies that were most common at the community meetings (insurance, HEAL, recruitment/retention), we have no strategies in the Community and Environment priority area. What does this mean?
  A: As a Task Force we will force a vote to select a priority strategy from the Community and Environment priority area to include in the Rural Health Action Plan.

A copy of Zolotor's presentation is available here: PRESENTATION LINK.

DISCUSSION TO INCORPORATE COMMUNITY FEEDBACK AND VOTING ON PRIORITIES
Adam Zolotor
Vice President
North Carolina Institute of Medicine

After lunch, Zolotor explained that Task Force members would be voting on the remaining strategies (the ones the Task Force generated and new strategies that got enough traction in community meetings) to finalize our list of 4-6 strategies to include in the Rural Health Action Plan. Zolotor facilitated discussions for each of the three priority areas prior to asking Task Force members to vote.

Selected Comments:

- There may be more specific social determinants strategies (related to jobs, education, etc.) to support HEAL strategies and other strategies.
- Task Force members discuss the wording of HEAL priority strategy ("Work with the education system to support HEAL").
  - After discussing changing the wording from "education system" to just "systems" or "the community", the **Task Force decided to change the language to "formal or informal education systems"** to cover more structures including churches.
- There are other funders (besides Kate B. Reynolds Charitable Trust) who support rural health and development that are not involved with the Task Force including The Golden Leaf Foundation, The Tobacco Trust Fund, etc.

Selected Questions:

- Q: Is the goal of the Task Force and the Rural Health Action Plan to focus the investments of lawmakers and policymakers?
  A: This is not our primary goal but it is very important to inform policymakers about the strategies we put forth to prioritize. We want to identify 4-6 strategies that all stakeholders can coalesce around.
- Q: How do we want to engage stakeholders once the Rural Health Action Plan has been written?
  A: Sometimes the NCIOM hosts summits after the Task Force publishes a report (like with the Early Childhood Obesity Prevention Task Force and report). This is something we will need to discuss in future meetings.

Community and Environment All in all, there was broad consensus among Task Force members to interweave all of the Community and Environment strategies into all the C&E priority strategies. In addition, it was decided that **strategies to improve infrastructure would be incorporated** into the strategy voted by the Task Force members. The Task Force decided not to add "increase infrastructure" as a new strategy because this would not be honoring what we heard from the community. Also, the Task Force decided to **remove the "encourage communication between community leaders" strategy from voting**. This will also be interwoven into whichever strategy is chosen from this C&E priority area.

Selected Comments:

- There is much overlap between the "expand jobs and economic security" strategy and the "foster strong collaborative community leaders" strategy.
- In order to build thriving rural life, we need three strong components: 1) health care, job opportunities, and education. Therefore, it is important for the Rural Health Action Plan to include all three elements if possible.

Selected Questions:

- Q: How siloed are community leaders?
  A: Task Force members spoke from experience and noted that the same people tended to show up at different meetings. The challenge in rural communities is to reach out beyond the existing cohort of leaders to cultivate more leaders. Communication between leaders can always be improved. In addition, the "encourage communication between community leaders" strategy is challenging because there are no evidence-based strategies to support this. We need to create additional opportunities for leadership within rural communities to foster this new leadership.
- Q: If I want to vote for increased infrastructure, which priority strategy should I vote for?
  A: Any of them. Infrastructure will be included in whichever Community and Environment strategy has the most votes and beyond.

Health Behaviors

Selected Comments:

- The priority strategy that focuses on the controlled substances reporting system (CSRS)

seems to be very specific compared to the other priority strategies.
- It is possible that community participants voted in favor of strategies that were not already getting traction at the state level. Perhaps participants voted for strategies they knew would need greater assistance to get off the ground.
- Based on the community meeting, it is apparent that there is a variety of mental health services available in rural communities.
- The number of psychologists per each rural community is shocking (very, very low).

Selected Questions:
- Q: Did communities know what Project Lazarus was?
  A: Facilitators shared that they believed people at the small table discussions probably knew about Project Lazarus, but others who did not participate in those smaller discussions on substance abuse may not have known.

Access and Availability of Services The main decision made during this part of the Task Force's discussion was the decision to embed the new strategy "maximize existing health professionals that exist in communities" within the priority strategy already identified: "support recruitment of health professionals". Therefore, **the prioritized strategy will now read, "Support recruitment <u>and cultivation</u> of health professionals."**

Selected Comments:
- Worksite wellness initiatives have worked well to identify people (like farmers and fisherman) without healthcare services and to provide education.
- The state should increase the use of faith-based organizations to link people to care.
- There is reoccurring funding to support telehealth efforts through the General Assembly. This is rare. Therefore, this is important to consider while voting because this can have implications with regards to available funding to support this priority strategy.
- The health professional pipeline cannot go straight from high school to medical school. Smaller steps must be created that start with health fairs in high school. The lack of stepping stones may deter students and families who may perceive a health professions career to be unattainable.
- There are various loan repayment programs (federal, state, and other). In addition, there is a forgivable loan program for nurses and others in the allied health professions from the Educational Assistance Authority of North Carolina. This is a potential resource.

Voting Results After much discussion, Task Force members were given three dot stickers (1 black, 2 red). Members had to use the black dot sticker to vote for a priority strategy within the Communities and Environment priority area. Then, Task Force members could use the remaining two red dot stickers to vote for any other priority strategies in any of the three priority areas.

After the vote, the 3 most popular strategies were:
1. Increase support for quality childcare and education (birth-5) and parenting supports to improve school readiness

2. Develop regional industries and local resources
3. Use primary care and public health settings to screen for and treat people with mental health and substance abuse problems

The upcoming several Task Force on Rural Health meetings will focus on the 6 priority strategies identified. It is our plan to have the Rural Health Action Plan report written by the end of April.

A copy of Zolotor's presentation is available here: PRESENTATION LINK.