

STATE OFFICE OF RURAL HEALTH
ADVISORY BOARD MEETING MINUTES
Thursday, March 7, 2013

Presiding: Steve Barber, Chairman

Present: O.J. Booker
Ajay Gehlot
Robin Rau
Jennie Wren Denmark
Sandra Daniel
Ann Addison
LaDon Toole
Gregory Dent
Carla Belcher

Absent Stuart Tedders
Toni Barnett

SORH Staff: Charles Owens, Ex-Officio
Tony Brown, Deputy Director
Patsy Whaley, Hospital Services
Sheryl McCoy, Recording Secretary

Visitors: Jacob Warren, Georgia Southern University

Opening Remarks:

The regular scheduled meeting of the State Office of Rural Health (SORH) Advisory Board was held at Community Health Works, Macon, Georgia, Thursday, March 7, 2013. The meeting convened at 10:35 a.m. Steve Barber, Chairman, called the meeting to order and welcomed the Board members.

Charles Owens introduced Jacob Warren, Georgia Southern University, a founding Co-Executive Director of Rural Health Institute, and shared some of his accomplishments and topics he will be presenting to the Board. He also introduced a new Board member, Carla Belcher, 14 year CEO veteran of Community Health Systems. Toni Barnett, North Georgia College, is also a new member but unable to attend the meeting today.

Chairman Barber asked for approval of the meeting minutes. The minutes of the meeting were approved as submitted.

Chairman Barber opened the floor to the Board members for a time of bragging or discussions.

LaDon Toole talked about a magazine article titled “A Bitter Pill” published recently in Times Magazine that, in his opinion, beats down health care and doesn’t show a true picture of rural health care. There are some truths, but much of it is misguided information. The article only portrays the money-making side of health care. He encouraged the members to read the article and respond to the magazine concerning the rural side of health care and the many barriers they face.

Robin Rau commented about activity in her region. Calhoun Memorial Hospital in their region recently closed. The closing had been a long time coming because of several factors; i.e., located in a poverty area, lack of infrastructure within the facility and lack of support from the county officials. However, the county does support the EMS system. Robin met with the CEO a few months ago to determine if Miller County Hospital could be of assistance and collaborate in any way, but they were unable to find sustainable solutions. However, the meeting resulted in collaborative efforts to purchase

the 60 bed nursing home. Miller County Hospital presently has a 90 bed facility and will add the 60 beds.

Ms. Rau stated Miller County Hospital strives to collaborate and share resources with other health care professionals in their area so as not to duplicate services but to provide a variety of health care services to their community.

Charles Owens said recently he attended a meeting with a group from Hancock County who expressed a desire for a full service hospital. After checking with Emergency Medical Services for that area, it revealed only about 4 patients were transported a month. The numbers did not prove to be financially sustainable for that kind of facility. The county has a Federally Qualified Health Center (FQHC) that provides health care for that community.

Ms. Rau spoke of the changes in health care needs from the 1950s to the present. Health care has to adapt to the change by reassessing the way to provide services in a financially feasible and sustainable way.

Dr. Ann Addison shared their Federally Qualified Health Center (FQHC) has hired the first Pediatrician to serve in Early County.

Carla Belcher shared they hope to open in Telfair County within the next six weeks. They have located a building they feel will work. The community is very excited about having health care back in their community.

Charles Owens asked Jacob Warren to bring his presentation. Stuart Tedders, one of our Board members from Georgia Southern is working with the hospitals with their needs assessments. Georgia Southern and Mercer have students who can help with the research for the work plans of the needs assessment.

Dr. Jacob Warren shared that the Georgia Southern University, Rural Health Research Institute (RHRI) has been organized for 1 1/2 years. The RHRI is a unique, interdisciplinary hub of research connecting multiple units across Georgia Southern University that focus on rural health issues. The RHRI connects over forty faculty from five colleges who represent dozens of fields and research areas. They have been mainly regional in the startup but are now open to collaboration throughout the state. They have two Co-Executive Directors to give a broader perspective to the program:

- Jacob Warren, PhD, Co-Executive Director is a behavioral epidemiologist in the Jiann-Ping Hsu College of Public Health. Dr. Warren's research interests focus on rural health disparities, risk-taking behaviors, HIV prevention, and use of the internet and emerging technologies in study recruitment and intervention delivery. He is the lead editor of the forthcoming text Rural Public Health.
- K. Bryant Smalley, PhD, PsyD, Co-Executive Director is a clinical psychologist in the College of Liberal Arts and Social Sciences. Dr. Smalley's research interests include rural mental health, rural health disparities, risk-taking behavior, and gender roles. Dr. Smalley has clinical experience in rural and urban community mental health centers as well as university counseling centers. He is lead editor of the forthcoming text Rural Mental Health.

Dr. Warren gave an overview of the RHRI, their research capabilities and their focus on improving the health in rural communities:

Equal Opportunity Employer

- Vision – become the leading organization focused on improving the health of rural communities through interdisciplinary research and outreach.
- Mission – to engage in interdisciplinary research and outreach that:
 - a) Improves health outcomes and reduces health disparities in rural communities; and
 - b) Promotes the development of researchers examining rural health issue

RHRI receives federal grant funding from Health Resources and Services Administration (HRSA), Federal Corporation for National and Community Service (CNCS) and National Institute of Health (NIH) and includes topics such as faith-based partnerships, telehealth, mixed-methods intervention development, elderly care, and chronic disease self-management. RHRI's current projects are:

- Establishing a Center of Excellence on Health Disparities in Rural Populations funded by NIH in the amount of \$5,126,675
 - Establishes RHRI as an NIH Center of Excellence for the Elimination of Rural Health Disparities through Administrative Research, Research Training and Education, and Community Engagement and Outreach. Its activities include developing and testing new rural-specific health promotion programs
- Georgia Southern University Senior Companion Program funded by CHCS in the amount of \$519,189
 - To continue the 20-year Federal Senior Companion Program in a 9-county region in rural Southeast Georgia (Bryan, Bulloch, Candler, Effingham, Emanuel, Evans, Jenkins, Screven and Tattnall)
- Project ADEPT: Applied Diabetes Education Program Using Telehealth funded by HRSA in the amount of \$450,000
 - Partnering with Georgia Partnership for TeleHealth and East Georgia Healthcare Center to increase access to diabetes through TeleHealth Diabetes Education Program in a high-need, four-county rural area (Candler, Emanuel, Tattnall and Toombs)
- The Community Health Access Network for Grassroots Education and Screening: The CHANGES Project funded by HRSA in the amount of \$308,000
 - Partners with local health department, Magnolia Coastlands AHEC, faith-based community to provide free health screenings for obesity, diabetes, hypertension and behavioral health. Also offers health ministry building activities within local churches to improve their congregation's health

He stated they had done research on mental health in Georgia because Georgia faces severe shortages in doctoral-level mental health professionals in rural areas that directly impact the ability of Georgia's residents to receive much-needed mental health services. Dr. Warren and Dr. Smalley have published a white paper on the "Impact of Limited Training Opportunities on Mental Health Provider Shortages in Rural Georgia".

Dr. Warren explained they will respond to requests for information. If anyone is working on a project and there is a need for research information specific to that county or area, they will pull that information, prepare a white paper and send it to you.

The RHRI partners with community groups for research on outreach and service programs. They are hoping to be able to offer Continuing Education soon.

Equal Opportunity Employer

Several of the Board members showed an interest in the Senior Companion program and how it works.

Dr. Warren further explained that the companions are not medically trained so they train them for their scope of work. The basics are to assist the seniors with paying bills, buying groceries, getting prescriptions filled, food preparation and other tasks of that nature..

LaDon Toole asked about the program's criteria to cover where one person doesn't need to be alone and the other person still has to work.

Dr. Warren said there are two aspects of the program. One aspect is when there is no one to take care of the person and they can get a senior companion. The other aspect is called respite care that will cover a person to stay in the home when their caregiver has to work.

There was discussion on the problems of mental health patients and where to place them for treatment.

- Lack of mental health providers (talk of other facilities closing)
- Lack of access causes mental health patients to be incarcerated as a solution
- Billing issues for Community Health Centers
- TeleMedicine is a possible solution
- Licensensed Social Workers (LCSW) can also be a solution, less salary cost and more accessible personnel
- Peer support is a concept that is successful in some areas

O.J. Booker commented this has always been a problem, but compounded now by the closing of mental health facilities. Collaborative efforts are extremely necessary. There is a new screening tool being developed that should solve some of the problem by determining up front their needs and will help with follow-up visits.

Mr. Owens encouraged the Board members to utilize the skills and expertise of the RHRI.

Jennie Wren Denmark reported that the existing sites for the Migrant Program are going to continue services as always, however, the grant that was funded for Baxley and Jesup has been declined. They will request the grant given to East Georgia Healthcare Center (EGHC). However, recently a new grant came out for the development of a new center in Baxley. EGHC will compete for the funding to be sent in within the next 30 days. She complimented Charles and Tony from the SORH office for working diligently on this. Ms. Denmark reported that EGHC has already opened a center in Baxley and the patients being seen are very grateful for the services.

Tony Brown shared that the Migrant Continuation Grant was submitted as well. The Uniform Data System report was submitted and showed that 13,284 migrants were served in the last budget year.

Charles Owens gave his report and asked for feedback from the Board members. In the past there has not been a program that specifically focused on children. A project is now being developed with Georgia Partnership for TeleHealth to develop school-based telehealth clinics. He stated we have asked for \$100,000 for up to three grants for a maximum of \$30,000 dependent on the schools need. The money will basically be used to buy equipment, set-up and possibly fund initial staff. He shared that Carla Belcher has recently started a school-based telehealth

Ms. Belcher stated they have already received capitol funding and they now need operational funding. Only 10% of the capitol funding can be used for administration requiring the funding to come from

Equal Opportunity Employer

another source for administration. They are looking forward to this funding coming out. They will initially begin in Johnson County and then develop one in Telfair County.

Mr. Owens asked if there is a possibility to tap into the school resources from their school nurse funding.

Ms. Belcher commented she has not asked them for money at this time, but she is sure they will collaborate with the schools as things progress.

Robin Rau stated she and Spring Creek Health Cooperative applied for a grant with Emory University for school based health clinic. In view of the resources in their area, she felt telehealth would be the best solution. They have received opposition to have a telehealth school-based health clinic and they may not be able to pursue that idea. They do not have space in Miller County schools without a lot of renovation. There is a possibility they may be able to do the project in Calhoun County and these funds would be beneficial for that project. Miller County Hospital has recently expanded services for Pediatric dental care.

Mr. Owens stated he feels that in hard economic times the school systems will help figure out a formula that will aid in getting telemedicine in the school system. The formula would show the number of days a child is in school and the number of days they are absent that could possibly be prevented by a telemedicine program.

LaDon Toole asked if anyone knew the average cost to get it started in school.

Carla Belcher answered it takes approximately \$30,000 to start and even less to operate.

Mr. Owens said that is why they feel a school can take a grant of \$30,000 and develop the program.

Mr. Owens continued with another project in progress. He shared that in a recent conversation with Hancock County desiring to have a hospital, specifically an ER, it brought about another topic concerning how to get Emergency Medical Services (EMS) involved in community health. Hancock County expressed their lack of funds and resources. Mr. Owens noted they have a full crew at the EMS station with approximately 4 calls a day over a 24 hour period. Maybe their excess time could be utilized to benefit the community. Would it be possible for them to interact with the elderly periodically to assure they are taking their medication, etc.? Patsy began research in other communities that have developed the project. The Georgia State Office of EMS and the State Association of EMS are on board with the idea but they are struggling with the “how to” part. The scope of practice is somewhat an issue in some instances. The general consensus is to try to stay within their scope of practice but work to define an appropriate model for Georgia that will work for Georgia communities.

Patsy Whaley stated one of the problems brought out was emergency documentation versus primary care documentation. The Georgia State Office of EMS has already produced a report and submitted to HRSA for review.

Mr. Owens shared the main things the program will do is not only PR and to improve value to the community, but also to reduce frequent flyers, greatly reduce non-emergency trips to the ER, reduce the incidents of mental health issues presenting to the ER. In view of chronic disease, if a cycle was established for diabetics at certain intervals one could identify and issue before it escalates to an emergent situation. In Toronto by establishing the Community Paramedicine Program, they reduced

their 911 calls by 73.8%. In Fort Worth, TX, they had a 13.5 million savings over a 2 year period and reduced the 911 call volume by 58%.

Mr. Owens gave a brief overview of the FY 2013 amended budget. Some facts from the programs are:

- 2009 Shortage Designations are complete and other areas are being updated upon request
- J-1 Visa Waiver Program recommended 10 J-1 Visa physicians during FY 2012, 3 Primary Care and 7 Specialty
 - Most of the Specialist are Hospitalist
- National Health Service Corps has 435 approved NHSC sites
 - Nurse Corps scholarship program has just been released

Mr. Owens shared that the Georgia Rural Health Association (GRHA) is still hosting ICD-10 Coding workshops. There are two coming up, one at Ty Cobb Hospital, April 3 and another at Upson County on May 2.

GRHA will sponsor the Alabama/Georgia Rural Health Conference funded by the National Organization of State Offices of Rural Health. It will be held in Opelika, AL, on June 4-5, 2013.

Mr. Owens stated there is an Oral Health Project in the beginning stages. The SORH and PCO are working with Dwayne Kavka on a Dental Loan Repayment System. Funding would support the development of a loan repayment program.

Mr. Owens reminded the Board that at the last meeting, we updated the by-laws to have 3 to 4 meetings a year. He announced the new dates for the remainder of the year.

The meeting adjourned at 2:30 pm.

Respectively,

Chairman

Secretary

Recording Secretary

Date Approved

Equal Opportunity Employer