



# HEALTH

MAY 21 | 11:00 AM - NOON

**Patrick Woodie:**

Good morning everyone, and welcome. I'm Patrick Woodie, President of the North Carolina Rural Center.

**Brandy Bynum Dawson:**

I'm Brandy Bynum Dawson, Director of Advocacy at the North Carolina Rural Center.

**Patrick Woodie:**

It is with great pleasure that we welcome you to the third session in our five part series, Rural Talk, an advocacy speaker series.

**Brandy Bynum Dawson:**

Today's one hour panel discussion will highlight the challenges, opportunities, policy levers, and local innovations surrounding rural health. Now, before we hand the program over to our moderator for today, I'll take a just a moment to review a few housekeeping items. Please note that all participants are muted. We do, however, want to give you the opportunity to engage with our expert panelist. You can do so via the Zoom Q&A feature. If you're using a call-in option, you can email your questions to [events@ncruralcenter.org](mailto:events@ncruralcenter.org).

**Patrick Woodie:**

Also, for your information, today's webinar will be recorded and made available on our website in the next couple of days. We're so very thankful to our amazing sponsors who continue to have great faith in the work we're doing and great faith in rural North Carolina. Thank you to our rural health session sponsors, NC State Extension, as well as our Rural Talk series sponsors, CloudWyze and Wells Fargo.

**Brandy Bynum Dawson:**

We'd also like for you to continue today's discussion on Twitter, so be sure to follow and tag [@NCRuralCenter](https://twitter.com/NCRuralCenter) and [@RuralCounts](https://twitter.com/RuralCounts) and use the [#ruraltalk2020](https://twitter.com/ruraltalk2020). The crux of our discussion today will be guided by the expertise and wisdom of a stellar lineup of speakers in the field, including two of our esteemed state legislators, Representative Josh Dobson and Senator Mike Woodard, who are true champions for rural health across our state.

**Patrick Woodie:**

As we think about true champions for rural health and people all across the state, let me take just a moment to acknowledge the very sad news we learned yesterday of the passing of Andrea Harris. Andrea was a good friend. I was privileged to know her. She served for many years on the Rural Center

board of directors. She touched countless lives across this state, many people who may never know her name. But I really felt like we needed to acknowledge her great contribution to this state as we begin today's session.

**Patrick Woodie:**

Before we officially get started, let's find out who we have on the line, so our speakers can tailor their responses to the audience. We'll give everyone 20 seconds to respond to the poll that should be showing at this time on your screen if you're using the Zoom application. What organizational sector do you represent? The choices are corporate, education, government, individual, nonprofit, philanthropy, small business, and other. We'll give you just a few seconds to answer the poll. Let me say that we had over 500 registrants for today's session, so we're very pleased with that, thank you.

**Patrick Woodie:**

So it looks like our nonprofit sector's leading the way with 36% of attendees, government 20%, education 18%, corporate 6%, philanthropy 3%, small business 6% and other 7%, and 4% identifying themselves as individuals. So thank you very much. We appreciate your attendance. That gives everyone and all of our speakers a sense of who is on the line. So now, without further ado, I'll hand the virtual mic over to our moderator, and one of my favorite people, and one of our Rural Center board members, Alice Schenall.

**Alice Schenall:**

Thank you guys. Hello everyone. Health is everybody's business. In healthcare, we know that drivers of health and healthcare is mainly influenced by socioeconomic conditions, as well as policies. This impacts individuals and groups differently. According to the World Health Organization, a well-functioning healthcare system requires an financing mechanism, a well-trained and adequately paid workforce, reliable information to which to base decisions and policies, and well-maintained facilities to deliver the care, and last but not least, technologies. The COVID-19 pandemic magnifies the critical issues we face and the need for accessible healthcare for all North Carolinians including rural, low income residents, and communities of color. I'm so excited to be joined today by Dr. Laura Gerald, who is the president of Kate B. Reynolds Charitable Trust, Mr. Alan Morgan, who's CEO of National Rural Health Association, and Ms. Allison Owen, the Deputy Director for the North Carolina Office of Rural Health. So Allison, what would you say are the major healthcare challenges, as well as opportunities, that we're facing today in North Carolina?

**Allison Owen:**

Good morning everybody. Well, I would say that COVID-19 has certainly taken our existing healthcare challenges in rural North Carolina and exacerbated them. We've always had provider issues with amount of distribution in our rural and underserved parts of the state, and COVID-19 has certainly shed a light on the struggles there. I want to share with you guys a survey response that our North Carolina Academy of Family Physicians and North Carolina Pediatrics Society conducted among pediatricians and primary care providers across the state. They learned that there's an ongoing need for adequate personal protective equipment, or PPE, but also 87% of those surveyed, and there were about 500 in this survey, 87% expressed significant or extreme financial distress, 10% are considering closing or selling, and in our rural areas, that percentage is higher. It's about 13% of those responded, so that remains concerning for us.

**Allison Owen:**

The social factors that we struggle with that, of course, influence our health have been exacerbated by COVID-19. Access to healthy food is a huge challenge. Access to transportation has certainly been affected. Safe and affordable housing, we've heard a lot of about congregate settings and that hits home with us, not only with nursing homes but also our farming population that helps provide a lot of our agricultural products across the state to help feed our citizens.

**Allison Owen:**

Then, of course, interpersonal violence is a growing concern, exacerbated by COVID because with stay at home orders, it's often difficult for people to get away from situations that are really concerning for their safety. Other factors that have been exacerbated in our rural areas are lack of availability of broadband and reliable internet service. Whereas we might have had employment challenges, now a lot of us are seeing unemployment as a huge situation. I was on a call yesterday and heard from state budget that as of May 18, about 900,000 new uninsured claims have been filed with the state. So if you think about our uninsured populations before COVID, that was a little over a million. So now we've nearly doubled the number of folks who before had insurance and now likely do not but their health situations remain.

**Allison Owen:**

I don't want to sound all doom and gloom because it's really not. There have been some silver linings. One of the things that's been very positive is we, in North Carolina, really are the envy of other states with the support that we get from our General Assembly. Our office in particular gets funding to address the provider shortfall through incentive payments and hiring service bonuses. We also get a considerable amount of money for our insured population, and as you all know, a couple of weeks ago the General Assembly and the governor passed a bill to specifically address COVID-related items. We're excited to be working across divisions and departments to see how we can further that money.

**Allison Owen:**

Another thing that I think I'm really proud of in North Carolina is the partnership that we have with our healthcare providers. Since this pandemic has begun, we've had weekly calls with our partners to check in, see what's going on, see what things are bubbling up, and see how we can support each other.

**Allison Owen:**

Another thing that's been a bit of a silver lining and certainly unexpected three months ago is the uptick in telehealth. We have been able to make strides there that we could not have imagined back in January.

**Allison Owen:**

So I'm concerned, of course, of the ongoing challenges. But I am encouraged by some of the support we've gotten with our general assembly and being able to work across our partners to further explore how we can improve health amidst this crisis.

**Alice Schenall:**

Thank you. Thank you for sharing the silver linings as well. Dr. Gerald, considering some of the challenges and opportunities mentioned by Allison, what do you think are some of the main conditions

that are greater for our community and institutions more specifically, like hospitals, health centers, as well as health departments?

**Dr. Laura Gerald:**

Well, first of all, as a product of rural communities, Lumberton and as a pediatrician who's practices in Robeson County, and from my perspective even as president of the Trust, I, too, often start with the strengths of our communities and that would, of course, be the people who live there. We know that we have given so much of our talent and labor to the state, which is why the particular challenges that we face, and conditions that exacerbate challenges in rural communities, they're particularly baffling because I think first among challenges that we face is really a lack of resources in rural communities. In particular, even the resources that are there are often inequitably distributed. We know that historically and we see lingering effects of historical, often intentional, exclusion of certain populations who have been denied rights or opportunities, whether that's educational or economic development opportunities. We've also been denied adequate recovery, often, from the national disasters, current disaster like COVID, or economic downturns that, again, would keep rural communities from addressing particular challenges.

**Dr. Laura Gerald:**

So I think that gives us opportunity for real direct investment, more investment, into rural communities, and particularly into populations that have been held back for so long to try to help build the work force, help build the leadership and organizational capacity. That's why at the Trust, even though nationally very few philanthropic dollars are directed toward rural communities, for us the majority of our funds, particularly on the health side, go into rural communities, particularly through our Healthy Places Initiative.

**Dr. Laura Gerald:**

We are focused on funding nonprofits. I know there are a lot in the audience who are part of that community. We're investing directly in nonprofits in rural areas who are building capacity, especially in marginalized communities, in communities of color, in low income communities. We're helping folks to build their own agency in addressing health challenges.

**Dr. Laura Gerald:**

If we think of the health challenges that we are facing, again, we're particularly focused at the trust on access to care and help outcomes. In rural communities, we know, again, there's a disproportionate lack of insurance, access to insurance, which makes it hard to access a usual source of care. We know that in rural communities there are health disparities, and a lot of burden of disparities in communities that would result in very poor health outcomes.

**Dr. Laura Gerald:**

Again, there's an opportunity there for statewide policy change. So if the policies are available to us, and if enacted, could directly impact, even disproportionately, impact rural communities in a positive way. So we're very focused on that statewide policy change as well.

**Alice Schenall:**

Awesome, thank you. So Alan, Allison's laid out a lot of the social determinants of health. Dr. Gerald came and really drilled down on the impact aligned with healthcare equipped organizations. So the state

of North Carolina is slated to receive millions in aid through COVID federal stimulus package, most of us knows as CARES Act, to address those healthcare needs. Would you talk about, or share with us, what you think greater access looks like in the midst of the pandemic when using these funds?

**Alan Morgan:**

Absolutely, and let me not just talk about the relevance and importance of greater access, but just why it's so important right now. CARES Act and the funding that came as a result of that, was so very important at the time. We're talking a total of \$30 billion that were dedicated towards facilities that treated a high percentage of Medicare patients, which is rural America, and then an additional \$10 billion, which was targeted just directly towards rural hospitals, rural health clinics, and rural community health centers.

**Alan Morgan:**

Why is that important? During this pandemic, at the beginning of it back in February, roughly 47% of the nation's rural hospitals were operating at a loss, and that was before they closed their outpatient procedures and elective procedures, which in many hospitals, can account up to 80% of the revenue. So as we were going into April and the beginning of May, what we were looking at is the potential to lose more than 400 rural hospitals in the short term.

**Alan Morgan:**

The CARES Act shored that up. It provided that funding necessary to keep those doors up. So it's a good story. I can't believe I'm saying that, but it's a good story that we only had 12 rural hospitals close this spring, four in April. It could've been much more dire than that. So that CARES funding provided that hopeful transition for these rural hospitals as now, hopefully, they're able to prudently reopen their elective procedures and their outpatient services. So in a best case scenario, we have a transition back to normal procedures.

**Alan Morgan:**

But let me do a hard stop right there, because on the national media you're hearing about how in urban areas, the cases are declining. I just want to make a point that in rural American, according to the University of Iowa, 45% of the nation's rural counties have actually seen a 14-day increase in COVID-19 patients. Even just to cite one county in North Carolina as an example, Montgomery County saw a 14% increase in COVID-19 patients within the last 24 hours.

**Alan Morgan:**

So I think there's a real concern right now that while in urban America we're starting to see this downward trend, we're still going to see these surge clusters in rural counties across the US. So we have to have that access available. It's important to note also, there are characteristics of rural counties that are going to see these surges, counties that are located where there are prisons, where there are meat processing plants, rural that have interstate highways that go adjacent through it as well too, of large truck plazas.

**Alan Morgan:**

I think really any time you're bringing outside populations into the community and having that high interaction, which certainly accounts for a lot of North Carolina counties when you look at that ... So CARES Act was huge. It was substantial. The real question is now, is that going to provide us that glide

path and that ability to keep these doors open as we go through the remainder of 2020? That's the great unknown at this point.

**Alice Schenall:**

Thanks Alan, I want to now turn it to Dr. Gerald and ask her what do you think the feel for policy strategies, I'm going to use your term Alan, to give us a glide path that is to sustain some of this effort or the strides that we've been able to make?

**Dr. Laura Gerald:**

Well again, in this COVID health crisis, this national pandemic, I think some of the urgency around state policy change that could be helpful in this glide path, again, is greater now than ever. I mean if we, in a pandemic, cannot extend access to healthcare to those who need it, we all are less safe as a result of that. So again, for a lot of the reasons that Alan described, our rural communities are really an epicenter of perhaps this next wave of health concern.

**Dr. Laura Gerald:**

So again, the urgency around access to care and closing the insurance coverage gap is really quite high because again, we need for people to be able to access healthcare and to have a usual course of care where they can seek advice about what to do about their health conditions. We know that having insurance is the key to accessing that healthcare. It's good for people who need health services, and it's good for hospitals and healthcare delivery systems to be able to see people who are covered for the health concerns that they're having to treat, which are not just confined to COVID. People have multiple health conditions that people are needing to treat.

**Dr. Laura Gerald:**

There's a real urgency around Medicaid expansion. I think we still, and should, extend that insurance to folks. Before COVID, that would've cut our uninsurance rates in half. But now, we know that a lot of people with the economic downturn have been disconnected from their employer-based insurance. So it's also important on a state policy perspective to see that people can fully participate in Affordable Care Act insurance enrollment options. So we need to make sure we're doing all we can from a policy and resource perspective to support that.

**Dr. Laura Gerald:**

Then finally, something that COVID has really brought to our ... really highlighted is just how much the social drivers of health impact health outcomes. So North Carolina, again, is leading the way in some of the state policy responses to that. I know that through the Medicaid reform and transformation efforts, and particularly through the Healthy Opportunities pilots, we are working in North Carolina to try to one, identify social needs that people may have, and through the NC Care 360 platform connect people to community-based social services. Then we're also experimenting with potentially directing Medicaid payments to address those social services for medically relevant issues like in housing, or in transportation, or in food insecurity.

**Dr. Laura Gerald:**

So again, at the Trust, we are not only investing in advocacy and education around those policy changes, but we're also supporting the state's effort to reform Medicaid and enact those state policies. Then we're also very importantly working to help build capacity, and again, support nonprofits in the

community who are providing those community-based services, who have direct contact with impacted people who need to access services. Then finally, we're also working to build voice, and agency, and power for people, again, who have Medicaid or who need Medicaid to also participate in state policy solutions.

**Alice Schenall:**

Allison, while we know that not only are these policies necessary and a priority that's been laid out by Dr. Gerald, the Office of Rural Health administers a number of programs that you've already mentioned that I'll just restate, the provider recruitment, sitting here in a qualified healthcare center myself, we so appreciate that support, as well as medication assistance, farm worker and tele-psychiatric to name a few. What would say to the general solutions that are in efforts underway and how they would not meet some of the specific needs that are needing to be addressed in rural communities, given all the efforts at play?

**Allison Owen:**

Right, all those efforts, absolutely. I'm going to piggyback on what Dr. Gerald discussed when she was touching on the social determinants of health. What are the ways that we can support that effort? Is through technical assistance that we provide, that's not through a grant. That's through our health information technology team. That idea is to help providers and those community-based organizations, or CBOs, learn how to use that platform for referrals, how to close the loop.

**Allison Owen:**

NC Care 360 is another example of how North Carolina is really leading the way, recognizing that 80% of somebody's health is influenced outside of the walls of the clinic. So how do we link those 80% of other pieces of somebody's life? This platform is certainly a really promising way to do that. NC Care 360 has propelled its timeline, so we're not planning to be in all 100 counties until the end of the calendar year. But now they are fast tracking that and are actively seeking not only providers but also this community-based organizations that they can link those these resources.

**Allison Owen:**

I think another thing that has evolved in our office is our commitment to community health workers. This is a relatively new initiative that we're still trying to organize. We know that community health workers exist across the state, organically, and are certainly quite effective. But we are trying to bring some credentialing to those individuals and to see how we can use community health workers to connect not only the patients to the community resources, but also as we look at, with COVID in particular, testing and contact tracing. We recognize that community health workers might be an effective population or workforce to help us get to that tracing because they are trusted members in the community.

**Allison Owen:**

Another thing that, I think, is unique to rural North Carolina that while our office is primarily focused on healthcare, broadband access, I mentioned before, is certainly a need. It's not just getting a computer or getting an internet service. It's making sure that computer, that internet service, is affordable, and making sure that there's a degree of digital literacy. Do people understand how it can be used, not only as a health tool but as an education tool or an employment tool?

**Allison Owen:**

Certainly, healthcare doesn't stand apart from internet issues, and employment issues, educational opportunities. Another challenge that we see is the built environment within rural North Carolina and how access to sidewalks and trails is something that, in urban areas and suburban areas, we certainly do take for granted. So we are exploring ways that we can partner with other funders to make that link with the built environment and healthcare so that we can support the health side with our funding.

**Allison Owen:**

I think another new emerging area for us is around how we capture data and how we use that data to map and really organize our scarce resources so that we can be focused and intentional about the resources that we can deploy in parts of the state where the needs differ but are equally as important. I think the last thing that I'll say that goes beyond money and just a program that we might have is connecting communities to other funding opportunities, such as Dr. Gerald described with her Healthy Places. We know that the department of information technology, their broadband infrastructure office has received a lot of money through the GREAT grants and they continue to be a wonderful partner as we help to complement their work and figure out how we can build our technical assistance with our HIT team.

**Allison Owen:**

We've been working really closely with the area health education centers across North Carolina, many, many webinars. I'm sure you all have been part of those. They happen multiple times a day, every week, with a lot of focus around telehealth, Medicaid, and loosening some of those billing codes so that we can maximize the continuity of care for our rural residents.

**Alice Schenall:**

Awesome.

**Allison Owen:**

I forgot, it's like when you go to thank somebody you always forget some people. But those are the things that come to mind when I think about the overarching issues and how we're trying to address them.

**Alice Schenall:**

Awesome. I'm actually feeling very hopeful right now just remembering all the things that were preparing us and we didn't know what we were preparing for. Every domain I've ever worked at, Alan, I have went looking and reaching out to people around the country. They've always looked to North Carolina for things that we're doing uniquely and your organization, the National Rural Health Association, has an impressive advocacy track record at Capitol Hill, not Chapel Hill, on Capitol Hill, and a massive network of rural health associations across the country. Can you share with us what other states are doing and how that may be applicable to North Carolina?

**Alan Morgan:**

Yeah thanks for mentioning that. We actually have 43 state rural health associations across the US, and for us, right off the bat at the beginning of this, we were able to reach out them because ... and this is such a great takeaway, not just for the current pandemic but public perception drives public policy. It's



so important to be able to tell your story, an authentic story, what's happening in your rural town, both locally at the state level, regional, and national as well too.

**Alan Morgan:**

The success stories that we've seen have been where these rural communities have been able to tell that story, have been able to proactively say, "Here's how our community is unique but these are the common challenges and here's what we need to make improvement beyond that." I've got to tell you, some things that have just been so fantastic to see on a national, local level, the adoption, rapid expansion, of telehealth and utilization of that, the recognition that some communities and some individuals don't have smartphones, and the need to just have an old fashioned phone and be able to talk with a health care practitioner over the phone and the regulatory changes that now have allowed that to transpire.

**Alan Morgan:**

One of the great things, I was just talking about this yesterday with senior HHS staff, are those examples where rural communities, when they do see a surge, being able to reach out to adjacent rural communities and sharing PPE, personal protection equipment. That type of collaboration, that's what rural's all about. You don't necessarily always see that in an urban context, but you do in a rural.

**Alan Morgan:**

I want to go back to what I first said about that telling an authentic story. We reached out to state rural health associations and said, "Tell us your local practitioner that's doing something successful and what are the challenges, and who are facing surges right now?" I get up in the morning. I drink a pot of coffee and I'm immediately on the phone with CNN, MSNBC, Fox News, all day long. I'm talking to producers and reporters telling them the data, what I'm seeing, and then asking, "Can I put you in touch with a local provider who's dealing with this right now?"

**Alan Morgan:**

Again, this goes beyond this crisis. If you want to affect policy and improve the situation in your community, you've got to be able to tell your story, tell it effectively, and what it means to your local population.

**Alice Schenall:**

Awesome, thank you. So the final question for each of you is what actions can participants in today's webinar take in the short-term that will advance long-term health outcomes? Allison, I'll give it to you first.

**Allison Owen:**

Okay great, thank you. Well, short-term actions, I'm going to refrain what the governor and our secretary have discussed about following the guidance of the modified phase two. I'm sure that we all know the three Ws, wear a mask out in public, wait six feet apart, and wash your hands often, and consider risks when going out in public places. I often get anxious and I want to be out and about. But then I think about is it really worth it to my health? So I would pose that same question to others.

**Allison Owen:**

Another thing I would say is something that folks could do right away, is engage your social venues around that NC Care 360 tool, whether it's your friends, your church family, your community. Make sure they know about NC Care 360. I'm not sure if the employment aspect has been built out yet but it is a great tool for food and housing, transportation resources. You may not know who could really benefit from having that resource and having that connection made.

**Allison Owen:**

Another thing I would suggest is just find out if your provider looks at telehealth and engages in telehealth. Don't delay your own health because you're afraid to go to the doctor. As Alan and Dr. Gerald have said, there's more than one way, especially now, to get that healthcare. So I would certainly encourage folks to do explore those options.

**Alice Schenall:**

That's good. Dr. Gerald?

**Dr. Laura Gerald:**

Well, we're a charitable organization, so we are in the short-term giving of our time and money, and the trustees have approved and granted here, in this short-term, over \$3 million to address immediate, short-term COVID response and recovery needs. That money has gone to the healthcare associates to help hospitals and safety net providers. We've given to local and statewide community foundations to address immediate basic needs that people have. We've given to local public health departments so that we can engage in testing, and tracing, and reopening efforts. We've given to grassroots organizations, again, that are directly working with impacted, very distressed people here in this short-term.

**Dr. Laura Gerald:**

I certainly encourage all others, this is a time when we need to be charitable. We need to give up ourselves and share what we have with those who need it. We know that many of these organizations that we're investing in are also involved in long-term rebuilding, and reforming, and reinventing efforts, and a lot of the other investments and giving that the Trust has done is directed towards those long-term efforts.

**Dr. Laura Gerald:**

But finally I will say that we know, for all the charitable efforts that we're engaged in, charity is not enough. We should not do with a charity what is more effectively and efficiently done with state policy. So I would also ask people to continue to be engaged and advocating, and telling their stories as Alan said, to try to effect change on a policy level.

**Alice Schenall:**

Thank you. Alan?

**Alan Morgan:**

Yeah thank you. It's important for all of us to just keep reminding ourselves that rural healthcare, our healthcare system in our small communities, we were designed for basic primary care, general surgery,

and we do that very effectively. We were not designed for a global pandemic surge situation, and yet in these small communities all across North Carolina, you've got just clustered small towns with limited healthcare capacity but an elderly population with high health needs, multiple chronic health issues. You've got that population across North Carolina in these one to three, four stoplight towns that are most at risk for COVID-19.

**Alan Morgan:**

I think just communicating that within your community and to policy makers that these small towns are not designed for this going ahead. As such, I just want to go back to what you've heard from the prior speakers on this, stay vigilant and not really pay attention so much to what you're hearing, what's happening in the large urban areas. But really what is the potential in your town in the short-term? Time to be vigilant, a time to share an authentic story going ahead, and to make sure that we support our local healthcare access points to maintain those throughout this crisis.

**Alice Schenall:**

Thank you Alan, thank you. I think this is an interesting juncture to be able to say that we can ... it's not one size fits all for sure. I want to thank Dr. Gerald, and the board, for your support and I also hear you outlaying clearing that it's not charity alone that will get us there, that we need policy. Allison, I'm also echoing that we should be good stewards in leveraging what, not only the Office of Rural Health, but our state is doing, and country, to move us forward and be winners in all sectors as well more specifically in the rural communities where we experience disparities.

**Alice Schenall:**

Thank you all. I'm going to now shift gears and I'm going to ask Senator Mike Woodard, District 22, representing Durham, Granville, and Person Counties, thank you for being here with us, and I'm turning it over to you sir.

**Senator Mike Woodard:**

Thank you Alice, and good morning to everyone. I just wanted to take a minute and thank Patrick, Brandy, and the team at the Rural Center for these whole series of rural talks and then certainly this is one of the most important issues our rural communities face today with healthcare. Thanks to our panelists, a great group of leaders who preceded us here. I thank them for their ongoing leadership and partnership in supporting a healthy North Carolina, particularly in our rural communities. It's always great to be with my great friend and colleague Representative Dobson who's a real champion for North Carolina's rural communities and North Carolina's healthcare, and of course where they intersect as we're talking about today.

**Senator Mike Woodard:**

I think I'm struck by how much the COVID pandemic of these recent months has really shined a very bright light on our healthcare system, especially its shortcomings. We heard our panel talk about some of those disparities in healthcare between various groups of people, social determinants of healthcare, the coverage gap, which is something we work so hard to address here in the general assembly, healthy food, especially for our school students, and thank goodness our public schools all around the state have stepped up and continued to provide good meals for our kids. Whole person and behavior healthcare is so important now, whether you have COVID in your family or not. The demographics of our rural communities, they're aging. They're much different than our urban centers as well.

**Senator Mike Woodard:**

For me, I think one of the important things is what lessons will we learn as we come through this pandemic and will ... important for us not to forget all of these things that we've learned and dealt with in rural healthcare during this pandemic crisis. I mentioned those. We need to continue to address social determinants and disparities in demographics, and whole person care, and all of those things. We can't forget that as things improve. So let's make sure we do that.

**Senator Mike Woodard:**

Let me say thank you to the folks who are here on the call today, our rural hospitals, all of our rural healthcare providers, our community health centers who are here. You guys are on the front line and I don't want to overlook our local governments as well. While Representative Dobson and I are here on Jones Street making statewide policy, its you folks out in the counties in our small towns who are really on the front line, county health directors, policy makers there, and thank you all for that.

**Senator Mike Woodard:**

Again, I really would just emphasize some of the points that we heard from Dr. Gerald, and Mr. Morgan, and Ms. Owen in previous things. We've got to continue to work on telehealth, and without that or to make that happen, is why broadband is so important. That's actually an issue Representative Dobson and I have worked on together. Actually, I would call you attention, shout out here, to our great friend Patrick Woodie. His OpEd in various newspapers around the state this week was about the importance of broadband and it's no longer a luxury.

**Senator Mike Woodard:**

We can talk about telehealth all we want. But if you don't have broadband down that last mile to get into your community, it's just not going to happen. We have to continue push on insurers to make sure that they're fully reimbursing telehealth services.

**Senator Mike Woodard:**

Mr. Morgan talked about the business of healthcare and the struggle at our small hospitals, and our small medical practices. I got an email today from a pediatrician in one of the rural counties I represent sharing with me some of the struggles he's had as a businessman. It's still a business. The economics of healthcare is critical, and he is struggling mightily as a business person to keep his practice open during this time as well.

**Senator Mike Woodard:**

I think I'm slipping up on my five minutes, and I certainly don't want to take any time away from Representative Dobson. But I hope you all will continue to stay in touch with those of us here at the general assembly who are your healthcare champions. Let us continue to push and fight for these.

**Senator Mike Woodard:**

Mr. Morgan made a great point, and I don't want to forget this. I say this to healthcare providers all the time. The best thing healthcare providers can do is tell your story. When this all clears up, make sure that your elected officials, legislators, county commissioners, city council people, come into your clinics and your hospitals, and understand what is happening in rural healthcare. We love it when you come visit us in Raleigh and sit in our nice, fancy legislative offices. But there's nothing that replaces us walking

through your clinics, your labs, your patient care facilities to see what's really on the ground in these communities. I'll stop there and pass back to you Alice, thank you.

**Alice Schenall:**

Thank you Senator Woodard. All right, Representative Josh Dobson, District 85, Avery, McDowell, and Mitchell Counties, take it away.

**Representative Josh Dobson:**

Thank you so much Alice. I want to say first, thank you to Senator Woodard. We've been on a few panels together over the last several years, and he puts his district and the needs of rural healthcare above any ... the rural areas of our state above anything else. So it's always an honor to be with him. I also want to thank the Rural Center for the work that you all have done. In the time that I have remaining, I guess seven or eight months, in the general assembly, one of the things I'm most proud of in the eight years that I've been there is the work that we've done together. So it's always an honor to be with you and I'm grateful for the work that you all have continued to do. So it's definitely an honor to be with you.

**Representative Josh Dobson:**

I want to talk specifically about two bills and then maybe list some of the concerns that I have going forward, some of the things that are still left on the table. The first bill is House Bill 185 that's still in play. It's the SAVE Act, or the APRN Act that would lift restrictions on nurse anesthetists, nurse practitioners, certified nurse midwives, lift the supervision requirements that are currently on them so they can go into underserved, rural areas of our state to provide healthcare services where they are not currently being provided.

**Representative Josh Dobson:**

That's a bill that I've worked on for a while. We've not been able to get it across the finish line, but we do have broad, bipartisan support from the general assembly and also from interest groups. AARP and I think also Civitas is in favor of this bill. So it's a bipartisan approach to get more providers in rural areas of our state, and again, in the time that I have remaining in the general assembly, I'll be working on that bill.

**Representative Josh Dobson:**

The second one is bigger, one that's got a lot of press, is House Bill 655, what I still refer to as Carolina Cares. I believe it's a common sense way to close the coverage gap in North Carolina. Despite the rhetoric, this bill does require no state dollars and will provide up to 500,000 people in North Carolina with healthcare coverage.

**Representative Josh Dobson:**

I don't want to get political. I'll just say this. I think most people in North Carolina are hungry for a kind of politics that brings people together and tries to solve problems, and I think this bill does just that. So I would encourage your listeners to look at House Bill 655 that would provide healthcare coverage, close that coverage gap, but do it in a way that requires a work requirement and premiums so it's just transactional. It's saying, "We're going to help you get coverage, but there's expectations from you as well." This bill also has broad bipartisan support, so I would encourage you to look at that. Representative Lambeth has done a great job on this bill and I'm proud to be a second primary sponsor with him.

**Representative Josh Dobson:**

Some things that concern me going forward ... I just wanted to touch on those two bills. But if I had to say some things that keep me up at night or some things that I worry about, even now, is behavior health. Senator Woodard articulated this as well. Substance abuse, the opioid crisis is still real, and it transcends sex. It transcends gender, race, anything and it's hit our rural areas as hard as our urban areas. So I'm really concerned about the behavior health, the substance abuse piece and what we need to do to shore up our LMEs to make sure mental health is being funded as it should be in North Carolina, and in particular, rural North Carolina.

**Representative Josh Dobson:**

Managed care is something that I would also encourage your viewers to look at. We don't know ... I don't want to get too much in the weeds of managed care. We are on hold, as most of you probably know right now, with going live with managed care, and certainly COVID 19 has probably delayed this even further. But that is something that is going to be coming in North Carolina, so I would encourage you to keep an eye on that.

**Representative Josh Dobson:**

Senator Woodard also talked about, we worked on this together, telehealth and broadband. This is one that I take personal, and I'll tell you why. The high school that I went to, Avery County High School, one out of every two students in that high school does not have access to high speed internet, and that's just unacceptable for me. We've talked a lot about online high schools and figuring out new ways to do that, but my thought is, "Great, let's sign up but let's make sure we have high speed internet across this state before we move in that direction." I believe the NC Fiber Act, I won't talk too much about that, but that's a bill that I've sponsored that I think would move us to a better place when it comes to providing broadband in underserved areas.

**Representative Josh Dobson:**

So rural hospitals is another one. I know we need to move on to Q&A. I take it personal when two of the hospitals in my district do not have a pregnancy care and delivery unit because of the struggles that they're having. So the plight of rural hospitals, managed care, telehealth, and broadband, and behavior health are some things that really concern me going forward and I look forward to working with you all and working with Senator Woodard to address some of these things. Thank you so much, Alice, for the opportunity to be here.

**Alice Schenall:**

Thank you Representative Dobson. I'm sure there are lots of questions and we have a little bit of time, so I'll pass it to you Brandy. Thank you.

**Brandy Bynum Dawson:**

Thank you. Thank you Alice, thank you to all of you. Now here's the part of the program where everybody gets to take a part, as my pastor would say. But we're not going to take up any tithes. Instead, we're going to allow some of the questions to be responded to. So we did receive a few questions that were pre-submitted via the registration process, so I'll start with those. Here the questions are really centered around what are some good examples of models and local communities of service providers or entities coming together really around seeking to address not just healthcare needs

but also social determinants of health? So what are some good models or examples in local communities out there that you all can share? Dr. Gerald, might be a good question for you.

**Dr. Laura Gerald:**

Well, thank you for letting me answer that, and I will have to harken back to the great work that I know communities are doing in our Healthy Places work. That work is going on in 10 communities across the state. McDowell is one of them. We're in Burke County, Rockingham County, Edgecombe, Nash, Halifax on the east. Beaufort County is one of the participating counties, and we also started work in Robeson, Scotland, and Columbus Counties, and really the stories are too numerous to share. I mean that's how much work is going on.

**Dr. Laura Gerald:**

But we have highlighted, I think, a few things that are relevant to this conversation, and first and foremost is that we started with first not coming in to any community and saying what they should be concerned about, but asking people first by listening what concerns them. Perhaps, as panelists can imagine, issues in substance abuse and opioid crisis as has been discussed are some major concerns. People are concerned about obesity and inaccess to healthy food and active living opportunities.

**Dr. Laura Gerald:**

People, quite frankly, are also concerned about their children. In rural communities where often there are so many episodes of trauma, what's the impact of that on the next generation? How can we really direct resources and investment to our children?

**Dr. Laura Gerald:**

Really, in each of those counties, we have people who are in some of the most impacted neighborhoods and conditions who are in leadership roles and working directly with their local state and local city and county government officials to really come up with solutions. Again, there are just many examples of that and we're very happy and proud to support that work in those 10 communities and in the regional areas that surround them.

**Brandy Bynum Dawson:**

Anyone else want to jump in, in response to that? Any examples that you know of locally that you want to share?

**Allison Owen:**

I'll jump in and share a few that readily come to mind. One is Roanoke Chowan Community Health Center was an early adopter of telehealth and they got some grant money. But they've continued this program. They now have remote patient monitoring for their patients with chronic heart conditions. They have an onsite pharmacy, as well as a community garden. So Kim Shorts and her team really want to look at the entire picture and taking patients where they are, making sure that they're comfortable with technology, but also addressing literally the food that goes in their mouths and helping to improve their health that way.

**Allison Owen:**

I think of First Health Montgomery that started the Daily Mile Program because they wanted to improve not only physical health of their students but get them outdoors, get them out in the open air. So they've had great success with that program.

**Allison Owen:**

Out in Graham County, there's a community para-medicine program that has helped to link patients who don't have a medical home with a medical home, but also cut down on the overuse of emergency room for patients who just need some primary care or are lonely. They need some human interaction, and that was something that came out of this community para-medicine program that we had not expected.

**Allison Owen:**

A final example I'll give is out in Bakersville, and their community health center. They have used the community health worker model to great success. So we'll be looking to Bakersville to help us try to spread that model statewide as we further the community health worker initiative.

**Brandy Bynum Dawson:**

Great, thank you both. Representative Dobson and Senator Woodard, here's a question. I believe it's clearly directed to you all. Question stems around what do you think you are able to do to better incentivize better healthcare in rural areas across the state? So what incentives can be put in place to further incentivize, I would say, providers in rural communities to provide better health?

**Senator Mike Woodard:**

Josh, you want to go first?

**Representative Josh Dobson:**

Sure, one thing that we need to do, our providers are underpaid. They are reimbursed at a level that is not adequate for the services that they provide in underserved and rural areas of our state. Working with the Senate, working with House, and fortunately signed by the Governor, we were able to provide rate increases through the COVID-19 package. It'll be on a short-term basis. At least it will help and move the needle in the right direction.

**Representative Josh Dobson:**

So we have to start with that. There are other incentives that need to be done, better care management, better case management, some things. But as a legislator, we significantly need to increase provider rates, and that is also true for behavior health. Some of our providers are really struggling.

**Representative Josh Dobson:**

We had a provision that would work in the mental health realm, group homes, some of those front line workers in our group homes and with our most vulnerable and our most mentally health challenged, are making \$10, \$8, \$9 a hour. That's unacceptable. So we've got a way to reimburse them at a more adequate rate up to \$15 an hour actually through some different ways.



**Representative Josh Dobson:**

So point being, we need to pay our providers more and reimburse at a rate that's adequate to their services. That would be one way to incentivize more people to go into the rural areas and it would also provide better care.

**Senator Mike Woodard:**

I would add I think ... and I'm glad Josh went first so I can just say, "Me too," because those were all great examples. Reimbursement rates we've got to address that. Again, I talked about the economics earlier of running a medical practice, whether it's a hospital, or a doctor's office, or any of our healthcare providers. Scope of practice, Josh touched on it a little bit, but I think working on scope of practice is really, really important.

**Senator Mike Woodard:**

Josh mentioned a bill that he's been working on. I've been very actively working on expanded scope of practice for our midwives. If we want prenatal care in North Carolina to be better, then we've got to let our midwives get out there and fully engage in their profession all around the state.

**Senator Mike Woodard:**

I think it may have been Dr. Gerald or Ms. Owen, someone mentioned food deserts earlier. Addressing our food deserts is yet another opportunity, I think. Agriculture is still the number one industry in this state, and doing a better job of connecting our farmers who are already, obviously, in the rural parts of the state, with food deserts in the rural part of the state. It's just a connection we never seemed to figure out, how our farmers are raising food and literally right there in the same community with have food deserts. So that's an area that we can work on.

**Senator Mike Woodard:**

Longer-term is training health professionals and encouraging them to work in our rural communities. We know the data shows us that when young people grow up in a community, they're the ones more likely to return to that community if there are opportunities for them to practice their profession. So starting early with our young people, that kid in seventh grade who shows an aptitude for science, and encouraging her to consider a medical profession. Not everybody's going to be a doctor, but a nurse, or a technician, and making sure we get them on the path and train them in their community, or if we send them off to one of our urban areas, get them to come back home and practice that health profession.

**Brandy Bynum Dawson:**

Thank you both for that. Alan, there's a question for you. If you could repeat the data that you shared?

**Alan Morgan:**

Absolutely, which ... well, let me start with there's 2000 rural hospitals, approximately, across the US. 47% of them were operating at a loss back in February. On average, they have one month's cash on hand. There are 104,000 positive cases of COVID-19 in rural counties across the USA today, and according to data from the CDC, within the last 24 hours there's been a 14% increase of cases in Montgomery County, North Carolina. That's a lot of data right off the top. I hope I hit one of those numbers you were looking for.

**Brandy Bynum Dawson:**

Thank you, thank you for that. Just to be mindful of time because we are actually at the 12:00 hour, I will just quickly close this out. Thanking you all as our moderator, Alice, thank you very much, and our esteemed panelists as well for sharing your expertise and your wisdom. For all you on the line, I want you to know that we will follow up with you after today to share a survey link to let us know what your experience of today's discussion, what you thought of, is. It's also a chance for you to win a Bluetooth speaker, in case you're interested.

**Brandy Bynum Dawson:**

I also want to use this as a moment to remind you all of our next couple of series of sessions. On May 28, we'll be talking about rural housing. On June 4, we're talking about water and wastewater infrastructure. So be sure to register for those, and we look forward to seeing you there.

**Brandy Bynum Dawson:**

I also want to take this moment to remind folks if you haven't taken the five to seven minutes to complete your Census, we're talking about what's important for rural North Carolina. Completing your Census is vital to the economy of rural North Carolina. So please, please, please, if you haven't, please do so and encourage others to do it as well.

**Brandy Bynum Dawson:**

Again, thank you to our panelists. We're very excited to have you all, and thank you for all who have attended for today. We look forward to seeing you again, same time, same place next week. Be well everyone.