



South Carolina's

RURAL HEALTH ACTION PLAN

a road map to healthy, rural communities

A Plan For Rural South Carolina

The full South Carolina Rural Health Action Plan was released on November 16, 2017. This document provides an overview of the plan's recommendations and action steps. The full plan can be accessed online by visiting www.scorh.net.

November 16, 2017

Dear Friends of Rural Health,

As members of the South Carolina Rural Health Action Plan (RHAP) Steering Committee and/or as Workgroup Chairs, we were engaged to provide overall guidance and support for the almost year and half long RHAP development process. As such, we met on a regular basis in addition to the monthly RHAP Task Force meetings. We reviewed material, discussed meeting strategy and structure, and offered feedback on virtually every aspect of the process.

While it has been a challenge to tackle so many big topics in one comprehensive plan, it is rewarding to see connections forming between both topic areas and stakeholders.

We also know that while this is a significant accomplishment, producing the report is only a milestone on the journey we are all on. Starting today, the real work begins of changing rural communities for the better.

We, as a group, are committed to continuing in an advisory role, ensuring that the RHAP implementation over the next 3-5 years benefits from continuous feedback and is reflective of changes in the environment. We are hopeful that this plan and the work ahead will bring hope and positive change to our rural communities and all those that call South Carolina home.

In good health,



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USC School of Medicine



Graham Adams, PhD
SC Office of Rural Health



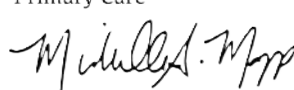
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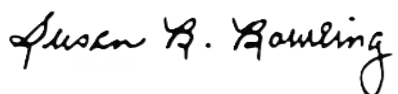
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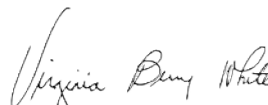
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A Call to Action

More than one 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 South Carolina's vitality. The *America's Health Rankings*, produced by the United Health Foundation, ranks South Carolina 42nd in health among all states. At the county level, the Robert Wood Johnson Foundation's *County Health Rankings* show that our rural counties experience the worst health outcomes and factors in the state. Put simply, the unfortunate reality is if a person lives in a rural community, he or she is more likely to be sicker and die sooner than if he or she lives in an urban community.

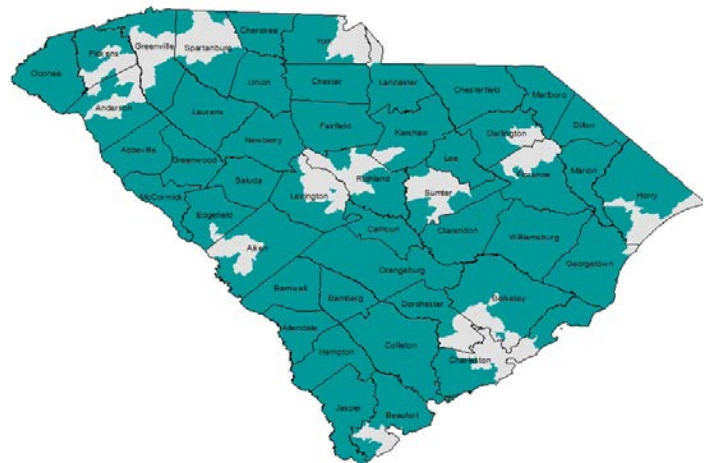
Recently, there has been a heightened interest among policy makers, funders, partners, and most importantly, members of our rural communities in crafting a promising, sustainable, healthy future for rural South Carolina. To help leverage this interest and provide some direction to the conversation, the South Carolina Office of Rural Health, along with partners, stakeholders, friends, and neighbors from all across the state, present our collective and comprehensive framework to enhance rural health outcomes: South Carolina's Rural Health Action Plan.

The Plan itself contains 5 areas of focus, 15 recommendations, and 50+ action steps, intended to spur progress over the next 3-5 years. Our timeline is challenging at best, but by working together and holding each other accountable, we can make significant progress in improving health and well being in South Carolina's rural communities.

How Rural is Defined

The definition of rural areas for the South Carolina Rural Health Action Plan was constructed using the United States Department of Agriculture's 2010 Rural-Urban Commuting Area (RUCA) codes at both the Census tract and county level. Further, the Rural Health Action Plan Task Force (see page 15) decided that any implementation of strategies from the Plan will be focused on the rural areas as defined at the Census tract level.

Urban vs. Rural by Census Tract



Recommendations + Action Steps

Access to Health Care

Maintaining good health requires us to have more than just access to clinical health care services. However, for our 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 our 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 telehealth, 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.



Appropriate funding, training, equipment and practice support to suitable entities to fund and/or coordinate with partners to accelerate the spread of best practices and programs that improve health and increase the availability of health care services or workers.



Adopt policies that provide additional incentives to rural providers to support medical home development in order to integrate and coordinate behavioral health, oral health, and social support services in communities.



Continue to fund and fast-track efforts of Palmetto Care Connections and the South Carolina Telehealth Alliance to deploy technology and equipment to provide telehealth services in communities as well as train staff to efficiently and effectively utilize these services.



Engage in purposeful, ongoing dialogue with larger, urban-based health care systems as to how they can effectively coordinate with existing rural health and human service providers in their rural service area(s).





2 Support and expand innovative efforts to recruit and retain health care professionals needed to deliver health care services in communities.



Broaden existing and create new health professions scholarships and/or programs for young, rural students, especially underrepresented minorities, through the enhancement and development of opportunities such as summer internships in an effort to increase the pipeline of rural individuals entering health professions training.



Provide sustainable reimbursement for new and innovative health care worker services (i.e. community health workers, community paramedics) and providers (i.e. clinical pharmacists, social workers and care managers), including new population health services, to support a diverse health care workforce in rural areas.



Work with the South Carolina Office for Healthcare Workforce to define the existing and future need for emerging health professions (i.e. community health workers, community paramedics) in rural areas to promote recruitment of these professionals.

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.



Conduct an environmental scan of available insurance coverage for primary and preventive services, behavioral health, and oral health services in all health insurance benefit packages sold in South Carolina.



Further bolster private funding source(s) for targeted patient needs that help health care providers offset costs for providing uninsured care to rural patients.



Participate in the Alliance for a Healthier South Carolina's Policy & Advocacy Team to forward an agenda for ensuring access to all South Carolinians with particular emphasis on rural and underserved populations.



Collaborate with South Carolina health care insurance companies to find workable solutions to ensure rural and underserved adults have access to affordable care.



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Community Assets, Leadership and Engagement

Effectively using local assets—including financial, social, and human capital—is vital to the development of healthy communities. Too often, our 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 our 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 grassroots, who are motivated to engage in locally led, strength-based strategies and initiatives.



Recommend that state-sponsored academic programming in the public health and social work disciplines include a community-based component focused on rural areas to foster a higher number of students with an interest in rural practice.



Allocate funding to new and existing leadership programs that serve and/or have priority criteria for rural leaders for ongoing rural focused leadership development efforts.



Mentor community youth using local leaders and resources that promote and emphasize the value of leadership to nurture the development of young leaders in rural areas.

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.



Encourage members of the South Carolina General Assembly to convene around and coordinate on legislation that impacts rural areas.

ACTION STEP

Urge state and local funders to make new grant dollars available only to agencies and organizations who are meaningfully coordinating on behalf of and with the local community.

ACTION STEP

Facilitate state agencies and statewide organizations to organize and pool resources, including contracting with each other as needed, for engagement, coordination, and communication at the local/county/regional level to enable these groups to coordinate plans and solve problems together.

ACTION STEP

Launch a uniform process to effectively receive community input at the local level in order to establish community-focused priorities that inform state agencies and statewide organizations' decision-making processes.

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.



Incentivize the development and/or enhancement of local lending programs through the South Carolina Community Capital Alliance and its members in support of community development programming in rural South Carolina.



Explore community development best practices for South Carolina's rural areas through specific funding for local and regional pilot projects, including consideration of non-traditional forms of investing, such as loan guarantees or other credit enhancements, that make rural projects easier to finance.



Ensure community input on local funding priorities is received and addressed in every rural county's municipal and/or county comprehensive planning processes.



Coordinate locally and regionally between non-profit organizations, including rural community coalitions, and public entities such as Councils of Governments and/or USDA Rural Development, in applying for grant opportunities to ensure investments are sustainable.



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POP UP FARMERS MARKET
THURSDAY JULY 20
530 - 730

Economic Development

Healthy rural communities often depend, in part, on continued economic development investment. When rural communities lack jobs and basic infrastructure, they lack quality health care options. In order for our communities to grow and provide the resources needed for residents to thrive, we must all become engaged in efforts of expanding the economic base.

7 **Ensure a diverse and well-trained workforce is actively matched with public, private, and entrepreneurial job opportunities, while removing barriers to employment.**



Partner with the South Carolina Department of Employment and Workforce to train Community Health Workers to provide proactive, individual outreach and education to rural workers before, during, and after job fairs in order to support individuals in securing employment.



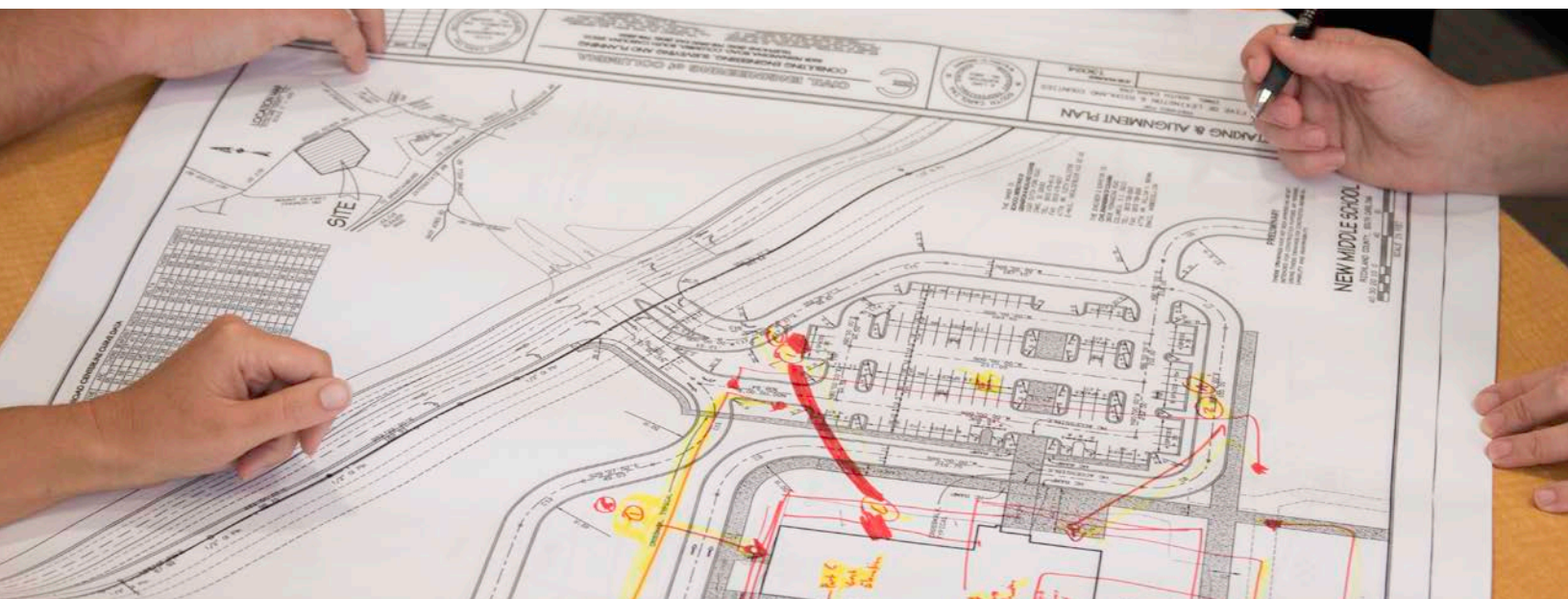
Reward entrepreneurial development in rural areas through the creation and expansion of programs that provide training and mentoring to, among others, food and farm entrepreneurs while helping them to identify startup funding.



Support local and regional libraries with the funding and resources needed to allow every branch to provide employment services, including being a South Carolina Department of Employment and Workforce Connection Point, which provides resources to community members seeking unemployment benefits.



Prioritize funding for “employment readiness” programs to serve residents in every rural county, helping them to overcome barriers related to job eligibility including workplace culture training, pre-employment drug testing, expungement resources, and child care resources, among others.





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.



Empower communities to engage in purposeful, ongoing dialogue and learning with their health care providers, economic development agencies, utility partners, local governments, and non-profit organizations to strategically work together to meet community-wide economic needs.



Build capacity among public and private partners for creating new individual and cooperatively owned business opportunities to meet local community health needs.



Leverage the existing work of the regional economic development alliances to encourage groups and coalitions within local communities to market the positive attributes of their community, attracting potential new employers and residents.



Foster local, thriving food economies by convening and working with community members on local food systems activities such as agritourism, commercial kitchens, farmland access, and expanding market opportunities for local, food-producing farmers.

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.



Advocate for the assessment, prioritization, and integration of rural health, human service, social and environmental needs into the state Consolidated Plan for Housing and Community Development, which sets HUD funding priorities.



Use the United Way Association of South Carolina's Self-Sufficiency Standard and Economic Security Pathways research to determine eligibility criteria and program funding levels for all South Carolina communities to ensure that resources made available are targeted to areas of highest need.



Promote usage of the USDA's Natural Resource Conservation Service (NRCS) Programs – such as the Environmental Quality Incentives Program (EQIP), Agricultural Conservation Easement Program (ACEP), and Conservation Innovation Grants (CIG) – that provide funding and technical assistance for local farmers as well as support conservation efforts on working lands.



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Education

Educated communities are healthy communities. There is an extremely strong association between our educational experience and our ability to be financially independent, physically/mentally healthy, and a contributing member of our 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 only 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.



Supplement the South Carolina Educational Lottery System with specific resources to enable all rural students, regardless of age, to access scholarship funding for a broader range of educational programs provided in the state.



Sponsor mentoring programs for all rural youth, especially those programs that utilize the skills of retirees who are interested in giving back to younger generations in the community, to stimulate a culture of life-long learning and teaching in rural areas.



Share educational and training facilities between school districts, Technical Colleges, and employment programs within communities so that different populations may take advantage of the same physical space, to the maximum benefit of the resource.



11 Expand access to affordable, full-day 3 and 4-year-old programs to all families.



Develop a pilot program within the South Carolina Education Oversight Committee to study the addition of a full day rural South Carolina Child Early Reading Development and Education Program (CDEP) for 3 year olds to evaluate the feasibility of expansion to this population.



Expand funding and eligibility for the existing South Carolina Child Development and Education Program (CDEP) to include all children whose family income is below 400% of the Federal Poverty Level in order to better prepare our state's children for their future.



Invest in public-private partnerships to support the development of additional 3 or 4-year-old programs in local communities where public programs are limited or do not exist.



Consider ways to incentivize providers to make 3 and 4-year-old programs more accessible, including through co-location of programs for early childhood with programs for adults, in order to provide safe, convenient, and affordable options for working families in rural areas.

12 Ensure that every school district has an active Coordinated School Health Advisory Committee as outlined in the Student Health and Fitness Act (2005).



Find ways to collectively fund schools that participate in existing health programs while also providing additional resources for other school initiatives that meet student health needs.



Offer annual training to members of each Coordinated School Health Advisory Committee (CSHAC) about available resources, best practices, and other relevant health promotion topics to promote coordination with the local health care system.



Include health care providers, retired educators, and other interested parties in each CSHAC in addition to the required members to ensure diversity among volunteers as well as to garner support from a broader set of community members.



Join with local school district(s) to support, promote, and evaluate the activities of each CSHAC as a sign of the importance of the Committee as well as to highlight positive outcomes achieved by students and schools.



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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 our residents must make on where they spend their remaining income for food, health care, and child care, impacting the overall wealth of our rural communities.

13 **Repair and replace substandard housing units to improve the quality, safety, livability, accessibility, and energy efficiency of existing housing stock.**



Increase funding to the South Carolina Housing Trust Fund in order to provide additional resources targeted to replacing substandard housing in rural communities.



Stimulate proactive coordination among privately funded groups, especially faith-based organizations and non-profit organizations, to drive conversations about effective ways to globally meet community needs.



Construct or enhance local and/or regional Affordable Housing Coalitions that serve to inventory current housing stock, coordinate resources, and assist in housing transitions, among other tasks, in support of low-income communities.



Grow the number and capacity of public housing programs in rural areas to provide alternative options for very low-income and/or disabled individuals.



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14 Increase the supply of affordable housing through new or existing local, state and federal programs including matching state low-income housing tax credits.



Address the current shortage of affordable rental housing in rural communities by providing a state match for the HUD Low Income Housing Tax Credit Program that allows communities to design projects that meet individual community needs.



Align with local non-profit organizations in order to educate the public about HUD's Tenant Based Rental Assistance program that allows for eligible individuals to receive a rent subsidy based on household income and local rental market standards.



Suggest rural towns and cities include affordable housing in new development or redevelopment efforts.

15 Improve access to safe, reliable, and affordable infrastructure and services including clean drinking water, sanitary sewer, and residential broadband access.



Solicit public-private partnerships among utility companies and non-profit organizations that use innovative techniques to meet individual/family emergency and non-emergency housing related needs in each community.



Utilize Connect SC to map all broadband capacity throughout the state, including residential and health care points of access, to identify gaps that need to be addressed in rural areas.



Improve public awareness of existing resources for well and septic systems through the South Carolina Department of Health and Environmental Control to promote safe, clean, drinking water.



Highlight the importance of rural infrastructure development as a critical economic tool through a coordinated partnership between rural areas, the Rural Infrastructure Authority, and the South Carolina Chamber of Commerce.

A Plan For The Future

Full implementation of our South Carolina Rural Health Action Plan will not solve all of the challenges that face our rural communities. It will not totally fix inadequate housing, underperforming and/or underfunded schools, create jobs for everyone that needs one, or eliminate access to health care issues. What we have aimed to do is to raise awareness of the interconnectedness between these issues and to create a collective road map for lifting up rural communities throughout South Carolina. We strive to help people understand that a leaky roof and inability to pay the light bill does indeed have a direct impact on how healthy a person is and how long he or she lives.

The other important thing that the RHAP does is point out a few areas of success within our state's rural communities. There are available assets on which to build, and we must all do more to recognize those and do all that we can to strengthen them. The biggest assets in our rural communities is the people that call rural home. They are the champions for their hometowns and they are the ones putting in the hours to make things better for their family, friends, and neighbors.

Our Rural Health Action Plan (RHAP) and its recommendations are designed to be achieved by 2022. Progress towards accomplishing the recommendations and action steps will be monitored according to the measures of success, and progress reports will be offered on a periodic basis. Our RHAP Steering Committee will guide the implementation phase, monitoring progress and offering modifications as needed. We will convene on a regular basis, fostering accountability among partners. If amendments are necessary, we will make them in real-time so momentum is not lost. The RHAP risks succumbing to the fate of other well-intentioned planning efforts: atrophy through lack of consistent attention. The potential for success of the RHAP dictates that we do not let this happen.

In addition to the work of the RHAP Steering Committee, the South Carolina Department of Health and Environmental Control (SC DHEC) is currently in the process of conducting a State Health Needs Assessment and accompanying State Health Improvement Plan as part of their application for Public Health Accreditation Board recognition (a collective effort known as Live Healthy SC). The RHAP is complementary and additive to this work of SC DHEC, and as such there are plans for us to coordinate on all aspects of the state assessment and plan. We will bring together partners from not only the RHAP process but also SC DHEC and its supporting organization the Alliance for a Healthier South Carolina.

As we move forward, the South Carolina Office of Rural Health (SCORH) is committed to providing staff support to the RHAP Steering Committee. SCORH staff members will be charged with evaluating progress and serving as a catalyst, encouraging movement within each of the priority areas. However, for our RHAP to be truly impactful, a broad group of community and statewide partners must engage and do their part. Leaders from economic development, education, housing, health care and other key areas must think about how their work impacts other sectors and purposely build bridges.

The good news is we have a plan... a road map... and a new collection of partners that are tired of working in silos and are committed to seeing progress. Not just progress for the coast or the upstate, but for the whole state.

Our rural communities abound with talented, energetic folks who strive to make life better for themselves and those around them. Connecting with the resources needed to make improvement will yield great things for our rural communities. With rural champions in the General Assembly, philanthropic community, and state government, our RHAP will serve as a spark for innovation and change.

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

- Rural Community Leader

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