Scotland County Key Demographics

1. Population 35,711 (.6%) growth rate
2. Most Economically Distressed County in North Carolina
3. Health Outcomes, Health Factors, Health Behaviors 99/100 NC Counties
4. Unemployment 8% (3rd)
5. Income Below Poverty Line 32%
6. Poor or Fair Health 26%
7. Uninsured Adults 21%
8. Food Insecurity 26%
9. Children Eligible for Free Lunch 99%
10. Children Living in Poverty 44%

(Source: NC Census Data; RWJ County Health Rankings)
Scotland Health Care System

- Mission: Provide Safe, High Quality, Compassionate Sustainable Health Care (SHCS)
- 104 Bed Acute Hospital: 55 inpatients, 700 deliveries, 55,000 emergency center visits
- 12 Physician Practices; 30 Employed Providers; Urgent Care Centers; Hospice; Counseling Center; Community Health Initiatives
- 1,000 Teammates
- $125 Million Operating Budget
- Management Services Agreement with Atrium Health (Carolinas)
- $20 Million Community Benefit (14% net revenue); $3 Million Charity Care
- Innovations: Pharmacy; Virtual Services
- CMS 4-STAR Hospital 3 years in a row
- #1 Sustainability Challenge: Manpower

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Rural Manpower: The Challenges and the Gaps

Demand Challenges
- Economics, Size, Community

Supply Challenges
- Demographics: Aging; Income Declining
- Recruitment: Expensive; Longer; Support Diminishing
- Retention: Adaptability

Scotland Health Care System - Gaps
- Nursing
- Allied Health
- Providers

Scotland Health Care System - Strategies
- Nursing: Local, with Investment; Innovative
- Providers: Local and Adaptable
- Culture: Engaged Workforce

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Rural Manpower Solutions, Strategies, and How You Can Help

1. Increase recruitment and retention of health professional students through the North Carolina Community College System.

2. Incentivize health professions in shortage areas. Place a priority in the admissions process on students who grew up in, and/or have a desire to practice in health professional shortage areas.

3. Increase funding to the Office of Rural Health and Community Care to support recruitment and retention efforts of health professions. Especially primary care, general surgeons, behavioral health, and dental health professionals into HPSAs.

4. Identify best practices for rural clinical recruitment, retention, placement models, and disseminate models statewide.
   - Stipends to rural practitioners to pay for clinical supervision.
   - Expansion of the number of rural residency programs for primary care.
   - Support for primary care practitioners to implement new models of care.

5. Assess potential impact of any changes to Medicaid payment and delivery models rural communities prior to implementation.