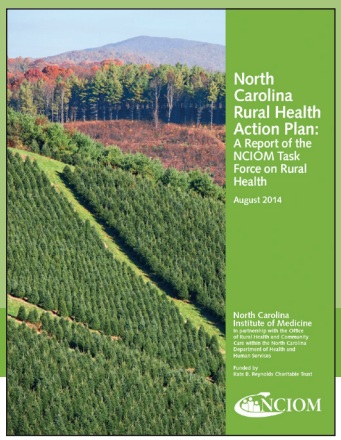



Issue Brief

# North Carolina Rural Health Action Plan:

## A Report of the NCIOM Task Force on Rural Health

**August 2014**

Approximately one-in-five North Carolinians, almost 2.2 million people, lives in a rural county.[1] North Carolinians living in rural areas are less likely to have access to health services, are more likely to engage in risky health behaviors, and have a higher mortality rate than North Carolinians living in non-rural areas.[2] North Carolina's rural communities face many challenges, but they are also quite resilient. There is a strong sense of place and an understanding of community assets. Rural people know the needs of their community.[3] They know what strategies to improve health and well-being will not work and are also open to learning from others. While rural communities are often under-resourced, there is an innate sense of commitment to the community and to each other. And because of this, rural communities are often able to accomplish a great deal with limited resources.[4]

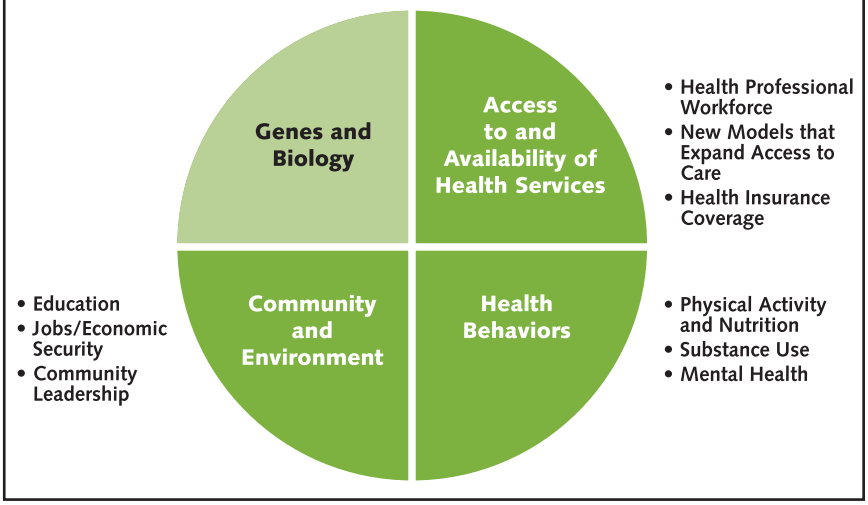
The North Carolina Institute of Medicine (NCIOM) in partnership with the Office of Rural Health and Community Care (ORHCC) within the North Carolina Department of Health and Human Services (NC DHHS), and the Kate B. Reynolds Charitable Trust (the Trust) convened a Task Force on Rural Health. The overall goal of the Task Force on Rural Health was to develop a North Carolina Rural Health Action Plan that included workable strategies to improve rural health outcomes that were actionable over the next three to five years.

The Task Force was chaired by Chris Collins, MSW, Director, Office of Rural Health and Community Care;[a] Paul Cunningham, MD, Dean, Senior Associate Vice Chancellor for Medical Affairs, Brody School of Medicine, East Carolina University; and Donna Tipton-Rogers, EdD, President, Tri-County Community College. In addition to the co-chairs, the Task Force had 46 members including representatives of state and local policy making agencies, funders, health care professionals, community agencies and nonprofits, and other interested individuals. Approximately half of the Task Force members were from rural communities and the other half were from statewide organizations with a mission to serve rural communities.

The Task Force recognized that various factors interact with and influence health, including a person's genes, their health behaviors, and the community and environment in which they live, work, and play. This model—called the Socioecological Model of Health - helped the Task Force to consider the modifiable factors that contribute to rural health problems: community and environmental factors, differences in health behaviors, and the availability and accessibility of health care services.

The Task Force held eight community forums in the following rural counties: Beaufort, Bladen, Halifax, Jackson, McDowell, Montgomery, Rockingham, and

**Socioecological Model of Health**




a. Robin G. Cummings, MD, FACC, FACS, Former Director, Office of Rural Health and Community Care, Director, Division of Medical Assistance, Deputy Secretary, NC Department of Health and Human Services, served as co-chair of the Task Force on Rural Health during his tenure as the director of the Office of Rural Health and Community Care. When he was promoted to Deputy Secretary for Health Services, Chris Collins assumed his role as co-chair.

Wilkes. Community members from these counties, as well as surrounding counties, were invited to participate in these forums to provide input and respond to the draft plan the Task Force developed. In total, 259 rural participants attended one of the eight community forums. After synthesizing results from these community forums, the Task Force finalized the six priority areas for the final report.

## Community And Environment

### *Jobs and Economic Security*

North Carolina's rural communities serve a vital role to the economy of the state. Job growth in service industries, health care, farming, and small businesses have driven much of the recent employment gains in rural areas. Increases in rural population and high school graduation rates continue to contribute to a potential comeback. However, many challenges remain in rural North Carolina. Many areas struggle with a high proportion of residents living in poverty, with incomes much lower than the state average. Income is directly related to health. Increased income corresponds to better health outcomes, with the greatest impact on health for those with lower incomes. To improve the health of its residents, North Carolina needs to help increase the economic security of the population, especially among low-income North Carolinians. **Priority Strategy 1: Invest in small businesses and entrepreneurship to grow local and regional industries**

### *Improve Educational Outcomes*

Academic achievement and education are strongly related to health. In general, those with less education have more chronic health problems and shorter life expectancies. High quality child care has been shown to have longer term effects and contribute to better school performance and higher graduation rates.[5]

The relationships children have with parents have a profound impact on cognitive, linguistic, emotional, social and moral intelligence. Implementing evidence-based programs to support parents in their caregiver roles has been shown to improve school readiness. In addition, education research has repeatedly shown that high quality, center-based care can improve school readiness and academic success, findings that persist into early workforce entry.[6-8] These findings are especially robust among children at risk for poor educational achievement, a risk largely determined by poverty. Children are more likely to be enrolled in high quality child care programs if they live in urban or economically advantaged counties than if they live in rural or economically distressed counties.[b] **Priority Strategy 2: Increase support for quality child care and education (birth through age 8) and parenting supports to improve school readiness**

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## Health Behaviors

### *Promote Healthy Eating and Active Living (HEAL) to Reduce Overweight and Obesity*

Overweight and obesity pose significant health concerns for both children and adults. Excess weight is not only a risk factor for several serious health conditions, but it also can exacerbate existing health conditions. North Carolina is the 16th most overweight/obese state in the nation.[9] Adults in rural areas are more likely to be overweight or obese (68.9%) compared to those in urban areas (63.3%).[10] There are several ways to combat obesity and improve rates of physical activity and healthy eating. The Task Force recommended focusing on improving healthy eating and active living in formal and informal educational settings. Children who are overweight or obese are much more likely to be overweight or obese as older children or adults.[11,12] While it is important to focus on children, the Task Force also recognized the value of promoting healthy eating and active living amongst adults. Thus, the Task Force explored other evidence-based or evidence-informed strategies to promote healthy eating and active living in settings involving adults. **Priority Strategy 3: Work within the formal and informal education system to support healthy eating and active living (HEAL)**

### *Improve Mental Health and Emotional Wellbeing*

People with mental health or substance abuse problems or dependence are at risk for premature death, co-morbid health conditions and disability. However, many of these individuals are reluctant to admit they have a problem and thus are unlikely to seek care directly from treatment professionals. Even among those who are aware of their conditions, the associated cost or stigma prevents them from reaching out to health care providers for treatment. Delivering more mental health and substance abuse

b. North Carolina Department of Health and Human Services special data request, 2011.

services in conjunction with primary care is an important option for rural communities. Access to mental health and substance abuse services is limited in some rural areas because of a lack of providers. People with mental health or substance abuse problems often present to primary care providers. People may be more willing to consider treatment for a behavioral health condition either by a primary clinician or by a behavioral health specialist if it is in the context of a whole person, integrated approach to wellness.[13] Incorporating behavioral health services into physical health services is one important component to whole person care, and has been associated with improved quality, improved outcomes (for mental health and physical health), improved patient and provider satisfaction, and decreased cost. **Priority Strategy 4: Use primary care and public health settings to screen for and treat people with mental health and substance abuse issues in the context of increasingly integrated primary and behavioral health care**

## Access To and Availability of Services

### *Maximize Individuals' Insurance Opportunities and Access to the Safety Net*

In 2011-2012, 20.2% of nonelderly North Carolinians, or 1.6 million people, were uninsured.[14] More than one-in-four nonelderly residents were uninsured in some rural counties (e.g., Alleghany, Avery, Duplin, Jackson, Robeson).[15] Not having health insurance coverage is harmful to the health and well-being of children and adults. Uninsured North Carolinians report that the main reason they do not have health insurance is they cannot afford the premiums.[16] Thus, it is important to help those who can gain affordable coverage to purchase it, and to target the safety net resources to people who are unable to obtain affordable health insurance coverage in the health insurance marketplace.

Beginning in January 2014, the Patient Protection and Affordable Care Act (ACA) gave individuals and families new options to purchase health insurance coverage. Many uninsured are able to buy insurance through the new health insurance "Marketplace." Subsidies are available to many families to help make health insurance coverage more affordable. There are also new navigator and certified application counselors to help the uninsured understand their insurance options and apply for coverage. For those who remain uninsured, there are many safety net organizations across the state with a mission or legal responsibility to serve the uninsured. Yet, there are not sufficient safety net resources to meet all of the health care needs of the uninsured. The Task Force recommended improvements in coordination and information sharing about current safety net resources. P**riority Strategy 5: Educate and engage people in rural communities about new and emerging health insurance options available under the affordable care act and existing safety net resources**

### *Improve Recruitment, Retention, and Distribution of Key Health Professionals*

Access to health care professionals is important to the health of North Carolinians. The primary care workforce is experiencing higher demand due to aging baby boomers requiring more care, overall growth in the population, and more people living with chronic illnesses. Additionally, demand is expected to increase due to people gaining insurance coverage as a result of the Affordable Care Act and an aging population.[17] Despite overall growth in the primary care workforce in the last 30 years, many of North Carolina's rural counties face persistent primary care shortages.[18]

Rural communities need other providers in addition to primary care. The Task Force examined workforce needs in rural areas, and identified four areas of particular need in rural North Carolina: primary care providers, behavioral health specialists, dental professionals, and general surgeons. The capacity to recruit and retain health professionals in rural and underserved areas across the state is critical to meet the health needs of North Carolinians. **Priority Strategy 6: Ensure adequate incentives and other support to cultivate, recruit, and retain health professionals to rural and underserved areas of the state**

## Conclusion

This Rural Health Action Plan lays out the vision and action steps needed to provide policy makers, funders and stakeholder organizations with a common vision and set of action steps to improve rural health across the state over the next three to five years. The Task Force, with the input of rural residents across the state, established six broad priority areas. Within each of these areas, the Task Force identified evidence-based or evidence-informed programs, policies, clinical interventions and practices that, if implemented, could have a positive impact on the health of rural North Carolinians. Rural communities face many health challenges, but they also bring a wealth of community assets that can be harnessed to address these challenges. Together, rural residents can work with state agencies, funders, and other organizations to improve the health and well-being of rural communities across the state.

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A copy of the full report, including the complete recommendations, is available on the North Carolina Institute of Medicine website, http://www.nciom.org.
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