

Hurdles to Healthcare

Overcoming Health Access Barriers in Haywood County, Tennessee



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May 2018



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

INTRODUCTION

Imagine a racer facing a series of hurdles. Next, imagine those hurdles becoming progressively taller and more formidable as one nears the finish line. Lastly, imagine that the runner is not an athlete in fit condition but is, rather, someone old, infirm, ill, or injured and their opponent is not another runner but is, instead, hardship, pain, disease, and death. They race not for a prize, but for the well-being of themselves and those they care for.

This imagined race is, in fact, played out every day in rural communities across Tennessee and in much of the nation. Rural residents face formidable hurdles when obtaining health care for themselves and their families. This is especially true in Tennessee where changes in healthcare policies and practices have led to the closure of rural hospitals across the state.

In Haywood County, Tennessee, many residents must overcome several barriers before receiving healthcare. These virtual hurdles include the following:

- *Learning about healthcare resources*—Many residents are not fully aware of the programs and services available to them.
- *Getting to healthcare resources*—Some residents defer or avoid healthcare because they lack reliable and efficient transportation.
- *Access to routine care*—Uninsured residents may defer or avoid preventative or routine diagnostic care services, leading to more expensive treatment as illnesses become more severe.
- *Transportation to emergency care*—Misuse of the local ambulance service for non-emergency service calls has created a lack of transportation for true medical emergencies.
- *Access to emergency care*—With no emergency room, county residents, regardless of insurance status, face dire risks in cases of medical crisis.

Overcoming these barriers is a significant challenge for Haywood County residents. While many of these problems are worse for the poor and uninsured, it should be noted that issues with emergency and ambulance services cut across all social and economic lines. Strokes, heart attacks, and auto accidents do not discriminate based on race or income.

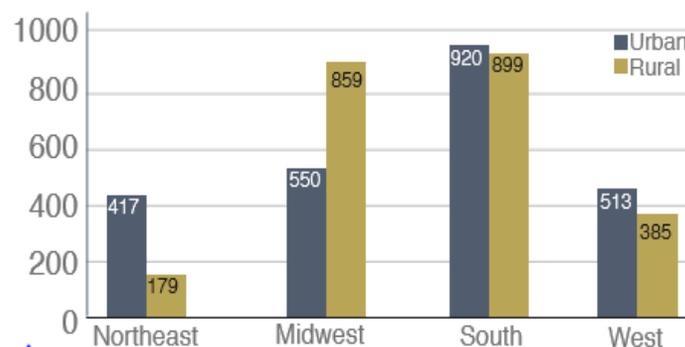
It should also be noted that these problems are not confined to Haywood County. Nine rural hospitals have closed or eliminated inpatient services in Tennessee in recent years and many others are on the verge of closure. By aggressively confronting these issues, Haywood County is positioned to lead the state in solving Tennessee's rural hospital crisis.

The ideas and solutions proposed in this plan are a first step in restoring equity to rural communities. Implementation of these ideas, however, will require new levels of innovation and cooperation among local and regional leaders, industry stakeholders, and state policy makers.

BRIEF BACKGROUND

Haywood County’s hospital closure is just one of an alarming number of rural hospital closures that have occurred in the past two decades. According to statistics tracked by the Federal Office of Rural Health Policy, the United States had approximately 5,000 short-term, acute care hospitals in 2012-2013; about half of these facilities were in rural areas, with the largest number (899) located in the Southern U.S. (see Figure 1).¹ From January 2010 to January 5, 2018, 83 rural hospitals closed.² Tennessee has suffered a disproportionate number of closures—ten hospitals have closed or eliminated inpatient services during that period, giving the state the second highest hospital closure rate in the country, behind Texas. Recent rural hospital closures or significant changes in services in Tennessee are listed below in Figure 2.

Figure 1. Number of Hospitals by U.S. Census Region and Rural/Urban Status (2012-13)



Further, the state’s remaining rural hospitals are at risk. Decatur County General Hospital in Parsons, Tennessee has been in a precarious position for months, with the county commission voting in January to close the facility; a potential offer to buy the hospital has provided hope of the facility remaining open.³

In July 2014, Haywood Park Community Hospital, located in Brownsville, Tennessee, became another statistic in the recent spate of rural hospital closures. The closure of this 36-bed, urgent care and outpatient care facility left Haywood County’s population of roughly 18,000 residents with a daunting reality: an ambulance ride of an hour to Memphis or 35 minutes to Jackson for emergency medical treatment. In an effort to identify potential solutions for the citizens of Haywood County, the City of Brownsville contracted with the University of Tennessee’s Institute for a Secure and Sustainable Environment to conduct a community-based process to form the basis of both short-term and long-term goals for the community.

¹Rural Health Research Gateway, December 2017. *Rural Health Research Recap: Rural Hospital Closures*. <https://www.ruralhealthresearch.org/assets/827-2682/rural-hospital-closures-recap.pdf>.

²North Carolina Rural Health Center, January 5, 2018. *Rural Hospital Closures: 83 Closures from January 2010-Present*.

³Mandy Hrach, “Decatur Co. hospital continues fight to stay open with potential offer from buyer,” WBBJ-TV Eyewitness News, February 16, 2018. Accessed at www.wbbjtv.com/2018/02/16/decatur-co-hospital-continues-fight-stay-open-potential-offer-buyer/

Figure 2: Closures/Reductions in Service in Tennessee Rural Hospitals since 2012⁴

Hospital	City	County	Closure Date	Number of Beds	Notes re Status
Copper Basin Medical Center	Copperhill	Polk	May 2017	21	Limited emergency services offered through 10/2017; now fully closed. Community still seeking options.
Tennova Healthcare McNairy Regional	Selmer	McNairy	May 2016	26	Closed.
United Regional Medical Center	Manchester	Coffee	July 2015	53	Merged with the Medical Center of Manchester
Parkridge West Hospital	Jasper	Marion	April 2015	50	Still offers ER, imaging, and lab services; in 2017, expanded psychiatric services.
Methodist Fayette Hospital	Somerville	Fayette	March 2015	46	Closed.
Haywood Park Community	Brownsville	Haywood	July 2014	36	Offered urgent and outpatient care through January 2015; now fully closed. Community still seeking options.
Gibson General Hospital	Trenton	Gibson	January 2014	41	Urgent and outpatient care continued for approximately one year. Now closed.
Humboldt General Hospital	Humboldt	Gibson, Madison	January 2014	42	Emergency services offered through partnership with Jackson Madison Co. Regional Hospital (Humboldt Medical Center)
Starr Regional Medical Center	Etowah	McMinn	December 2013	60	Still offers 24-hour emergency department and wound care
Pioneer Community Hospital	Oneida	Scott	May 2012		Reopened December 2012, but closed after 1 ½ years. Reopened in August 2017 as the Big South Fork Medical Center.

In order to gain direct feedback from Haywood County residents, the project team engaged the community in focus group meetings and a voluntary, online survey. Focus group sessions were held at the Elma Ross Public Library in Brownsville in October and November of 2017. Both sessions were well-attended, with more than 25 attendees at each session. An online survey, developed in conjunction with officials from the City of Brownsville, the Town of Stanton, and the Haywood County Health Department,

⁴North Carolina Rural Health Center, January 5, 2018. *Rural Hospital Closures: 83 Closures from January 2010-Present*. Source supplemented with numerous online news reports, including those accessed at <http://www.wbir.com/article/news/local/scott-countys-only-hospital-is-back-open/51-458629449> ; <https://www.bizjournals.com/memphis/news/2015/06/26/fayette-county-receives-former-methodist-hospital.html> .

classes. Significant concerns about the rate of teen pregnancy in the county were raised; Haywood County has a teen birth rate of 52 per 1,000 females aged 15-19, ranking it 36th highest amongst counties in Tennessee.⁵ Mental health services are almost non-existent.

Results and learnings from both the survey and focus groups provided important insights for community concerns about health access, issues to prioritize, and ideas for possible solutions. For ease of discussion and prioritization, recommendations are presented throughout the document as follows:

	Short term recommendation (1 year)
	Mid-term recommendation (1-2 years)
	Long-term recommendation (3-5 years)

HURDLES, FEEDBACK and POTENTIAL SOLUTIONS

Hurdle 1: Learning About Healthcare Resources

The Problem: Lack of Awareness of Existing Healthcare Resources

Participants in the Brownsville workshops felt many residents were not fully aware of available healthcare services and resources. In some cases, participants were, themselves, surprised to learn of some available programs. Based on these discussions, it became clear that increasing awareness would be a necessary component of improving health access in Haywood County.

Participants discussed many alternatives to help address this problem. These included promotional events, informational fliers, and a directory of services. It was unclear, however, if these approaches could or would effectively reach the populations most in need of these services. Low-income families, the elderly, and isolated populations might not have timely access to these traditional media sources.

These conventional resources might also prove difficult to maintain or update over time. Media-like or hard copy directories and guides would have to be updated regularly to reflect program changes, which can be costly and inefficient. Information related to new or lapsed programs might not be readily available. The unpredictable and rapidly changing nature of the current healthcare industry might further exacerbate these issues.

A web-based directory system could help address some of these issues. Reliance on an internet system, however, created an additional set of concerns from some workshop participants. Skilled personnel would be needed to maintain and update a website. Use of

⁵Robert Wood Johnson Foundation, 2018. "County Health Rankings and Roadmaps: Building a Culture of Health, County By County. Tennessee, 2018."
<http://www.countyhealthrankings.org/app/tennessee/2018/measure/factors/14/map>

the directory would also require internet access and digital literacy skills. As such, it might be inaccessible to elderly or low-income users—likely the populations most in need of the service.

The Solution: An Enhanced 211 Call Center

First implemented in the 1970s, 911 systems have become the national standard for emergency services. Today, the three-digit call system is universally used across the nation to summon fire, police, and other first responders. In years since, many communities have also begun offering 311 call centers to connect residents to public services and municipal departments. 311 calls might be used, for example, to report litter, abandoned vehicles, or broken lights or playground equipment. 311 centers can also help answer questions related to local government services.

In recent years, some communities have also developed 211 call centers. 211 centers typically connect callers with health, human, and social service organizations. 211 calls can help connect citizens with assistance in addressing a wide range of issues, from healthcare access to food assistance, affordable housing, and even animal welfare services.⁶

Since the service is phone based, it is accessible to anyone with access to a cell phone or landline. Call center operators work from a single database, which is easy to maintain and update. As a result, the 211 system avoids many of the problems associated with conventional directories and guides.

Communities use different strategies to operate and fund 211 systems. In some communities, a local nonprofit, such as the United Way, operates the 211 center. In others, the 211 center may be run in conjunction with existing 911 and 311 services or may be operated by another public department or by a public-private partnership. Some communities, including rural areas, operate multi-county 211 systems.⁷

Haywood County currently has access to a 211 call center. This center is operated by the United Way of West Tennessee. Awareness of the service, however, appears to be low. Workshop participants, including many local officials, had no knowledge of the call center or its available services.

Currently, the local 211 service seems geared towards programs and services supported by the United Way. These include some health-related services, such as developmental and hearing and speech services. It is unclear, however, if the 211 center



⁶Federal Communications Commission, "Dial 211 for Essential Community Services," <https://www.fcc.gov/consumers/guides/dial-211-essential-community-services>

⁷Chicago Metropolitan Agency for Planning (CMAP), "An Overview of 211 Services in the Nation," October 9, 2008.

also connects callers with other services, such as those offered by local health departments, the Southwest Tennessee Development District, or other agencies.⁸

● Recommendations

The existing 211 system appears to be underutilized and has the potential to fill the “information gap” confronting some local residents. To help it reach its full potential, officials from Haywood County, the City of Brownsville, the Town of Stanton, and the United Way of West Tennessee should undertake the following steps:

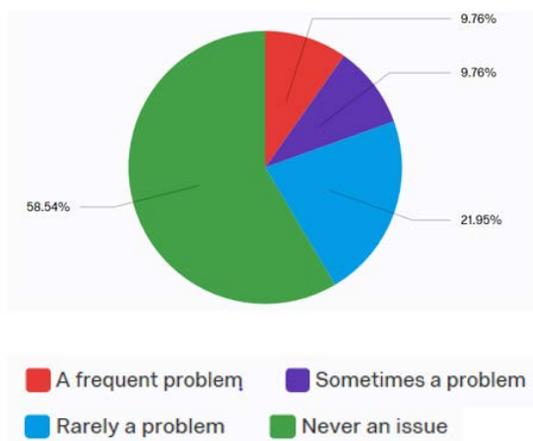
- Officials and stakeholders from Haywood County and surrounding areas should review the database used by the 211 operators and, if necessary, expand it to better reflect the full range of services offered across the region. The communities should also support and endorse efforts to fund this enhanced system.
- Haywood County and its community leaders should work with the United Way of West Tennessee to promote the enhanced 211 system and expand its use. Officials should develop and implement a promotional campaign to include mailers, local and regional media ads, promotional events, and other means to raise system visibility and increase its use.
- Community leaders, in conjunction with the United Way of West Tennessee, should actively solicit the involvement and support of their corporate and business partners across Haywood County to cross-promote enhanced 211 services.

Hurdle 2: Getting to Healthcare Resources

The Problem: Limited Transportation Options in Rural Communities

Workshop participants and local leaders both stated that transportation to and from medical services was a significant obstacle for some people. Elderly and low-income residents and those with mobility issues might, in some cases, be unable to receive care in a timely and efficient manner. These problems increased following the closure of the local hospital, as many services then moved to Jackson.

Figure 4: To what degree is transportation a barrier to health care for you and your family?



Transportation options for these individuals are somewhat limited; many rely on family, friends, or neighbors to transport them to appointments. These arrangements, however, are often dependent on the driver’s work or school schedule. At times, gas prices may also play a role. In the online survey, approximately 20% of survey respondents stated that transportation is frequently or sometimes a problem (Figure 4).

⁸United Way of West Tennessee, <http://www.unitedway.tn.org/Find-Help>.

Other services are also quite limited. Taxis are relatively expensive and difficult to find in a small rural community. Ride sharing services, such as Uber and Lyft, are virtually nonexistent in the area. Shuttle vans are available through TennCare and Rural Public Transportation, but many users find the service inefficient and somewhat limited. Rides must be scheduled 48 hours in advance, drop off and return pick-up times may not correspond with appointments, and, in the case of TennCare, require an agency referral.⁹

As result of the issues, some residents defer care or miss scheduled appointments. These residents then risk having health issues deteriorate, resulting in more extensive and more expensive health outcomes.

The Solution: MyRide West Tennessee

MyRide West Tennessee is a volunteer senior transportation service providing transportation assistance for Senior Citizens aged sixty and over. It provides convenient transportation for medical appointments, grocery shopping, beauty/barber shop appointments, and other activities.

MyRide West TN is a fee-based membership program. The yearly fee is \$25 and covers the rider membership fee along with the first three rides. Subsequent rides are \$2 per round trip, with one stop, and \$1 for each additional stop. Rides are available from 8:00 AM until 4:30 PM. Drivers are trained volunteers and are reimbursed for fuel.

In many ways, the MyRide program offers the convenience of a taxi or ride sharing service. Yet, while the MyRide program offers several advantages over local van services, the program has some drawbacks. Rides must be arranged three days in advance; it is limited to senior citizens, and riders must be able to walk on their own or with assistance from a cane or walker.

Currently, MyRide services are not available to persons in wheelchairs. The program relies on private cars, which are not normally equipped to transport the disabled. This restriction not only limits the program's services, it also excludes them from some funding opportunities.

While the program was initially only available in the city of Jackson and Madison County, program operators are working to expand the service to Haywood County in 2018. A key factor in this expansion will be the recruitment of local volunteers to help support the program and increased visibility to raise awareness of services.¹⁰



● Recommendations

Brownsville, Stanton, and Haywood County should support expansion of MyRide West Tennessee and should assist in its growth and implementation. The following steps should help in this process:

- Local officials and community leaders should work with local churches and other community organizations to recruit volunteers and promote the MyRide program.

⁹Southwest Human Resource Agency, "Services," <http://www.swhra.org/services>.

¹⁰MyRide West Tennessee, <https://www.myridewesttn.org>

- Local stakeholders should work to expand the MyRide program to provide transportation assistance to a wider range of users.
- Local governments should support grant applications on behalf of the MyRide program and, when possible, should partner or provide financial or in-kind support.
- Local governments should actively seek assistance from state agencies and organizations, including the University of Tennessee, in support of the MyRide program.

Hurdle 3: Access to Routine Care

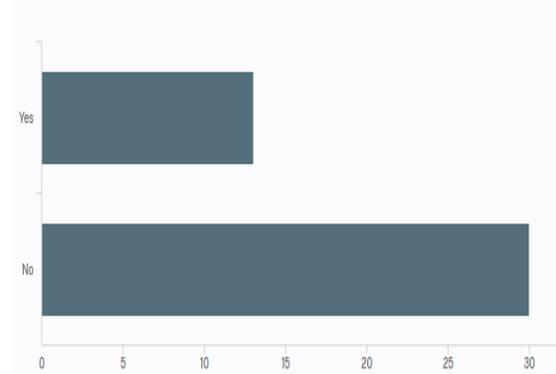
The Problem: Lack of Healthcare Access for Significant Portions of County Residents

Residents of Haywood County have several options for routine care, but for many, access remains very limited. Residents who have insurance have many of the same choices as those in larger cities. Private physicians and a convenient walk-in clinic are both readily available for the well insured. There are some concerns about the future of some local practices, due to the age of attending physicians, but standard non-emergency care is available to most insured people.

The uninsured, however, have far fewer options. Large employers in the area maintain clinics and, while most employees are likely insured, they may also provide some services to uninsured workers. The main resource for the uninsured is the Stanton Health Center in Haywood County, operated in conjunction with the Hardeman County Community Health Center (which has health clinics in Hardeman, Haywood, and Chester counties). This clinic, which has a staff physician, provides a wide range of routine services. These include immunizations, pediatric well-child exams and sports/school physicals, basic primary care for common illnesses, general women’s health care, chronic disease management for diabetes, hypertension, and cardiovascular disease, and basic integrated behavioral and mental health services.¹¹

Yet, while the Stanton Health Center is a valuable resource, it is, in some ways, underutilized. The clinic is located in the southeast corner of Haywood County, twelve miles from the population center of Brownsville and over twenty miles from the northern corners of the county. With limited staff, it also provides a modest range of services. More advanced diagnostic services or specialized care are not available. Further, in focus group discussions, many Brownsville residents were either unaware of the center and its services or believed that it was only for Stanton residents.

Q: In the past year, have you or someone in your immediate family had difficulty getting specialized healthcare (i.e., dental, optical, mental) for health issue?



¹¹Hardeman County Community Health Center, <http://hardemanhealth.org/>

Access to specialized or advanced care, in fact, is limited across the county—regardless of insurance status. Dental care is available in Brownsville, but options for low-income or the uninsured appear to be limited. Specialized care, such as mental health care, obstetrics, or advanced diagnostics are limited to the Stanton Health Clinic or are unavailable. In many cases, residents must travel to Jackson or Memphis to receive such services. The nearest surgical facility would be in Jackson, over 25 miles from Brownsville.

The limited access to affordable routine care impacts the county in many ways. First, it contributes to the deferred treatment of illnesses and discourages preventive care and routine health maintenance. These, in turn, result in poor health outcomes and increased costs. The lack of access also contributes to lower productivity, resulting in a virtual “drag” on the local economy.

The Solution: Promote and Expand the Stanton Health Center

Implementation of the local MyRide program will improve access to the Stanton Health Clinic and will likely increase demand for services. Clinic leaders and local officials state that the clinic has the capacity for expanded staff and services. While it may not be possible to expand the range of services considerably, additional patronage could justify investments in diagnostic tools and expanded staffing.

Recommendations

-  Promote the availability of services at the Stanton Health Center as a resource for all Haywood County residents.
-  Community leaders should work with the Hardeman County Community Health Center to expand staffing and range of services at the Stanton Health Center and should support efforts to increase funding for this expansion.

The Solution: Form Clinical Partnerships with Higher Education Institutions

Increasingly, academic institutions are playing a visible and active role in addressing the health concerns of rural communities. New models of clinical learning are emerging that link professionals, clinical students, and communities to provide improved care and expanded learning opportunities. These programs are providing equitable and affordable services, including specialized care, to rural areas.

Eastern Carolina University, for example, recently established a network of Community Service Learning Centers to provide low-cost dental services in rural areas across North Carolina. The clinics, located in areas with the highest dentist-to-resident ratios, will provide services to low-income families and will also provide referrals for other health needs. Students working in the clinics will live in the communities they serve.¹²

Closer to home, Meharry Medical College in Nashville has also made a recent commitment to serve rural communities. In February 2018, the college unveiled a new mobile health clinic to provide both dental and medical care to rural communities in Tennessee. Meharry has also partnered with Lane College in Jackson as part of the HBCU Wellness Challenge, an

¹²Eastern Carolina University, “Community Service Learning Centers Across North Carolina,” <http://www.ecu.edu/cs-dhs/dental/cslcnc.cfm>

effort by Historically Black Colleges and Universities (HBCUs) to promote healthy living in nearby communities, and recently partnered with Middle Tennessee State University to help produce rural physicians for the state.¹³

Other colleges and universities in the state have also expanded their commitment to rural areas. East Tennessee State University operates nurse-managed clinics in two rural Appalachian counties. Lincoln Memorial University, another Appalachian institution, operates two rural clinics.¹⁴

An academically based clinic located in Brownsville could help fill important gaps in Haywood County's health care system. In particular, it could help address specialized care deficiencies in areas such as oral care, mental health services, women's health, and pediatrics.



Recommendations

Local officials and stakeholders should take the following steps to explore potential academic partnerships:

- Local officials and stakeholders should contact Meharry Medical College about potential use of their mobile clinic. This would help establish a working relationship and provide proof of concept for academically based services.
- Local stakeholders should explore nurse-based clinic options with regional institutions such as UT Martin, the University of Memphis, and Tennessee State University.
- Local officials should identify assets, such as the Haywood County Health Department offices on Main Street in Brownsville, or convenient vacant space to accommodate an academic clinic.
- Local officials should investigate health-based STEM programs to tie to the local high school health sciences curriculum to help increase local interest in an academic program and to grow the local health care capacity.

Hurdle 4: Transportation to Emergency Care

The Problem: Distance to Emergency Care Creates Enhanced Risks for Haywood County Residents

Haywood County's ambulance service, like the rest of the county's healthcare system, has been impacted by the recent hospital closure and recent changes in rural health policies. Expanded after the hospital closure, the service nonetheless struggles to keep pace with

¹³Meharry Medical College, "New Mobile Clinic Allows Meharry to Take Health Care to Remote Areas of Tennessee," <https://home.mmc.edu/new-mobile-clinic-allows-meharry-take-health-care-remote-areas-tennessee/>; Meharry Medical College, "The HBCU Wellness Project," <https://home.mmc.edu/community-initiatives/the-hbcu-wellness-project/>; Adam Tamburin and Holly Fletcher, "MTSU, Meharry Medical College alliance will pump primary care doctors into rural Tennessee," *The Tennessean*, June 21, 2017.

¹⁴East Tennessee State University, "Nurse Managed Clinics," <https://www.etsu.edu/nursing/clinics/>; Lincoln Memorial University, <https://www.lmunet.edu/academics/schools/debusk-college-of-osteopathic-medicine/lmu-medical-clinic/clinics>.

demands and is burdened by non-emergency calls. As a result, transport times for genuine emergencies are often dangerously long.

The lack of access to affordable routine care (Hurdle 3) has led to misuse of the ambulance system by some local residents. Ambulances are routinely summoned to non-emergency situations. Crews, trained to deliver critical assistance, find themselves treating relatively minor complaints. This misuse of the system not only delays genuinely critical calls, it undermines system finances. Non-emergency callers frequently refuse transport to Jackson hospitals, resulting in non-payment by Medicaid or other providers. Further, this misuse of ambulance services ripples through the local community in unintended ways, such as forced delays or cancelled appointments for residents of senior care facilities who rely on ambulance services for doctor appointments.

Slow response times are a serious concern to county residents. Waits of an hour or longer have been reported by some workshop participants. Residents in a true emergency situation, such as an auto accident, farm accident, or cardiac event, face mortal peril during these extended waits.

The Solution: Call Screening and Resident Education

Some Haywood County residents are abusing the ambulance service for non-emergency situations. Increased access to routine care through the MyRide program may lessen this activity, but it is likely that misuse of the system will persist.

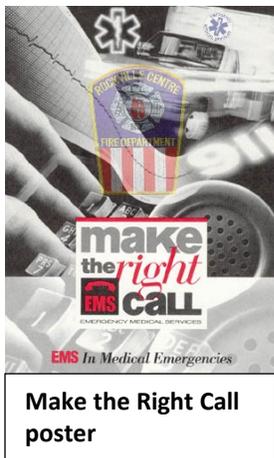
It is notable that this phenomenon is not limited to Haywood County. Communities across the nation, including some large urban areas, are facing the same dilemma. Most are responding using a multi-pronged approach—a combination of triage, referrals, and education.

Memphis, for example, has recently begun screening 911 calls to separate genuine emergencies from non-emergency situations. After noting that one-fifth of calls were inappropriate, the city developed Rapid Assessment Decision And Redirection (RADAR), a system designed to assess patient needs before summoning an ambulance. The results have been remarkable. Of about 400 calls after initial implementation, 58 percent of the emergency callers were diverted by RADAR away from the ER and 66 percent of callers did not require an ambulance. Cost savings, not surprisingly, have been substantial.¹⁵

The City of Greenville, South Carolina has also taken steps to screen 911 callers. Callers not facing obvious emergencies (i.e., chest pain, a gunshot wound, an auto accident) are asked a few brief questions. Based on their responses, the operator can send an ambulance or connect them with a nurse. In many cases the nurse can refer them to a clinic, resolve their problem over the phone, or even arrange for non-emergency transportation, which costs substantially less than an ambulance.¹⁶

¹⁵Kriston Capps, "Too Many People Are Calling 911. Here's a Better Way." Citylab, July 20, 2017. <https://www.citylab.com/equity/2017/07/too-many-people-are-calling-911/534162/>.

¹⁶Liv Osby, "Ems 911 Calls Screened to Weed out Non-emergencies," *Greenville News*, June 30, 2014.



Education also plays a role in solving this problem. Many cities across the country have created a “Make the Right Call” educational campaigns to help residents distinguish between emergency and non-emergency situations. These efforts include websites, PSAs, and educational media to help residents make better use of emergency services.

Lastly, some communities have begun evaluating the use of disincentives to discourage ambulance misuse. These programs carry inherent risks, as they might discourage legitimate use in emergencies. As a result, many communities view them as a last resort. Studies have shown, however, that even modest fines or penalties can be effective at discouraging ambulance misuse.^{17,18}

● Recommendations

Haywood County and local jurisdictions should undertake the following steps to help stem ambulance misuse:

- Local emergency services officials should evaluate emergency call screening programs and adopt the program best suited for their community.
- The call screening program should be implemented in conjunction with a “Make the Right Call” campaign. This campaign should be conducted visibly in the community and delivered through signage, PSAs, and community outreach efforts.
- Local officials should not, at this time, impose disincentives for ambulance misuse. They should, however, monitor the implementation of such programs elsewhere and evaluate their effectiveness.

The Solution: Possible Consolidation of Emergency Services

Currently, Haywood County operates the local ambulance/EMS service and Brownsville operates the county’s fire department. Both agencies respond to emergency calls, but they operate independently. Most calls related to medical emergencies are answered by the ambulance service, but responders from the Fire Department assist with some calls and most accidents.

Given the limited local resources and the seeming redundancy of these services, it is not surprising that some have proposed consolidating these services into a single department. Combined fire and EMS departments are not uncommon. In fact, many cities and counties across the nation are combining these departments. While cost is a factor, others cite the value of fire department personnel in addressing a wide range of emergency situations.¹⁹

¹⁷F F Palazzo, O J Warner, M Harron, A Sadana, “Misuse of the London Ambulance Service: How Much and Why?,” *Journal of Accident Emergency Medicine* 1998;15:368-370.

¹⁸Source for “Make the Right Call” poster, Rockville Centre, NY: http://www.rvcny.us/EMS_911.html

¹⁹Aaron Dean and Mick Messoline, “Fire-Based EMS: The Solution for an Ailing System?,” *Fire Engineering*, February 1, 2011.

Recommendation

Haywood County and the City of Brownsville should evaluate the costs and benefits of a combined fire and EMS/ambulance service. They should also assess combined services in similar communities as part of this process.

Hurdle 5: Availability of Emergency Care

The Problem: No Emergency Facility in Haywood County

The final hurdle facing Haywood County is, by far, the most difficult and, at the same time, is the most necessary. Residents of Haywood County, regardless of economic status, race, or insurance, have no local access to emergency medical care. The county currently has no emergency room, no trauma center, and no easy or good solution to remedy this vital deficit.

The impact to the community and the associated risks are blatantly evident. Haywood County is an agricultural community and farming is one of the most dangerous jobs in the nation. A farmer is twice as likely to die on the job as a police officer and five times more likely than a fire fighter. Injury rates are even higher. In 2014 alone, the Centers for Disease Control estimated 58,000 farm injuries, 6,000 more than all wartime injuries since 9/11.

These risks are compounded by other factors. One of the busiest, coast-to-coast highways in the nation, I-40, bisects the county. The county also boasts an aging population, high rates of heart disease, obesity, and diabetes, and generally poor health outcomes.

As with other issues, Haywood County is not alone in facing this problem. Rural communities across the country are working to fill this gap. Solutions, at least for Haywood County, seem elusive. Tennessee's reluctance to expand Medicaid, the county's high number of low-income and uninsured residents, and the community's location between the urban centers of Jackson and Memphis all conspire to undermine emergency care options.

Some communities, for example, have adopted freestanding emergency departments as a solution to this issue. These facilities, which are basically a hospital emergency room without the hospital, were designed specifically for rural communities. They are intended to stabilize patients in crisis then transport them to larger facilities in nearby cities.²⁰

Freestanding emergency departments, however, are expensive to build, maintain, and operate. They require a minimum daily number of well-insured emergencies per day in order to remain viable. While that number varies from place to place, Haywood County, given its small population and low-levels of insurance, likely cannot maintain a facility that can recoup its costs, much less turn a profit.

The other alternative for rural communities is construction of a critical access hospital. Like the freestanding emergency room, this is a health access facility designed for rural areas. They are small hospitals, often less than 25 beds, which provide emergency services and basic hospital care for isolated areas. Most also have more flexible Medicare

²⁰American College of Emergency Physicians, "Freestanding Emergency Departments: An Information Paper," July, 2013.

reimbursement rates, allowing them to maintain financial viability with smaller populations.

Yet, while this solution seems ideal for Haywood County, the community's location makes it unlikely. Critical Access Hospitals must, by law, be at least 35 miles from the nearest other facility. From Brownsville, five hospitals fall within that threshold (Figure 5).²¹

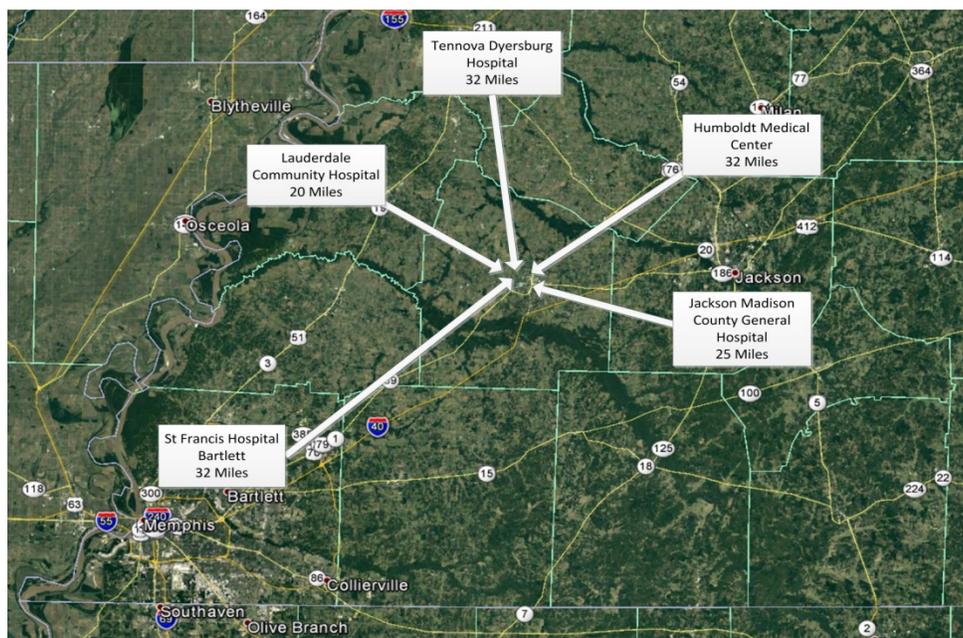


Figure 5: Distance from Brownsville to nearby hospitals

The Solution: Isolate Options Related to Former Hospital Site

As a result, given current policies and conditions, there are limited options for local emergency care in the near term. In addition, there is significant uncertainty around the legal constraints that exist in relation to the building and facilities used by the former Haywood Community Hospital in Brownsville. Changes in state or national health care policies, however, could rapidly transform this landscape. Experimentation related to this issue is also taking place and new models of rural emergency care will likely emerge in the near future. As such, local officials should develop strategies to rapidly adapt to these changes.

Recommendations

To better prepare for potential changes and solutions, local officials should consider the following steps:

- Identify the precise restrictions of the non-compete clause related to the former Haywood Community Hospital in Brownsville.

²¹ Rural Health Information Hub, “Critical Access Hospitals (CAHs),” <https://www.ruralhealthinfo.org/topics/critical-access-hospitals>

- Identify the potential freestanding emergency room sites and monitor policies and innovations related to these facilities.
- Acquire the former hospital site and stabilize the hospital building and associated facilities; these should be maintained to facilitate the rapid reopening of the facility, once viability is established.

The Solution: Create Regional, Rural Partnerships

To date, nine rural Tennessee counties have lost their hospitals and many more exist on the brink of closure. While most of these individual counties are quite small, they can, when combined, represent a powerful voice. Rural counties across the state should work together to address this issue and, when possible, combine resources to find effective solutions.

Recommendations

- Local leaders and officials should reach out to other rural counties, encourage regional cooperation to facilitate shared solutions and expanded advocacy efforts.
- Haywood County should work with an established statewide entity, such as the University of Tennessee, East Tennessee State University, or the Rural Health Association of Tennessee, to convene a Rural Hospital Summit to explore alternatives, advocate for change, and promote draft solutions.