

COMMUNITY AND ENVIRONMENTAL DETERMINANTS OF HEALTH
JACKSON 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: Unfortunately, this group did not share any existing efforts that support investments for infrastructure for Jackson County.

Barriers: Participants shared funding for building health care infrastructure should be increased as current funding is limited due to the low county tax rate. In addition, participants would like to see a key community leader targeted to tackle big programs (i.e. transportation). Another barrier is the geographic and transportation challenges. Furthermore, they would like to see agreements that provide incentives for the county.

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

Existing efforts: There are a few projects that have taken shape within the county, such as the farm to table project. Also, there is the solar hydraulic system at local farms, which residents lease land for use of solar panels (solar farm). In addition, Division of Soil and Water provides grants for farmers to keep livestock out of water. Moreover, The Community Transformation Grant model has created a prototype addressing the residents' concerns surrounding regionalization. Another effort is the development of tourism.

Barriers: Participants would like to see diversification of industries and believe higher educational learning institutions should align with economic opportunities within the region (i.e. tourism, green energy) to support local industries. Since there is not a regional approach to jobs in Western NC, participants would like to see more regionalized economic development strategies implemented to break down county barriers. Although a grant is provided for farmers for their livestock, additional funding is necessary since financial support is currently limited.

Recruit and retain industry

Existing efforts: The Southwestern Economic Development Commission works on the development of the county's economic development to strategically target and recruit new workers. In addition, they support small businesses. Also, Western Carolina University supports recruitment by reducing out-of-state tuition, which is the same model used in Tennessee.

Barriers: Participants were concerned that new residents (retirees) who move to the county make the county seem wealthier than it really is (eg, Macon County is considered Tier 2), so that they cannot qualify for resources that are targeted to Tier 1 (economically distressed) counties. Furthermore, there is an exodus of young people because opportunities are limited and salaries are not competitive.

Create workforce development programs to support local economy

Existing efforts: The North Carolina Cooperative Extension offers support and free resources to residents in Jackson County. Additionally, Western Carolina University and Community Colleges offers education and training for veterans.

Barriers: Participants would like to see a competitive workforce created, such as training for students in high school, along with college preparation courses. Additionally, they would like to see a living wage initiative created to retrain workforce.

New strategy: One of the new strategies devised by this group was

- Comprehensive Plan
 - Health component
 - Economic development

Additional information – South West North Carolina Opt In, as charged by North Carolina Department of Transportation, is developing 2 comprehensive plans and a comprehensive transportation plan (for Cherokee & Graham counties) as well as a regional vision for 6 counties of Western NC that will include economic development. Projected end date of project is Sept 2014. MountainWise Health Impact Assessment (called Mountain Elements) will create this health component to be adopted into counties' current comprehensive plans or newly developed comprehensive plans.

COMMUNITY AND ENVIRONMENTAL DETERMINANTS OF HEALTH
JACKSON 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 parental support efforts such as the Partnership for Children – Smart Starts. The early connection to health providers helps support child readiness. Additionally, there is a support childcare center on the community college campus – so childcare students have a direct learning opportunity on campus.

Barriers: Participants are concerned about support for children who are not enrolled in childcare. Also, they expressed that the community needs more education about quality childcare. The cost of quality childcare is also a barrier for lower income parents. Participants also noted that there was a need to expand the Pre-K program (More at Four) statewide, but fundamentally, there is a need to work with families to prevent longer-term problems. Early intervention breaks the cycle.

Better recruitment and retention of strong teachers

Existing efforts: There is current support for committed teachers, especially those who stay in their job despite challenges.

Barriers: Participants stated that community needs more teachers with bachelor's degrees. West Carolina University only has a small number of graduates. They believe that the school districts are losing teachers due to low salaries and cannot fill the open positions because there are so few students pursuing teaching degrees. Participants suggested adjusting the school calendar to allow for more teacher workdays and training with pay. This impacts the quality of and the retention of teachers. Also, participants expressed their concern that an emphasis on testing hurts the educational process and retention of teachers.

Increase technology/internet infrastructure

Existing efforts: Technology is integrated into new schools.

Barriers: Participants wonder if there a plan for statewide internet infrastructure technology. Currently, the limited access of technology infrastructure in the mountains causes poor cell phone and internet connections. Therefore, this also makes it harder for schools to keep up with new opportunities.

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

Existing efforts: Participants report that the Nurse Family Partnership is working and that they would like it to be expanded to include all parents. There is also a Family Resource Center in Jackson County. The Family Resource

Center facilitates early interventions and collaborates with the *Children's Developmental Services Agency (CDSA)* to expand interventions to focus on the family.

Barriers: Parent engagement is a barrier, especially for working parents. Participants wonder how parent engagement can be facilitated.

Promote innovative/non-traditional educational programs and strategies

Existing efforts: There are high school allied health programs that provide job training. There are also Early College programs. Participants suggested incorporating a student-run health center on campus (school-based health clinics).

Barriers: Participants want community and statewide leaders to publicize what works well. At this moment, there is little academic freedom due to high levels of regulation. This creates barriers to making education more local to meet the needs of students. Participants also want better collaboration during the transition between 2-year to 4-year colleges and between elementary and middle, and middle and high schools. They also suggest that ethics and civics be taught at lower levels of education. Participants express concern regarding whether home-schooling prepares students for work readiness.

Increase adult learning opportunities and professional development

Existing efforts: The community colleges provides quality programs, which can coordinates with the community economic development initiatives.

Barriers: There are limited adult learning opportunities. Participants suggest making relevant adult learning opportunities available. Relevant topics include budgeting, parenting, etc., and utilize libraries.

Additional Strategies:

- Collaboration between all levels of education, from pre-k-through colleges/universities. Every section of education works independently and seem to be in competition; more collaboration is required.
- Liaison between school counselors help guide students in their transition to the next stage

**COMMUNITY AND ENVIRONMENTAL DETERMINANTS OF HEALTH
JACKSON 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: In Graham County, the Graham Revitalization Economic Action Team formed a collaboration between local leaders to discuss topics related to economics, education, social, and health. The team focused on shared interests, and identified and implemented action steps. In addition, participants suggest that universities across the state should continue to sponsor forums to bring together hospitals, health departments, and others.

Barriers: Participants agreed that there is a disconnect between state and local elected officials and local public health leaders because local leaders many not understand the Affordable Care Act at the state or federal level. Also, participants are concerned about how county health department employees communicate with the community. While the county health department employees are often the most educated in the County, they are seen as pushy, making it hard to recruit staff.

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: Unfortunately, no specific examples of efforts were identified. We have since learned about Mountain Elements, the Health Impact Assessment through MountainWise.

Barriers: North Carolina Department of Public Health makes an effort to support public health supplementary to other tasks; it important for leadership to recognize their efforts. Unfortunately, local political leaders see public health professionals as too regulatory, and do not allow them to participate in planning boards, economic development commissions, Chambers of Commerce, etc. The group agreed this is a barrier that must be addressed by educating political leadership concerning local public health officials' roles and contributions as professionals. Furthermore, the group also agreed there is a need for development of educational programs to encourage business leaders to be more engaged about health care and population health for all residents. Many leaders are only inquiring about providing health insurance for employees. Too many people rely on the hospital emergency department for their health care needs. Participants also thought that the hospital should focus more on population

health issues, not just on patient revenue centers. Additionally, business leaders should be trained about the Affordable Care Act, understanding it is federal but implemented by state.

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 Community Transformation Grant Project (CTG) worked with the Southwest Commission to contribute to the regional economic development plan. For example, CTG funding is being used to develop a Health Impact Assessment of all existing resources across the region. In addition, participants recognized that collaboration and partnerships are critical – MedWest is a good example of collaboration that is working. Participants suggested that local leaders should explore policy changes to federal regulations that allow mobile health clinics to serve as Federally Qualified Health Centers.

Barriers: Participants suggested that state leaders revisit legislation that allows county commissions to regulate health departments. Health departments should be separate local entities. Furthermore, in an effort to reduce the budget, the state should assess the services that Department of Social Services and health departments provide to ensure that they do not duplicate services. Participants acknowledge that they do provide separate, complementary services as well. Participants would like to see state support for public health workforce efforts, such as funding for recruitment and retention of public health professionals. This should be similar to the support doctors, nurses, and other health professionals receive. Participants also shared the concern that Western North Carolina counties technically qualify for Federally Qualified Health Centers, but do not have large enough populations. They suggest the exploration of potential policy changes that permit Federally Qualified Health Centers applications to be completed on a regional basis.

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

Existing efforts: The Western North Carolina Health Network conducted a region-wide (16 counties) County Health Assessment. While the effort worked well to identify good regional projects, the large regional hospital shut down this project because it did not think it needed a WNC health networking team.

Barriers: Participants were dismayed by data that may obstruct them from receiving funding from the Kate B. Reynolds grants that are centered on patient-centered care in Tier One counties. They would like to the grant consider areas where the data does not reflect the reality of most of the residents. For example, Western North Carolina has counties where a handful of retirees live in million-dollar houses, thus skewing the data, because most of the population lives in Tier One conditions.

Other Strategies

- Incorporate health planning and health impact assessment into regional planning efforts
- The group suggested the following be included in **Jobs and economic security recommendation:** Need to expand water and sewer to attract big business (e.g., manufacturing jobs) and diversify the economy. When local leaders focus on tourism, employment is seasonal and keeps people low-wealth and uninsured

**HEALTH BEHAVIORS
JACKSON 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: Participants shared several initiatives underway throughout Jackson County. For example, MountainWise sponsored a community media campaign promoting healthy eating and active living. There was a 10-week summer pilot program in Jackson County educating families about healthy eating/active living. Also, the Active for Life Action Team educates families by offering fitness challenges to community members. Likewise, Western North Carolina Healthy Kid, educates families and school communities through individual and institutional healthy eating and active living strategies. Furthermore, there is the Healthy Eating Action Team and the Healthy Corner Store Initiative offering community-wide education initiatives by educating families on health. In addition, the Community Gardens educates residents (through faith-based organizations and schools) within Jackson County. Furthermore, the Living Healthy organization educates lay leaders to teach healthy eating and active living in senior centers. Finally, a Regional Safe Routes to School Coordinator will soon be hired & based in Jackson County.

Barriers: Transportation and infrastructure must be developed as sidewalks are not available for residents. The community's perception of biking and walking is not respected as some residents do not view them as a form of transportation. In addition, school site selection and zoning do not support walking/biking. There are limitations on human resources because employees are stretched too thin with additional roles and responsibilities. Also, now that obesity is classified as a disease, participants would like to positively change the public's perception of body image. Finally, participants would like to see state supported campaigns by way of the media, billboards, and consistent messaging across the state. Current funding is restricted and does not allow funds to be utilized for renting media and space, nor for messaging purposes. Moreover, there is not a Western North Carolina representative (legislative liaison) in Raleigh. Participants would like for someone to bring the people together to advocate for Western North Carolina. This person should be health conscious and understand the importance of healthy eating. The group would like to see more free, available, evidence-based, pre-packaged programs such as Eat Smart and Move More.

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

Existing efforts: The School Health Advisory Council (SHAC) addresses obesity and educates individuals by offering meetings every other month and establishing Wellness Teams at each school to monitor healthy eating and active living. In addition, ASAP Connections educates Farm 2 School and the Pre-K initiative. Also, to increase parental involvement, the Parent Teachers Association Partnership was established on July 2013, holding their first meeting in September 2013.

Barriers: The group shared that educators are stretched too thin and could use additional education around healthy eating and active living. Furthermore, they would like to see behaviors and policies changed. For example, children should no longer be rewarded with candy in school, nor should they sell candy for school fundraisers.

**HEALTH BEHAVIORS
JACKSON 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 Tribal Council of the Eastern Band of the Cherokee has had success with getting their providers to use the controlled reporting system.

Barriers: Other group participants discussed the lack of time for providers to check the controlled reporting system. Allowing only prescribing providers to access the system might not be the best use of the providers' time. Another barrier is the increase in substance abuse, particularly prescription drugs, in the older population. The Healthy Carolinians group is open to helping everyone but lacks involvement. Substance abuse is not usually a priority area for most people.

Strategies to overcome barriers: The group suggested a state mandate requiring providers to check the controlled reporting system. They also thought it would be helpful if other health professionals had access to the system. A participant suggested they could apply for a grant through the substance abuse action team that is part of Healthy Carolinians group. Before applying, they would need more agencies to be committed to the idea. They discussed the need to include substances other than just prescription drugs and thought there should also be review of alcohol and tobacco use as well.

Use Project Lazarus (a community-based overdose prevention and opioid safety program) as a model for substances in addition to opioids.

Existing efforts: The Tribal Council has a program that includes the Project Lazarus model. They believe their success is based on the several factors. First, they are a single healthcare system that uses lots of urine drug screens. Second, they have provider health training and have rolled out Project Lazarus.

Barriers: The group thought the model should extend beyond opioids to include other substances.

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

Existing efforts: The Tribal Council has a drug treatment court that is coordinated very strictly with the detox program.

Barriers: The group thought did not think there were drug treatment courts in their communities outside the Eastern Band of the Cherokee Nation.

Use school-based intervention for substance abuse prevention.

Existing efforts: Mountain Project Inc. has a teen substance program called “Students Against Negative Influence.” After the death of a local student, the Healthy Carolinians Action Team convened local leaders (e.g. doctors, law enforcement, school leaders) who formed an alliance. A local health department paid for the substance abuse prevention team (PRIDE) to conduct surveys for 5th, 7th, 9th, and 11th grade students in hopes of using data to prevent substance abuse.

Barriers: Children are using and abusing substances early and parents and teachers do not know what to look for. The Action Team did not maintain the alliance and it had no longevity.

Strategies to overcome barriers: Participants suggested that the state incorporate a “Train the Trainer” program to help other counties implement the “Students Against Negative Influence” program. One participant suggested that educational materials should be placed in schools including videos and technology from state organizations and agencies throughout North Carolina. Teachers need to be trained in order to understand what signs to look for in students who may be using drugs. There is a national survey company that can conduct surveys for community use and make questions applicable to their needs, which can be used to obtain future funding. They send you (the requestor) the surveys, you return them and, upon processing, return them to you. Data is helpful as there are no other local agencies providing such data. Data would also help to screen students who are using drugs to help determine what signs to look for. The group agreed on the need for community education around the issues, teachers, parents, law enforcement, and the elderly.

HEALTH BEHAVIORS
JACKSON 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 sponsors to improve mental health

Existing efforts: Although there are federal supports (e.g. matching funds to leverage federal grants and other dollars), participants would like for the community revenue systems to add to the funds. There is the Circles program that is designed to address poverty, which is a good model; “allies” provide support to poor people. Also parenting classes are available for family members by way of the Veterans Administration. Veterans Services Offices provide services for veteran’s families, the community, schools, and collaborate with the Department of Social Services. If technology capability is there, services can be provided in person or by way of video-conference. In addition, the Veterans Administration (VA) follows the Patient Aligned Care Teams (PACT) model. Finally, volunteers provide support and connect veterans to mental health professionals.

Barriers: While there are a lot of federal resources available for veterans, awareness within rural communities of how to access jobs, agriculture, training, transportation, mental health, care and prevention, must be established. Likewise, programs made accessible due to regulation changes should also be included in building awareness for veterans. Also, homelessness among veterans is increasing in rural areas. Participants stressed the necessity to coordinate social services and other community organizations, such as agencies and churches, to Veteran Affairs in order to provide housing. Another barrier to report is the need for transportation; individuals have to schedule transportation services 2 to 3 days in advance. In addition, more flexible transportation options should be made available for everyone since services are primarily for Medicaid patients. Furthermore, policy changes should be explored to connect funding to wellness as most of the funding is set aside for illness and diagnosis, not wellness. Finally, information should be provided for grant funds, along with assistance from local agencies on how retrieve them. It was suggested by participants, communities near community colleges and universities could potentially get help from students willing to help research and write grants.

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

Existing efforts: Telehealth efforts are working and helping a lot; in addition, Mobile Crisis units make a real difference in rural communities.

Barriers: Participants would like more integrated care programs, such as the Meridian Integrated Care in Haywood County, along with more peer support. Although this is a great idea, it has to be coordinated with primary care providers who already have too much on their plate. Also, the participants recommended that provider reimbursement focus more on outcomes (and noted that the ACA will move the system towards value based payments).

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

Existing efforts: There were no existing efforts shared by the group.

Barriers: The contributors shared the necessity of veterans knowing the locations of where services are available and readily accessible. In addition, 58% of veterans drop out in their first semester of college; participants would like for educational summits to occur to ensure staff and faculty members of local community colleges and universities are informed about veterans' needs. There is also a need for prevention and intervention strategies, particularly for children as well as for parents who have mental health challenges. Participants would also like to see primary care providers connected with mental health resources.

**ACCESS TO AND AVAILABILITY OF SERVICES
JACKSON 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.

Participants did not report any activities to encourage employers to offer affordable coverage to more employees. The only suggestion to help encourage more employers to offer coverage was to talk to insurers to determine if they could offer lower cost plans to small businesses.

Expand Medicaid to cover more low income adults

Participants did not report any activities specifically to encourage the legislature to expand Medicaid to cover more low income adults. However, they did report some activities aimed at helping community members understand their new insurance options as part of the Affordable Care Act. (See new strategy on educating the public about insurance options and safety net programs).

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: Aside from the hospitals, the local health departments, and the Indian hospital (in Cherokee), there are only a few safety net providers that offer services to low income uninsured. Good Samaritan is a free clinic that provides some services to people with incomes below 138% of the federal poverty guidelines in Cherokee, Clay, Graham, Jackson, Macon and Swain counties. There is also a migrant health clinic in Cashiers, Vecinos, but that clinic targets migrant workers. There are no school-based health centers in the Jackson county area.

Barriers: One of the biggest barriers is the difficulty that Good Samaritan has in recruiting health care professionals to volunteer for the free clinic. Participants also noted the onerous reporting requirements needed to obtain BCBSNCF funding. Participants also noted that many community members are unaware of Good Samaritan's services, but were afraid to advertise to readily as they did not have the resources to serve all of the uninsured in the 6 county area.

Strategies to overcome barriers: Participants suggested that the local hospitals could do more to encourage their staff to volunteer (and could make it part of their job). Participants also thought that health professional schools should do more to inculcate students to understand the importance of community volunteerism. In addition, participants thought it was important to work with small businesses that do not currently offer coverage to seek financial support for the clinic, as many of their employees seek care from Good Samaritan.

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

Existing efforts: Participants noted that there had not been much outreach or education about the ACA, but that Organizing for Action NC was planning information sessions in the next few weeks.

Barriers: Participants noted that there was a lot of misinformation about the ACA, and that most people had a negative perception of the Act. Participants also noted that most people did not understand about the potential Medicaid expansion option, or what it would mean for either low-income adult populations and/or the health care providers.

Strategies: Participants noted the importance of educating the community about the new insurance options, and the number of people who might gain coverage if the state expanded Medicaid. Informational sessions should be held in places where people congregate, including the public library, local community organizations (Katie Ford), Western Carolina University, and churches. In addition, the hospital and other health care organizations could help educate the public about the impact of the state's decision not to expand Medicaid on its financial wellbeing. Participants also talked about the potential of having Good Samaritan apply to be a certified application counselor and to get volunteers to help people apply for subsidized insurance coverage.

ACCESS TO AND AVAILABILITY OF SERVICES

JACKSON 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: Participants reported a variety of efforts using specialists (mostly Asheville-based) for tele-psych, tele-neurology, tele-radiology, tele-ICU, tele-derm, and tele-opthamology and tele-geriatrics.

Barriers: Even remote care in Sylva requires excess care elsewhere. Licensing barriers (across states) limits provider supply. Tele-geriatrics at nursing home found may not be financial viability – there are problem swith coverage, alignment, and incentives.

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

Existing Efforts: School-based health centers in Swain (middle school and high school) provide medical services, mental health services, and nutrition therapy. Tele-health offers physician assistant and physician services 5 days per week. Macon has a program from Appalachian State University that outstations Licensed Professional Counselors (LPCs) to a local high school.

Barriers: Cost is a barrier for all SBHCs. Mental health services also had to contend with perceived community stigma. One effort had problems with concern for parent treatment on school campus during school hours. LEA did not want parents served on campus, creating a barrier to family therapy.

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

Existing Efforts: Participants did not report any existing efforts.

Barriers: Participants suggest a need for leadership around the coordination of industry segments, especially in the face of the ACA. A representative from the community college (SW-CC) expresses a large interest in more community-based services for trainees from their 18 health majors. Barriers included the need for a medical director and an inability to find someone to serve in this role. There is a lack of community support and difficulty with funding as well.

New Strategies

- **Non-PCMH and non-physician alternative such as urgent care**

- **Programs for All inclusive Care for the Elderly (PACE)**

Barriers: Participants report cost concerns for free-standing PACE centers in rural communities given the number of different types of health professionals required on staff. PACE requires sufficient community interest.

Efforts to overcome barriers: This strategy may develop as a subsidiary of a larger PACE organization with a full array of services.

- **Regional specialty centers**

Existing Efforts: A regional diabetes center at MedWest (collaboration with the health department and multiple hospitals) is recruiting an endocrinologist to serve the region.

Barriers: It is hard to recruit to the area and there are also cost barriers.

Efforts to overcome barriers: Collaboration of multiple stakeholders.

- **Promoting shared spaces/technology/personnel**

Existing Efforts: The VA is doing new patient primary care exams at the health department.

ACCESS TO AND AVAILABILITY OF SERVICES

JACKSON 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 underserved areas

Existing Efforts: The MAHEC dental program and several others offer loan repayment and increased salary for providers in underserved areas. Some hospitals offer recruitment fairs.

Barriers: There are often few hiring opportunities for providers' spouses. The providers will have a lot of on-call time because there is very little coverage from other providers. The MAHEC program and others only offer repayment to new graduates.

Efforts to overcome barriers: The participants suggested making a plan to recruit the entire family including personal aspects for the spouse and children. Recruitment fairs should be focused on the residents' timeline for graduation. They also suggested that loan repayment that depends on Tiers should have option for areas of underservice rather than whole counties like Health Professions Shortage Areas. The strengths of communities should be a focus of recruitment. A participant also suggested hiring professionals regionally rather than locally, allowing service and costs to be shared.

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

Existing Efforts: Some organizations invite other community members to participate in recruitment efforts.

Barriers: New providers who have just finished residency need a network of health professionals. With the competition between private offices, hospitals and health systems, the providers don't get to know each other as colleagues. Recruitment is not very successful because of the difficulty finding jobs for the rest of the family.

Efforts to overcome barriers: Create incentives for experienced doctors. It is important for the practitioners to have a contact person who lives in the area that can provide information about the community. Use a more personal approach for recruiting.

Support health professionals new to rural communities

Existing Efforts: The Western Regional Dental Society brought dentists from several counties together. It served the purpose of dispersing information, mentorship, and created collegiality.

Barriers: The regional society was disbanded and left a void. Many of the same barriers and efforts to overcome them apply from the previous strategy.