

South Carolina's

RURAL HEALTH ACTION PLAN

a road map to healthy, rural communities
initial recommendations

2017

a collaborative endeavor of the South Carolina Rural Health Action Plan Task Force, facilitated and led by the South Carolina Office of Rural Health

Driven for Change

More than 1 million residents call rural South Carolina home. Preserving access to health care and improving health outcomes in our rural communities are critically important components to the vitality of South Carolina. Recently, there has been a heightened interest among policy makers, funders, partners, and most importantly, members of rural communities themselves to create a promising, sustainable, healthy future in rural South Carolina. To help leverage this interest and provide some direction to the conversation, the South Carolina Office of Rural Health is facilitating the development of a comprehensive framework to enhance rural health outcomes, the *South Carolina Rural Health Action Plan*.

In rural South Carolina, the population is generally older, poorer, and sicker than in urban areas of the state. Exacerbating the poor health status of rural residents is the fragility of the rural health care delivery system itself. Small, rural hospitals across the country are closing at alarming rates, with 80 closures occurring since 2010 – including three in South Carolina during the same time span – leaving many communities struggling to identify timely solutions to meet their health care needs.

National Perspective

South Carolina is not the only place where there is a recognition that health and well-being are greatly influenced by a number of complex social factors. Consider this 2017 Robert Wood Johnson Foundation report, *From Vision to Action: A Framework and Measures to Mobilize a Culture of Health*:

“To achieve lasting change, our nation cannot continue doing more of the same. We must embrace a more integrated, comprehensive approach to health—one that places well-being at the center of every aspect of American life. This approach must focus largely on what happens outside the health and health care systems, recognizing the importance of the decisions that individuals and families make, as well as the factors found in communities, business and corporate practices, schools, and the many other spheres of everyday life.

Instead of starting from square one, we can and should creatively integrate valuable community resources and existing efforts into the (movement)...Creating a national movement toward better health is not a short-term initiative; it is a cultural shift that will take time, determination, and, above all, the input of many.”

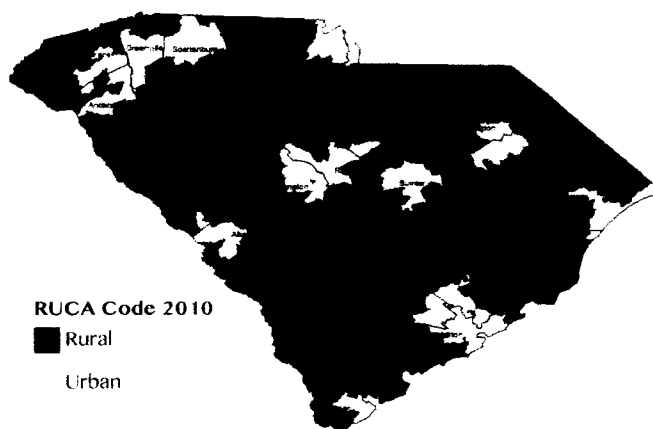
While shoring up the health care delivery system in rural South Carolina is paramount, there is also recognition that multiple **social determinants of health, such as affordable housing, access to healthy food, transportation, quality schools, and viable employment, are highly correlated to positive health outcomes** and must be addressed concurrently in order for any real progress to be made. Due to the urgent demand for solutions, some efforts have been proposed and funded, but only serve as individual pieces to an extremely complex puzzle that warrants greater continuity and collaboration. Without a collective vision for rural health strategies at the state level, well intended efforts and investments will have limited impact at best, and at worst will be ineffective in meeting the basic health needs of our rural communities.

The opportunity to create lasting, impactful change for our state and our rural communities is now, and our hope is that the *South Carolina Rural Health Action Plan* will provide a road map for the journey ahead.

How Rural is Defined

At least 88 answers to the question “how do you define rural?” exist depending on the federal agency you ask. Without a single definition to work from, the South Carolina Rural Health Action Plan Task Force (see p. 8 for members) approved the use of the United States Department of Agriculture’s 2010 Rural-Urban Commuting Area, or RUCA codes, utilized at both the county and Census tract level depending on the availability of data. Any implementation of strategies developed as a result of the South Carolina Rural Health Action Plan will use a Census tract level definition of rural (see map).

Urban vs. Rural by Census Tracts

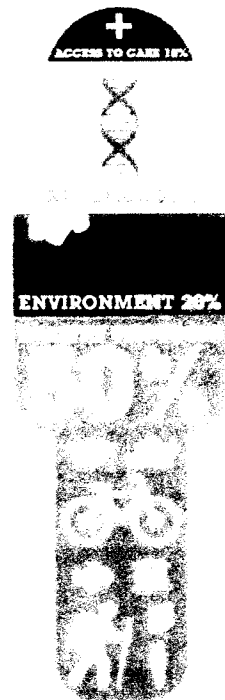


Using Data as Our Guide

In the 2016 edition of *America's Health Rankings*, South Carolina ranked 42nd out of 50 states, at the bottom of the list for health outcomes. Looking even more locally, to how individual counties in South Carolina fair, the annual *County Health Rankings*, produced by the University of Wisconsin Population Health Institute, consistently show that residents in South Carolina's rural counties fare worse than those in urban ones.

The reasons for these disparities are complex, but experts agree that having access to medical services accounts for only about 10% of overall health status, despite national estimates that suggest nearly \$9 out of every \$10 individuals spend on their health is allocated to medical services. So what makes up the other 90% of our ability to be healthy? Some is genetic (20%); but the vast majority (70%) of what makes us healthy is a combination of environment and healthy behaviors - Do we eat healthy foods, exercise regularly, avoid tobacco, and limit other risky behaviors?

What Us Healthy



What We On Being Healthy

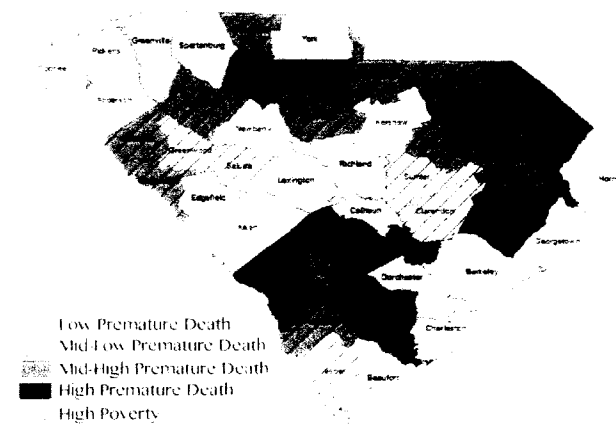


Source: Bipartisan Policy Center (<http://bipartisanpolicy.org/projects/lots-lose>)
* Dakotafire Media (www.dakotafire.net)

Do we have access to quality education, affordable housing, and safe places to exercise, among others?

To inform the South Carolina Rural Health Action Plan, data and statistics on health behaviors, health outcomes, and social factors were compiled from multiple sources and used to compare the health of urban versus rural South Carolina residents. These data were supplemented by a series of one-on-one interviews with community leaders conducted in eight rural communities throughout South Carolina. Interviews provided a richer meaning and context to the existing data. A complete analysis of what contributes to poor health outcomes in rural South Carolina will be presented in the full *South Carolina Rural Health Action Plan* released later this year.

South Carolina Premature Death & Poverty

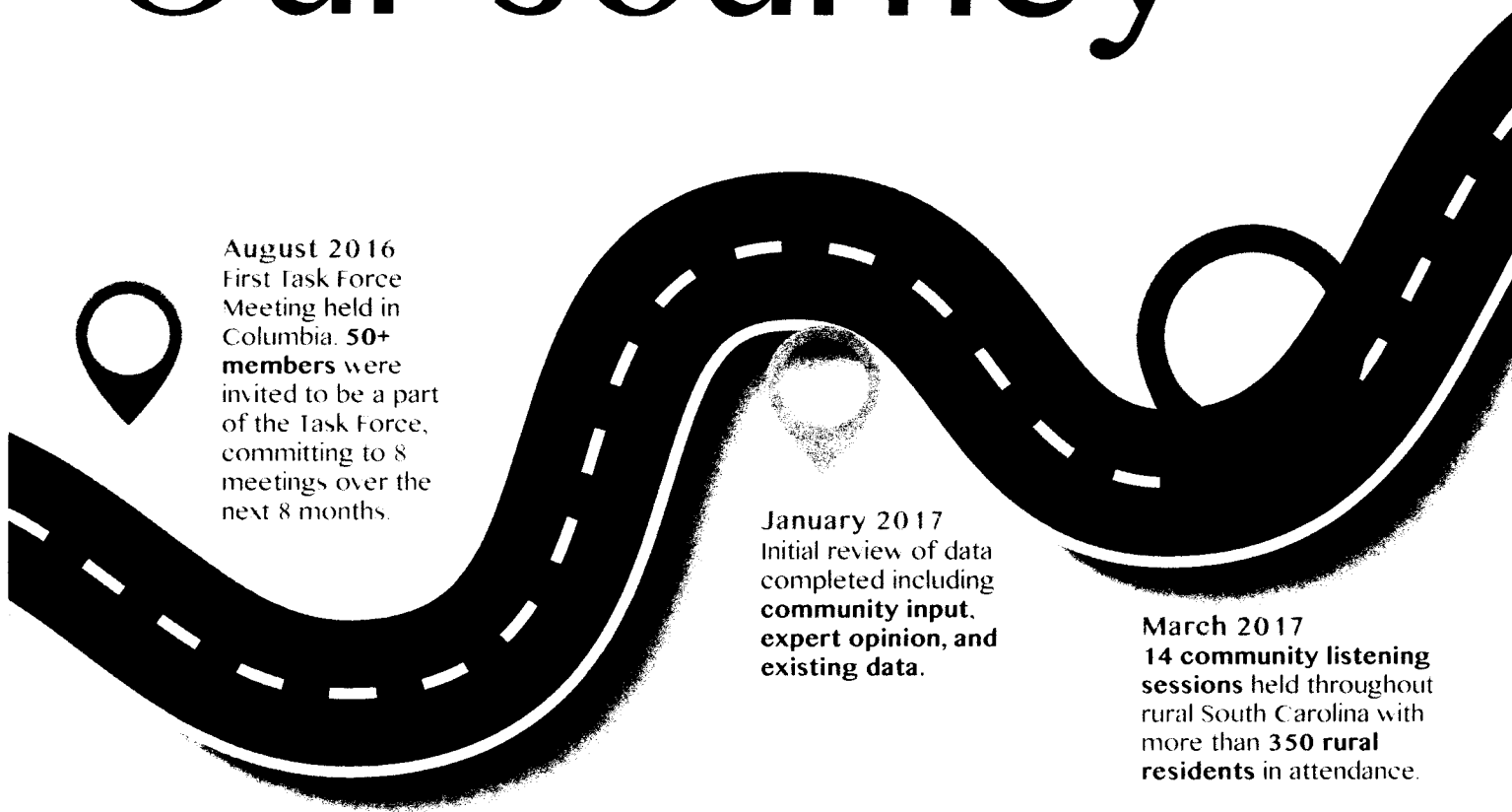


As an example, one measure used to understand potentially poor health at the county level is premature mortality; that is, did individuals die before age 75, and if so, how many years were lost among that population? The map above shows premature mortality is higher in nearly every rural county in South Carolina. Counties with high poverty (greater than 20% of residents at or below federal poverty level) are also more likely to have high premature mortality. At the most basic level, these data suggest that more must be done to ensure that rural residents in our state - who often are also living in poverty - have access to the resources and services they need to live healthy, productive lives. This report aims to provide context as to where and how such resources should be invested.

Community Feedback Was Key

In March 2017, more than 350 residents of rural South Carolina participated in 14 Community Listening Sessions to hear proposed recommendations and voice their opinions for improving health in their communities. This feedback was then considered while drafting the final recommendations for the *South Carolina Rural Health Action Plan*.

Our Journey



August 2016
First Task Force Meeting held in Columbia. **50+ members** were invited to be a part of the Task Force, committing to 8 meetings over the next 8 months.

January 2017
Initial review of data completed including **community input, expert opinion, and existing data.**

March 2017
14 community listening sessions held throughout rural South Carolina with more than **350 rural residents** in attendance.

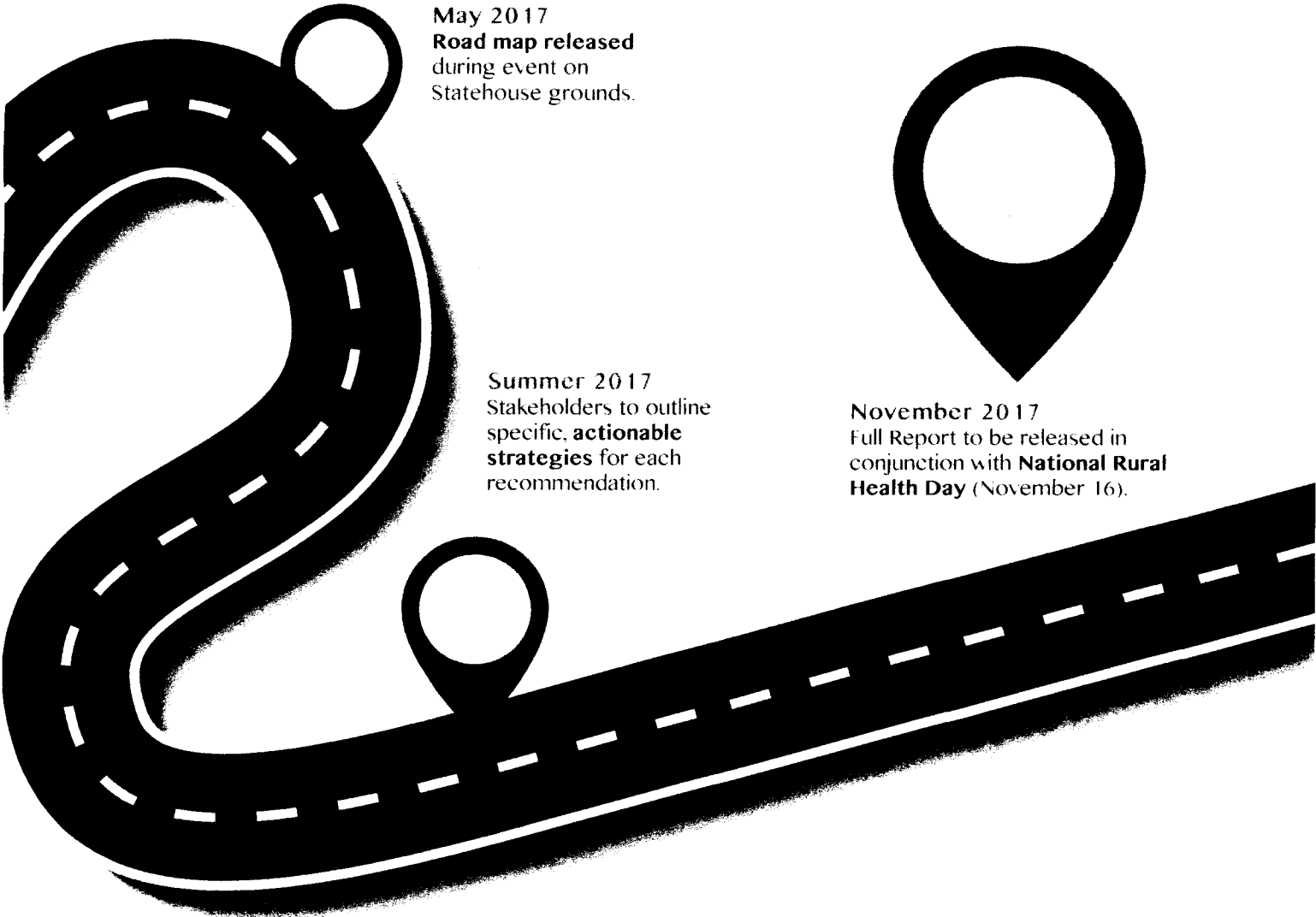
In summer 2016, the South Carolina Office of Rural Health invited a mix of individuals from across the state representing rural provider and community interests, as well as relevant state-level partners whose organizations and programs impact rural communities to form the South Carolina Rural Health Action Plan Task Force. The Task Force consisted of an equal mix of rural and state level partners from every region of the state.

“As part of this effort, the Task Force engaged representatives from not only health care but constituents with expertise in education, jobs, housing, and the surrounding infrastructure in rural communities. We found that the task of improving the health care delivery systems in rural communities across our state involved each of these factors, not simply access to care - Carlos Milanes, CEO of Edgefield County Hospital

The 50+ person Task Force met monthly from August 2016 to April 2017. Their charge? **To develop a shared vision and comprehensive framework containing actionable strategies to enhance rural health outcomes over the next 3-5 years.** Targeted end users of the *South Carolina Rural Health Action Plan* include rural communities, funders, policy makers, and health care providers. The work of the Task Force was done in conjunction with a nine-member Steering Committee who provided support and guidance in the development of key areas of the plan.


Throughout the course of their eight meetings, the Task Force culled through a number of issues and concerns, heard from content experts, gathered feedback from community members, and were presented supporting literature and data. Ultimately the group landed on five key areas of focus necessary to improve the health of rural communities in South Carolina.

Each focus area was assigned a working group to further explore best practices and available data, and ultimately develop a series of recommendations. What is presented



May 2017
Road map released during event on Statehouse grounds.

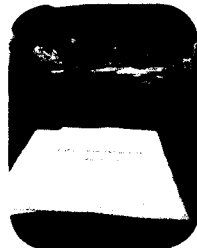
Summer 2017
Stakeholders to outline specific, **actionable strategies** for each recommendation.



November 2017
Full Report to be released in conjunction with **National Rural Health Day** (November 16).

on the following pages is a summary of those top-line recommendations. **The ultimate goal is to offer detailed action steps for each recommendation and complete the plan by November 16, 2017 in partnership with rural communities and relevant rural stakeholders.**

“If you can get all these people to the table and get them thinking and working together, ah, what could we accomplish?”
- Rural community leader



Keeping It Between the Lines

- ✓ Recommendations are designed to be achieved by the end of 2022.
- ✓ Specific and measurable action steps must be developed for each of the recommendations. This will happen through engaging experts and key stakeholders in summer 2017.
- ✓ Alignment with best practices and what works in rural communities will continually guide this process.
- ✓ The full *South Carolina Rural Health Action Plan* with a complete data review, recommendations, and strategies will be released on National Rural Health Day: November 16, 2017.
- ✓ Progress towards accomplishing the strategies and recommendations will be monitored at least annually.

The Road Ahead

The following recommendations reflect the current opportunities for impact in rural South Carolina. Five areas of focus were created through the work of the South Carolina Rural Health Action Plan Task Force: access to health care; community assets, leadership, and engagement; economic development; education; and housing. While intended to be comprehensive, it should also be recognized that these five areas alone do not cover every need of our rural communities. A collection of nine “cross-cutting” issues, grouped into three areas of focus, have been identified that impact each of the recommendations below. While these nine issues do not fit neatly into a single recommendation, nor are they likely to be solved in the next 3-5 years, they must continually be addressed and recognized wherever possible as part of the solution to reducing health disparities in rural South Carolina.

📍 Cross-cutting Issues

Communications

- Access to rural-specific data
- Promotion of existing resources
- Pro-rural marketing

Rural infrastructure

- Broadband
- Social Services
- Transportation

Socio-economic Factors

- Poverty
- Racism/Social Justice
- Sexism

📍 Access to Health Care

Maintaining good health requires more than just having access to clinical health care services. However, for rural communities, sustaining available health care services is critical due to the well-documented, long-standing challenges of health care provider scarcity, rural hospital financial distress and closure, and an inability to adopt new models of care delivery in the absence of adequate reimbursement. There are also increased disease burdens and social challenges in rural communities, which must be addressed by providing integrated services across clinical, social, and public health sectors.

- 1 Ensure every community member has adequate and appropriate access, locally or via tele-health, to primary care and preventive services, emergency care, oral health services, behavioral health services, robust care coordination, appropriate diagnostic and outpatient therapy, and long term care.
- 2 Support and expand innovative efforts to recruit and retain health care professionals needed to deliver health care services in communities.
- 3 Advocate for every community member to have a mechanism to receive timely health care services so that they do not delay care due to an inability to pay for services.

📍 Community Assets, Leadership & Engagement

Effectively using local assets—including financial, social, and human capital—is vital to the development of healthy communities. Too often, the lack of coordination between federal and state agencies and local community members yields rural initiatives that are not integrated, comprehensive, or sustainable. More determination to align resources as well as utilize community decisions, wisdom, and political will to guide efforts will lead to a better return on investment, ultimately improving the health and well-being of communities.

- 4 Create and support leadership development and training opportunities for a diverse group of natural leaders, both grassroots and grasstops, who are motivated to engage in locally led, strength-based strategies and initiatives.
- 5 Promote better state agency and statewide organization engagement, coordination, and communication around the planning and implementation of programs to ensure the needs of communities are being met.
- 6 Foster the development of sustainable financial models for communities, supplemented by sufficient community training specific to leveraging and aligning funding from income-generation, public support, and private sources to sustain local projects and programming.

Economic Development

Healthy communities are bolstered by ongoing investments in economic development and the creation of jobs that provide a livable wage. In order for a community to grow and provide the resources needed for residents to thrive, the entire community must be willing and able to engage in efforts to expand the economic base by creating new employment and entrepreneurial opportunities.

- 7** Ensure a diverse and well-trained workforce is actively matched with public, private, and entrepreneurial job opportunities, while removing barriers to employment.
- 8** Increase technical assistance and training to support teams of community members and key local partners in their efforts to attract and leverage economic development opportunities.
- 9** Coordinate and establish resource development opportunities and dedicated funding sources that communities can use to address their unique workforce development, growth, and quality of life challenges.

Education

An educated community is a healthy community. There is an extremely strong association between a resident's educational experience and his or her ability to be financially independent, physically/mentally healthy, and a contributing member of the local community. Rural communities face inordinate challenges with accessing resources that support life-long learning for residents. Given these challenges, education should be defined in a much broader sense than what happens during the K-12 school years.

- 10** Provide access to vocational, training, and higher education programs that will provide every student and community member the opportunity to develop skills that match with the jobs that are available to them.
- 11** Expand access to affordable, full-day 3 and 4-year-old programs to all families.
- 12** Ensure that every school district has an active Coordinated School Health Advisory Committee as outlined in the Student Health and Fitness Act (2005).

Housing

When housing options for families improve, so does their ability to lead healthy and productive lives. Rural residents in our state spend on average twice as much of their income on housing and transportation costs compared to the national standard. A low median income for rural communities adds to the challenges and hard choices these residents must make on where they spend their remaining income for food, health care, and childcare, impacting the overall wealth of rural communities.

- 13** Repair and replace substandard housing units to improve the quality, safety, livability, accessibility, and energy efficiency of existing housing stock.
- 14** Increase the supply of affordable housing through new or existing local, state and federal programs including matching state low-income housing tax credits.
- 15** Improve access to safe, reliable, and affordable infrastructure and services including clean drinking water, sanitary sewer, and residential broadband access.

In the Driver's Seat

This Road Map and set of recommendations would not have been possible had it not been for the collective brain power of the following individuals who gave their time, talent, and heart to this project over the last eight months. A special "thank you" to the South Carolina Office of Rural Health who developed the concept of this project and staffed the entire effort, the Fullerton Foundation for their generous financial support of this work, and to the team at 1000 Feathers. LLC who facilitated the process and supported the design and production of this publication.

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The South Carolina Office of Rural Health (SCORH) is a 501(c)3 non-profit organization that since 1991 has been dedicated to ensuring equitable access to quality health care for all rural South Carolinians. www.scorh.net

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