

COMMUNITY AND ENVIRONMENTAL DETERMINANTS OF HEALTH
BLADEN 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**

Invest in infrastructure (e.g. water, sewer, technology, transportation)

Existing efforts: Although public transportation is a huge challenge within Bladen County, there are several transportation projects that have successfully taken shape. For example, a company in Bladen County obtained its certificate to operate a cab company in September 2013. Likewise, the Bay Area Rapid Transit through Bladen County Transportation offers transportation services for residents within the county. Also, the cancer center pays for some residents' transportation. Another effort to note is that Bladen County's water system is being expanded by way of county bonds.

Barriers: Participants would like several barriers to be addressed. First, participants want the review of transportation policies to improve flexibility and to explore the potential to expand to areas inside the local county systems. Second, participants suggest the exploration of resources for education-related transportation, such as transporting students attending classes at the community colleges. Also, the region needs a deep-water port to be established for the Southeastern NC region (otherwise ships and products are going to Norfolk or Charleston). In addition, participants want infrastructure change because Georgia-Pacific needs a rail system in place to re-open the lumber mills. There are 95 miles of rail lines in place that are not being utilized because there is no agreement in place with Pippins (private entity that owns the rail lines). In some instances, municipalities have to pay Pippins every time a vehicle drives over the railroad crossing.

Develop regional industries and local resources (e.g. farm to table, fishing, tourism, agriculture, solar)

Existing efforts: There have been several successful efforts in Bladen County to develop regional industries and local resources. For example, Feast Down East is doing a lot of work around increasing access to healthy foods for low-income residents. In addition, the Cooperative Extension Service (CES) programs, such as the Fit to Farm, Community-Supported Agriculture (CSA), Southeastern Health Foundation, and County Health Departments have also contributed to the efforts. Similarly, Cooperative Extension Service within Sampson County, along with North Carolina State University agri-tourism, and Robeson County Tourism Association continue to be resources in the community. The Cooperative Extension Service (CES) and North Carolina State University (NCSU) developed the NC agri-tourism book, Homegrown Handmade – CES and NC Arts Council has events sponsored in the book.

Barriers: Participants did not have any barriers to share for this strategy.

Recruit and retain industry

Existing efforts: In Bladen County, the Economic Development Commissions organizes business recruiting. Likewise, Bladen Community College offers the Small Business Center (SBC), which supports the growth of existing businesses and the development of new businesses as a community-based provider of training, counseling,

and information. Also, the Lumber River Council of Governments does business recruiting while the SouthEast Area Transportation System (SEATS) offers transportation to the residents.

Barriers: Participants in the group shared the barrier of the Good Agricultural Practices (GAP) certification that is required by institutional buyers; everyone says they want local food but lack of GAP certification. It is not feasible for farmers with limited resources and small farms to provide the food because they need GAP certification. The certification is very expensive and the tedious certification process requires a significant amount of paperwork. Additionally, there are not many auditors. Also, the County Economic Development Commissions has high turnover in their recruitment of economic development directors.

Create workforce development programs to support local economy

Existing efforts: The local community colleges have contributed to the efforts by offering services such as the Small Business Center. They offer services for people who are out of work that assist them by coordinating retraining. Technical training programs are especially important for new industries. In addition, Cooperative Extension Service builds skills, brings farmers together, and offers multiple education programs.

Barriers: Participants agree that there is a need for more funding for more workforce development and, in particular, more training. There is also a need more flexibility and how funds are utilized for targeted groups, such as veterans and dislocated workers.

Additional strategies:

- 1) Need incentives for small businesses: start-up money, low-interest loans, GAP certification money for limited-resource farmers

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

STRATEGIES FOR IMPROVING EDUCATIONAL OUTCOMES IN RURAL NORTH CAROLINA

- 1. Increase support for quality childcare 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 childcare and education (birth-5) and parenting supports to improve school readiness

Existing efforts: There are a number of efforts to improve school readiness for young children (birth-5) including head start, Smart Start, and CC4C (care coordination for children) which offers home visits and provides support to parents with young children on Medicaid. They also offer Young Moms Connect, which is targeted to young mothers 14-21 which focuses on helping them during pregnancy, to learn parenting skills, stay in school, and helps arrange necessary transportation.

Barriers: These programs do not reach everyone in need. The income guidelines are sometimes too restrictive so that it excludes other families that could benefit from the services. In addition, some parents are afraid to let workers into their homes because they are afraid someone may take their kids. Therefore, some parents do not take advantage of the programs that do exist. Also, participants noted that it is sometimes hard to reach low-income families because of intermittent phone service. Transportation and language barriers also prevent some families from accessing available services.

Strategies to overcome these barriers: More funding is needed to expand eligibility to serve more families.

Better recruitment and retention of strong teachers

Existing efforts: The participants noted that the best way to recruit and retain strong teachers is to “grow them locally”. For example, the county could help support and nurture existing students to enter the teaching profession and return to the community to teach. Participants were unaware of whether any of the schools have Teach for America.

Barriers: Participants noted that it is difficult to recruit teachers from outside the community because they cannot pay them as well as some of the urban areas. Also, some young families leave the community because they do not want to send their children to the local schools, or they send their children to charter schools in surrounding communities. Bladen County is one of the largest counties in the state. With the recent consolidation of schools, it takes more time to transport students to school.

Strategies to overcome barriers: Local communities could help increase the pay. The participants also talked about the need to upgrade the physical facilities (although there was a recent school bond to do that). Some noted that if they built new schools, they might have to consolidate existing schools which would create longer travel

distances for some of the students. This also creates barriers for parents to be more actively involved in the schools.

Increase technology/internet infrastructure

Existing efforts: Golden Leaf helped pay to purchase laptops in the high school for the students. Middle schools and high schools also have smart boards in the school. Participants also noted that some preschools have internet or computer tools available.

Barriers: Even when students have access to computers, they often will not have internet access at home. There is spotty access to the internet in many rural communities, and internet access costs too much for many families.

Strategies to overcome barriers: Participants thought that if the schools were going to give (or require) that high school students have laptops, they should create hotspots where students can access the internet. The infrastructure to the internet has to be expanded in rural communities.

Increase K-12 parent engagement and involvement (e.g. PTA/PTO, classroom visits)

Existing efforts: Schools make an effort to let parents know about their students' performance, with daily or weekly phone calls and/or texts. There are also other ways for parents to get involved, including school booster programs (for team sports). Participants generally thought that the schools do a good job getting information out to parents, but that some parents are unable (or in some cases, not motivated) to get more involved.

Barriers: Low-income families often do not have the time to get more actively involved in schools. Many parents are working multiple jobs, or working and going to school. Therefore, they do not always have time (even if they have the interest). The long distance to some of the schools is also a barrier if the families do not have transportation. In addition, some children are being raised by grandparents or other guardians; some are older and may not be as mobile as younger parents.

Promote innovative/non-traditional educational programs and strategies

Existing efforts: Some of the community colleges are using computers for virtual education (for example, simulators for the nursing programs, virtual equipment to train fire fighters, etc.).

Barriers: Virtual education would work well, but the community college needs full-time faculty to help run the simulation labs. The simulation labs do not work well without ongoing support. Bladen Community College does not rely as heavily on simulation labs as other schools, in part because they need more support personnel.

Increase adult learning opportunities and professional development

Existing efforts: The community college offers multiple avenues for adult learning and professional development. They have GED classes on campus and in community settings all over the county (including churches). They also offer satellite campuses (because Bladen is so big and so rural). They offer one of the best welding programs in the state. They are also one of the top three community colleges in terms of the amount of distance learning offered. They offer programs on campus which they then offer to students on other campuses. They also offer classes on campus that are broadcasted at other community college sites.

Barriers. The biggest barrier is that many students need financial aid to be able to go to school. Single parents working full time need help with childcare. Transportation is also a barrier. Local community colleges need more support personnel who can help students overcome the barriers which prevent them from staying in school.

Strategies: The participants were unaware of the Benefits Bank and how that is being offered in other community colleges to help people identify financial and other resources that could potentially assist them.

Other strategies:

- 1) Better nutrition in school (including lunch and breakfast) to help students who might not otherwise have enough food to eat.
- 2) Positive incentives to encourage young adults, ages 18-24, to continue with school. Some suggestions were programs in high school to help with vocational training, financial literacy, etc. (so they may be better prepared to get a job after high school), or greater availability of scholarships for people who want to go to college.
- 3) More extensive health education in schools to help foster greater health literacy.

**COMMUNITY AND ENVIRONMENTAL DETERMINANTS OF HEALTH
BLADEN 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 Rural Center's Rural Economic Development Institute has done a respectable job of helping train new and emerging leaders. There are also remnants of Healthy Carolinians groups that are working. As a result of the leader's collaborations, goals have been accomplished and things are progressing. The team also suggested using the Blue Zone (Blue Cross initiative) and National Geographic Longevity experiment which studied communities where people routinely live to over 100 years. These initiatives focus on changing the environment to support healthy lifestyles. Some of the local industries (such as Smithfield Industries) also provide health screenings and blood pressure checks in their plants. In addition, Farmworkers (Episcopal Farmworker Ministry) visits churches on Sunday when residents come out collectively in the community. They believe it is important to go where the people are and when it is convenient for the residents. Finally, we need to know each other, develop relationships, and use technology to connect leaders via teleconferences, webinars, etc.

Barriers: The one challenge reported is that participation tends to be agency-heavy, due to the time when meetings are held, which is typically during business hours. Also, participants stated that there are not enough churches and community groups invited to meet at the table. The community must foster a spirit of collaboration through policies that support collaboration. Problem solving requires true collaboration – not just letters of support on grant applications.

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: Participants would like to see legislators extend out to the communities and educate them on their residents' healthcare concerns. They would like for the model (Safety Net Day) used in Nevada to serve as an example. Safety Net Day had the support (The House and Senate leaders mandated participation by legislators) of Senate and House leadership and they shut down the legislature for two days so all health care providers could meet with legislators. Does it have the potential to work in NC? Focus on education of legislators about the issues, not about lobbying. The Cooperative Extension Service distributes stories, numbers, and the impacts by carrying out stakeholder evaluations of programs, documenting social, economic and behavioral changes. The group shared the

following platforms to disseminate information: Power of Extension newsletters, Fiesta de la Pueblo festival, education efforts, and State Fair to connect to the community.

Barriers: Individuals stated that resources are limited.

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: During a Health Care Summit – Insurance Exchange, there were questions about how to continue dialogue between individuals, groups of providers, and agencies. Participants at the summit contacted one another and assembled to learn from each other, which were very helpful first steps. There is a necessity for on-going processes and cannot be just a one-time event.

Barriers: Agencies must endorse what is working and document and encourage true collaboration amongst leaders. For example, the Health Care Summit was sponsored by the hospital and brought together many stakeholders because of the hospital's convening power. In addition, it would be very helpful if there was a clearinghouse of case studies and successful programs that are working in North Carolina and elsewhere. Where and how can leaders obtain this information?

Identify and support development of local leaders in all disciplines to strengthen rural communities.

Existing efforts: Participants suggested working with universities and medical schools to meet students at the high school levels in order to start tracking them through college. Then universities should help recruit them to professional schools, so that they can encourage them to return back to rural communities.

Barriers: No barriers were shared.

Other strategies:

- 1) Incorporate Baldrige Criteria – standards of excellence for business and education – into recommended strategies.

**HEALTH BEHAVIORS
BLADEN 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 two groups discussed many programs in these areas. There are diabetes education monthly sessions to teach people with diabetes how to cook healthier. Many community organizations hold awareness walks for causes like breast cancer awareness. Families Eating Smart and Moving More is another program implemented by a variety of community groups, including the Optimist and Kiwanis Clubs. The Color Run was a community-sponsored event that encouraged families to be active together.

Barriers: In order to host events at the school, an employee must be present. Many of these special events were one day and do not include any long-term commitment. However, transportation was described as a major barrier. Communication differences between professionals and community members, cultural preferences, and technology were also discussed as barriers to educating families.

Strategies to overcome barriers: Joint use agreements need more support at the state level to allow the kinks to be worked out. The group also discussed implementing programs in places with a captive audience like adult day care centers for older adults, parent teacher organizations, cooperative extension, community colleges, and worksites.

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

Existing efforts: A local high school pairs athletes with elementary school children for a mentoring program to increase physical activity and healthy habits. The Play 60 Carolina Panthers Junior Training Camp motivated children to be active 60 minutes each day. Girls on the Run was a program run by local school nurses that supported less active girls in positive movement. Other programs in schools were Eat Smart Move More Weigh Less, Steps to Health in Schools, and Taking Off Pounds Sensibly (TOPS). These last programs involved greater time commitment and more impact over the course of several weeks rather than a single event.

Barriers: Funding is a barrier for many of the school-based programs. One-day events like the Panthers camp do not involve long-term commitments. Transportation relates to funding and the lack of public transportation is a real barrier for the most at-risk children in the schools.

**HEALTH BEHAVIORS
BLADEN 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 medical staff at Southeastern Regional Medical Center conducted training on the Controlled Substance Reporting System. Also, the Southern Regional Area Health Education Center (AHEC) offered continuing education credits for providers who received the training to use the CSRS. There was a notary on site during training to notarize providers enabling them to have the capability to log into CSRS. Tasks were assigned within the medical center to track providers using CSRS. In addition, the medical staff also hosted a dinner with the practice and held an additional meeting for pharmacists. The following recommendations were suggested: signage in doctor's offices to inform patients about CSRS, along with community trainings for law enforcement and faith communities.

Barriers: Currently, only the MD or pharmacist can search for information on patients, participants would like log-in information to be shared with other staff in doctor's offices.

Use Project Lazarus (a community-based overdose prevention and opioid safety program) as a model to reduce the use of other substances.

Existing efforts: There have been drop box events, specifically featuring drop boxes on law enforcement property. There have also been medication drops, partnered with Safe Kids Coalition and Law Enforcement to move along the effort. Prior to that, the community was not aware of the public health issue surrounding prescription drugs. Also, participants talked about the need to educate providers to prescribe fewer narcotics (eg, opioids) at one time—not a 30 day supply.

Barriers: Participants would like for doctors in the community to keep writing 90-day prescriptions for opioids.

Promote the use of drug treatment courts, an intervention program where non-violent addicted offenders enter court-supervised treatment, rather than prison.

Existing efforts: The group recommended involving the district attorney in the community's effort of substance abuse prevention, along with law enforcement leaders such as sheriffs, the chief of police, and State Bureau of Investigations. There is a need for dedicated staff members or teams to coordinate drug prevention within the court system.

Barriers: Although the group did not share many barriers, they felt more additional funding is vital, specifically for coordinators of family drug treatment courts.

Use school-based interventions for substance abuse prevention.

Existing efforts: The group considered the following efforts may possibly serve as potential action steps, partnering with schools and teen and community groups, such as Mothers Against Drunk Driving and Safe Kids Coalition. Participants also reported efforts to engage youth directly. For example, youth were asked to design materials emphasizing drug free prom events. Likewise, participants suggested better engaging school nurses and other people who can share personal testimonies.

Barriers: The group stated the need of support from the principal individuals within the school system. Additionally, transportation services are essential for shuttling children.

Additional new strategies:

- 1) Use existing services such as Community Care of North Carolina.
- 2) Partner with Managed Care Organizations and providers – already have trust established.

**HEALTH BEHAVIORS
BLADEN 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: There was a real shortage of existing formal support mechanisms that could be identified by group participants. Besides Alcoholics Anonymous, there is very little support available. There is a program at one group member's church called "Living Free" which is through the Billy Graham Center and appropriate to people with all kinds of self-destructive behavior. Group members talked about the great churches in the community as a potential entry point for mental health interventions. Participants did not feel that physical space or facilities were barriers to mental health support. However, money is available through the US Department of Housing and Urban Development if space needs are a problem.

Barriers: Lack of trained staff, facilitators, and lack of money for services most significant barriers.

Use primary care and public health settings to screen for and, when appropriate, provide treatment for mental health and substance abuse problems.

Existing Efforts: Roberson Health Care has been using structured screening for some time, including the Patient Health Questionnaire (PHQ-9) to diagnose depression, and the Screening, Brief Intervention, and Referral into Treatment (SBIRT), to identify people with alcohol or other substance abuse problems. CCNC care managers are also using the PHQ-9. Positive screens are reported to the primary care provider, and a follow up appointment is made to LME/MCO (Eastpoint). Emergency mobile crisis is available if the need arises.

Barriers: Participants find the low prevalence of positive screens to be a barrier to implementing solutions. They find 1% of screens positive, and only 1/10 of those individuals are willing to talk to a counselor embedded within the practice. The county has a large uninsured population coupled with a lack of services for uninsured population. Other barriers include skills and time of PMD.

Educate communities about the signs and symptoms of mental health disorders and suicide.

Not discussed

New Strategies

Participants reported the need to recruit more providers, to increase the skill and comfort of the primary care workforce in diagnosis and treatment of mental illness, and to open more day treatment facilities for the severely and persistently mentally ill that used to be in residential facilities.

**ACCESS TO AND AVAILABILITY OF SERVICES
BLADEN 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.

Encourage employers to offer affordable coverage to more employees.

Existing efforts: Some of the employers that do offer health insurance have started offering worksite wellness programs which have been effective in reducing health care costs. Southeast Regional Medical System is also working with employers in the area to support worksite wellness and worksite clinics.

Barriers: Most of the employers are small businesses that do not employ many people and generally cannot afford (and do not provide) health insurance. Participants did not report on any successful efforts to encourage other employers to offer affordable coverage to their employees. The problem is that there are not many employers in the area that offer coverage – just schools, county government, some nonprofits, and a few big industries (such as International Paper). Aside from informing people about the new law (discussed more fully below), they did not have any other suggestions about how to encourage more employers to offer coverage.

Expand Medicaid to cover more low-income adults

Existing efforts: Participants did not report any activities specifically to encourage the legislature to expand Medicaid to cover more low-income adults. They reported that few people understood the ACA and/or the state option to expand Medicaid to more people. (Discussed more fully below).

Leverage safety net resources to bring gaps in insurance coverage focusing on those who are not able to obtain affordable health insurance coverage.

Existing efforts: There are a number of hospitals and community health centers that cover the 5 county area (Bladen, Columbus, Pender, Robeson, and Sampson counties), including but not limited to: Robeson County Health Care Corporation, CommWell CHC, and Goshen. In addition, Columbus Health Department provides primary care services to some uninsured members of the community. However, there are not enough resources to meet all the needs. The participants were unaware of any broader efforts to create community collaborations of care for the uninsured, and several of the participants noted that many of the uninsured use the emergency department for services because they are unaware of other safety net resources in the community.

Barriers: Some of the participants reported that they had been unsuccessful in obtaining community health grants, despite multiple efforts. Participants also reported that a free clinic, which was created by a local physician, closed because the needs were too great and the clinic did not have sufficient resources.

NEW STRATEGY: Educate the public about new insurance coverage options available under the ACA, as well as existing safety net resources

Existing efforts: The participants were unaware of any existing efforts about the ACA, although the health director in Columbus County reported getting lots of phone calls asking about the new law. Some of the participants knew

that health centers had received funding for outreach and education, but were unaware of any plans for how such activities would be conducted.

Options to address barriers: Participants identified several potential ways to educate the public about the new law. They thought it would be helpful to bring educational sessions to churches, senior sites, and to the community college. They also identified the Chamber of Commerce as a potential educational partner. They noted the need for simple, easy to understand information.

**ACCESS TO AND AVAILABILITY OF SERVICES
BLADEN 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: Tele-psychiatry and tele-neurology being used in Robeson County. The PACE program is using a medication dispenser system to notify nursing staff for non-adherence.

Barriers: The hospital is losing money and absorbing costs. There seems to be variable information across counties on ability to bill for facilities fee when specialist off site. There had been a telehealth component to home health through the county HD, but because of limited access on part of clients to land-based phone service, the initiative has been abandoned. This program allowed virtual monitoring of daily vitals, weights, blood sugars, etc. The group generally recognized a lack of infrastructure (internet, cell service) and lack of funding as two major barriers to tele-health. There was some difficulty with coverage of telehealth services and some concern that this model of receiving care would not be acceptable to all clients.

Efforts to overcome barriers: The county is awaiting new funding from ORHCC for tele-psychiatry.

Support and expand school-based and school-linked health centers

Existing Efforts: There had been one school-based health center at Purnell for 15 years. Because of federal requirements for accreditation, it recently closed. The center was based out of the local health department, and budget had swelled over time to \$400,000.

Barriers: Some sentiment that limited the number of required services and professional staff will be necessary to continue to operate SBHC in smaller schools/communities.

Funders and policies should support new models leveraging leadership, coordination, and sustainability

Not discussed

New Strategies

- 1) Palliative Care

Existing Efforts: Nothing discussed.

Barriers: There is a lack of palliative care services in these communities. Participants felt that this was because palliative care is only covered by Medicaid as a part of Hospice.

- 2) PACE

Existing Efforts: Nothing discussed

Barriers: PACE was discussed. One challenge of PACE is the large number of professional staff required for a free standing PACE center (17 different kinds of professionals). This requires a minimum of 80

residents in order to break even. Recruiting at least 80 residents may be very difficult, especially in light of distance requirements, in a rural community.

3) Mobile services

Existing Efforts: The current mobile medical provider is out of the health department and is funded in part by the Kate B. Reynolds Charitable Trust. The mobile van includes a full-time paid pediatric staff from local pediatric practice. There was a mobile dental provider funded through the Columbus County Health Department but it is now closed.

Barriers: Participants reported they were unable to recruit a dentist.

Efforts to overcome barriers: Funding from KBR is critical. The community requires a large number of sports physicals and Head Start physicals, so these have been critical to financial success.

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

Strategies for Access and Availability of Services by Improving Recruitment, Retention, and Distribution of Key Health Professionals

- 1. Ensure adequate incentives to recruit health professional into undeserved 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 professional into undeserved areas

Existing efforts: The group suggested that the community provide mentoring or preceptor opportunities for advanced care practitioner programs (such as the new/expanded Duke PA program). They also suggested that community providers need to developing personal professional relationships that bring all types of health professional students to rural communities to get a better understanding of rural practice.

Barriers: Participants noted that there were problems retaining health professionals that were recruited into rural areas through the National Health Service Corp through loan repayment. Some of the practitioners left early to more urban areas, because of amenities in urban areas that are not found in rural areas. Also, some practitioners are overwhelmed with the severity of the illness burden of rural residents. There is a lack of the full continuum of care available in rural areas, with too few primary care practitioners and not sufficient access to specialty care. Participants suggested that the state should intervene and force better communication between providers.

The Universities could also play a role by helping fill gaps in rural areas. Likewise, universities should reward rural preceptors (similar to efforts undertaken in WAMI through the University of Washington). This could help support rural preceptor programs.

The team discussed ways that might support rural providers, using technology to expand continuing education opportunities and connect rural practitioners to practitioners in other parts of the state. They also suggested the need for linkages with larger systems and supports. Some suggested that universities provide traveling teams that travel the rural circuit and disseminated new knowledge.

Involve broader segments of community (e.g., schools, business, and community leaders) in recruitment efforts

Existing efforts: Participants noted that existing health care practitioners could do much more to strengthen the infrastructure needed to support rural practices and providers.

Barriers: Participants noted several suggestions that could engage the broader community in recruitment efforts. First, participants suggested that businesses could be engaged to help provide scholarships to local students who were interested in becoming health professionals who were committed to practice in the community after completing training. Similarly, some participants suggested that businesses could help support primary care practices by contracting with them for employee assistance programs or worksite screening programs.

Participants noted the need to support continued education so that health professionals could move up the career ladder (for example, Certified Nursing Assistants moving to Registered Nursing (RN); RNs advancing their careers to nurse practitioners, etc.). Some participants also noted the need to expand the scope of licensure for some health

professionals so that they could work more effectively as part of the health care team. They thought this may be more possible in the context of bundled payments or accountable care organizations, which would provide an incentive to use health professionals to the full extent of their training and capacity.

Also, it is important to help practitioners understand the population (not just county economics) to determine financial viability of establishing practice in particular communities.

Transportation was also listed as barriers, both for patients and providers. Providers sometimes choose to live in a surrounding county (eg, for a better school district), but this requires long travel times for providers to get to work. Transportation is also a barrier for patients who lack or cannot afford transportation to the provider.

Participants discussed whether registered nurses could provide more services in rural and underserved areas, similar to RN in public health departments. The Division of Public Health has enhanced Registered nurse role. These RNs can provide additional medical services at the local health department such as – PAP, STD, and Family Planning. They must attend training and complete on line work before passing a state exam. Many of the medical services are provided under standing orders. They are able to access payment under Medicaid. The group asked if this might be an option that could be expanded to rural communities.

Support health professionals new to rural communities

Existing efforts: One participant described an existing practice where the practice had one behavioral health specialist that supported three different sites. That practitioner uses a standardized screening tool to identify mental health and substance abuse problems. However, there is a greater need for behavioral health specialists in rural areas. The participants suggested that the local community colleges and universities could help enhance the behavioral health skills of health professional students who are interested in returning to their rural community. Participants suggested that the state support a RIBN-type of model (Regionally Increasing Baccalaureate Nurses) for other disciplines besides nursing. This model would help enhance the professional training for entry-level health professionals and help move them up a career ladder.

Barriers: Participants would like there to be more exposure and opportunities for both middle and high school students to enter the health professionals. Also, they would like to see marketing geared towards diverse populations. They would like to create a Healthcare Fellows program (similar to Teaching Fellows) with scholarships that focus on training health professionals willing to practice in rural areas.