

## THE HEALTH CARE TEACHING COUNTY

### The Concept – June 2015

An innovative partnership is proposed with Pickens County, its health care providers, the community, and The University of Alabama to create a “Health Care Teaching County” (HCTC). This partnership aims to sustain a struggling healthcare system by creating strong ties for innovation between UA and the County. The long term intent is to impact the county’s ability to retain families, attract jobs, and improve the health of its citizens. Together, Pickens County citizens and UA faculty and students will prioritize needs, identify and implement projects that offer solutions, learn together, tap into the experience and insight of the citizens of the county, and build a new model of health care.

Challenges: Rural communities face significant challenges to sustainability and growth. Along with education and jobs, health care is essential to sustain rural communities. Population characteristics of rural communities predict the need for greater availability of health care services are prevalent in rural communities, where people in general are older, sicker, and poorer. Yet maintaining adequate health services and professional workforce there has been a decades-long struggle. This predicament is intensified for Alabama, where 41% of the population lives in rural areas versus 19% of the entire country. Pickens County is regarded as 100% rural and, at 50<sup>th</sup> in health outcomes amongst Alabama’s 67 counties, is one of the least healthy counties in the state. Health is intimately tied to factors called “social determinants” which both contribute to and reflect this status. As examples: the per capita income in the county is \$17,000; a third of the population lives below the poverty level; high school graduation rates are below the state average; retail sales per capita are half the statewide average. Addressing the health of a population must therefore look not only at traditional health care services but also social support services and economic development.

Hospitals in rural areas historically are the lynch pin around which health services and provider communities have been built. But rural hospitals are struggling to survive. Since 2011 in Alabama, rural hospitals have closed in Florala, Elba, Clanton, Hartselle, Thomasville, and Roanoke, while others have cut services, notably obstetrical care. Whereas 46 of Alabama’s 55 rural counties offered local obstetrics in 1980, by 2011 only 19 counties did. Maintaining a traditional model of the full service, small rural hospital, particularly in the context of lower reimbursement and lack of Medicaid expansion, appears to not be sustainable. Pickens County Medical Center (PCMC) epitomizes these struggles. The county-owned hospital in Carrollton, less than an hour from UA, has provided inpatient/outpatient/emergency services for the county’s 20,000 residents as a major employer, at one point with more than 300 employees. But financial struggles led to layoffs and reduced services, with closure seemingly imminent at one point.

Health Care Teaching County (HCTC): In the context of these struggles, conversations between Pickens County physicians, citizens of the county, and health professional faculty of the University ensued over the prior 18 months about the future of health care in Pickens County. It was clear early on that new ideas and models were needed. Building on the long-standing teaching relationships between some of the Pickens County physicians and the UA College of Community Health Sciences (CCHS), a novel notion has developed – the Health Care Teaching County. The concept of a “teaching hospital” is widely understood as a facility/organization where health professional education and excellent health care take place, typically in an urban University-affiliated or -run academic teaching center (AHC). Despite remarkable achievements, the tertiary/urban focus of AHCs has not served the needs of rural health care and its health workforce well. CCHS on the other hand was founded 43 years ago to train physicians in a community setting and aiming to produce family doctors, particularly for rural Alabama, and to begin to address needs from the community perspective. CCHS has developed community-based education programs and approaches that recruit, admit, and prepare individuals more likely to enter and become leaders in primary care and/or rural practice.

Could the HCTC notion, as an extension of the community-oriented concept underlying CCHS, be a means to sustain health care and improve the health of the citizenry of Pickens County? Could it also provide rural, “real world” health care training venues for UA students better than classroom or tertiary health care setting experiences? A HCTC relationship could immerse health professional students into the county, linking them to providers. It could expose students to patients and their needs and in turn benefit patients from the students’ time, energy and ability as an extension of the county’s providers. The concept could include other students, for example from business or communications, to work side-by-side with hospital administration and county business leaders on improving health care management and marketing practices. Among the potential are enhanced tele-education services for providers and citizens with support of UA Continuing Studies; or a new law clinic where law students help implement new elderly law services; or expanded social and mental health services due to the presence of social work and psychology students; or nutrition counseling or health education services. This partnership offers the potential to bring new intellectual capital and energy to Pickens County while providing real world training venues for UA students, invigorating the county and its providers, growing the county’s health professional workforce, reinventing and sustaining quality care, and ultimately improving health and the economy for the citizens of Pickens County.