

# **Healthy Appalachia**

*Strategic Planning Process*

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**An Analysis of**  
*Strengths, Weaknesses, Opportunities & Threats*

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**Conducted**  
**May 8, 2008**  
**Wise Virginia**  
**-and-**  
**May 9, 2008**  
**Lebanon Virginia**

**Healthy Appalachia**  
SWOT Report

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## **Introduction to Healthy Appalachia**

Strategic Planning Process - Dialogue Group Process

### Purpose of Healthy Appalachia

*Healthy Appalachia is a collaborative planning process funded through a grant from the Appalachian Regional Commission (ARC). The grant calls for the development of a strategic plan for improving the health of people in the Cumberland Plateau and Lenowisco planning districts of Virginia and the creation of an institute charged with conceiving and planting initiatives against persistent health problems in central Appalachia.*

### Stakeholder Planning

Essential to the development of this regional strategic health plan is the engagement of local leaders from healthcare, education and public service in the planning process. In order to facilitate and organize the input of regional leadership, Healthy Appalachia calls for dialogue groups designed to:

- Review the assessment of population demographics, education, and health;
- Envision a future where the serious health problems of the region are improved;
- Develop a profile of the region's strengths, weaknesses, opportunities and threats (SWOT); and,
- Craft a series of draft strategic goals with potential outcomes.

These dialogue groups were held in each of the two planning districts in the first week in May.

### The Planning Agenda

8:30 - 8:45	Coffee and Introductions
8:45 - 9:00	Review of Purpose/Goals for the Day/Ground rules
9:00 - 9:30	<i>Where We Are</i> The Current State of Health: Planning Districts I and II
9:45 - 10:45	<i>Where We Want to Go</i> Envisioning a Different Future
10:45 - 11:45	<i>SWOT Brainstorming Session</i> Identifying Strengths, Weaknesses, Opportunities & Threats
12:00 - 12:45	Working Light Lunch Setting Priorities
1:00 - 1:30	Finish SWOT Priorities
1:30 - 2:15	<i>Next Steps</i> Initial Strategic Goal Development
2:20 - 3:15	Strategies and Outcomes Brainstorming Session

### Facilitation

Faculty from the UVA Department of Public Health Sciences, David Cattell-Gordon and Elizabeth McGarvey, served as facilitators.

## **Healthy Appalachia: Day One Participants**

Attendance List/Wise, VA/May 8, 2008

### **Gilmer Blackburn, PhD**

UVA-Wise--Smiddy Hall #138  
One College Avenue  
Wise, VA 24293  
276-328-0120  
gwb4n@uvawise.edu

### **Steve Adkins, MD**

1754 US HWY 23 North  
Weber City, Va. 24290  
(276) 386-9771  
sma@hmgkpt.com

### **Robert Polahar, ACHE**

President Lonesome Pine Hospital  
1910 Holton Avenue  
Big Stone Gap, VA. 24219  
276-523-3111  
Robert\_G\_Polahar@Wellmont.org

### **Craig Lenz, DO**

Senior Associate Academic Dean  
Debusk College of Osteopathic Medicine  
6965 Cumberland Gap Pkwy.  
Harrogate, TN 37752  
423-869-7084  
craig.lenz@lmunet.edu

### **Stacey M. O'Quinn**

Mountain States Health Alliance  
Community & Government Relations Manager  
32 6<sup>th</sup> Street  
Bristol, Tennessee 37620  
423-764-1137  
OquinnSM@msha.com

### **Allison Rogers**

Mountain States Health Alliance  
701 North State of Franklin Road; Suite 1  
Johnson City, TN. 37604  
423-431-6548  
rogersam@msha.com

**Gary Crum, PhD, MPH**

Executive Director  
SW Va Graduate Medical Education Consortium  
One College Avenue  
Wise, VA 24283  
276-328-0249  
gec8a@uvawise.edu

**Randy G. Litman, DO**

Pikeville College School of Osteopathic Medicine  
457 Armington Learning Center  
147 Sycamore St.  
Pikeville, Ky. 41501  
606-218-5428  
rlitman@pc.edu

**Howard Chapman**

Executive Director  
SW Va Community Health Systems  
P. O. Box 729 Saltville, VA 24370  
Phone: (276) 496-4492  
hchapman@svchs.com

**STAFF/OTHERS**

**Becky McCabe**

Southwest Regional Trainer  
Emergency Preparedness and Response Programs  
Virginia Department of Health  
515 Eighth Street, S.W.  
Roanoke, Virginia 24016  
540-857-7600 Ext. 129  
becky.mccabe@vdh.virginia.gov

**Elizabeth McGarvey, EdD**

Associate Professor  
Department of Public Health Sciences  
UVA School of Medicine  
PO Box 800717  
Charlottesville, VA 22908  
434-924-5522  
rel8s@hscmail.mcc.virginia.edu

**Marcia Quesenberry**

UVA-Wise--Smiddy Hall #138  
One College Avenue  
Wise, VA 24293  
276-328-0254  
mkq4w@uvawise.edu

**David Cattell-Gordon**  
UVA Office of Telemedicine  
Box 800707  
Charlottesville, VA. 22908  
434-982-4234  
dcc2j@hscmail.mcc.virginia.edu

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## **Healthy Appalachia: Day Two Participants**

Attendance List/Lebanon, VA/May 9, 2008

**Clarence "Bud" Phillips**  
Va. State Delegate  
P.O. Box 36  
Castlewood, VA 24224  
(276) 762-0387  
delbphillips@house.state.va.us

**R. Neal Graham**  
Executive Director  
Va. Community Healthcare Association. SWVA HFA  
6802 Paragon Place, Suite 625  
Richmond, VA 23230  
(804) 378-8801 Ext. 17  
ngramam@vacommunityhealth.org

**Teresa Gardner**  
St. Mary's Health Wagon  
119 Number Ten Street  
Clinchco, VA 24226  
(276) 835-9474  
smhealthwagon@yahoo.com

**Tony Lawson**  
Executive Director  
Mountain Empire PACE  
P.O. Box 888  
Big Stone Gap, Virginia 24219  
276-523-4202  
tlawson@meoc.org

**John Dreyzehner, MD, MPH**  
Cumberland Plateau Health District  
P.O. Box 2347  
Lebanon, VA 24266  
(276) 889-7621  
john.dreyzehner@vdh.virginia.gov

**Susan Alford**

Executive Director, Southwest Virginia AHEC  
T.K. McKee Building, 319 Fifth Avenue  
P.O. Box 729  
Saltville, Virginia 24370  
(276) 496-4083  
[swahec@svchs.com](mailto:swahec@svchs.com)

**Ruth Bernheim, JD, MPH**

Director  
Division of Public Health Policy and Practice  
University of Virginia  
PO Box 400800  
(434) 243-7340  
[rg3r@virginia.edu](mailto:rg3r@virginia.edu)

**Randy Wykoff, MD, MPH**

Dean, College of Public and Allied Health  
104 Lamb Hall  
P.O. Box 70682  
Johnson City, Tennessee 37614  
(423) 439-4243  
[wykoff@etsu.edu](mailto:wykoff@etsu.edu)

**Jess Powers**

District Emergency Planner  
Virginia Department of Health  
Cumberland Plateau Health District  
75 Rogers Street  
P.O. Box 2347  
Lebanon, Virginia 24266  
(276) 889-7621 ext. 56  
[jess.powers@vdh.virginia.gov](mailto:jess.powers@vdh.virginia.gov)

**Karen O'Quinn**

Operations Director  
St. Mary's Health Wagon  
119 Number Ten Street  
Clinchco, VA 24226

**STAFF**

**Gary Crum, PhD, MPH**

Executive Director  
SW Va Graduate Medical education Consortium  
One College Avenue

Wise, VA 24283  
276-328-0249  
gec8a@uvawise.edu

**Elizabeth McGarvey, EdD**

Associate Professor  
Department of Public Health Sciences  
UVA School of Medicine  
PO Box 800717  
Charlottesville, VA 22908  
434-924-5522  
rel8s@hscmail.mcc.virginia.edu

**Marcia Quesenberry**

UVA-Wise--Smiddy Hall #138  
One College Avenue  
Wise, VA 24293  
276-328-0254  
mkq4w@uvawise.edu

**David Cattell-Gordon**

UVA Office of Telemedicine  
Box 800707  
Charlottesville, VA. 22908  
434-982-4234  
dcc2j@hscmail.mcc.virginia.edu

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## **Healthy Appalachia Environmental Scan**

*Executive Summary of Population Demographics and Health Data: Lenowisco and Cumberland Plateau Planning Districts*

### **Population**

Approximately three percent of Virginia's population of 7.6 million or over 200,000 individuals resides in these two planning districts. There was a decrease of 4.29% in total population for these counties according to the 2000 Census compared to an increase of 14.40% for Virginia for the same period. The rate of population loss is most acute for ages 20-39.

### **Race and Place of Birth**

In this region, more than 95% of the population is white; the rate for the whole of the Commonwealth is 72%, a statistically significant difference ( $\chi^2(8) = 97.38$ ,  $p$ -value < 0.0001). More than 72% of the residents of PD I and II were born in Virginia.

### **Education, Poverty and Income**

According to the 2000 census, only 62% of the region's population completed high school and 11% college compared with 82% and 30% respectively for Virginia. Over 20% of the residents of the two districts live below the poverty level compared to 10.2% for Virginia. Per-capita income levels in the region are a little more than half of the levels of state.

### **Employment and Health Insurance**

The percentage of the working population is approximately 45% in these counties, almost 20% less than the overall percentage for the state. Unemployment is on average 5% compared to 3% for the state. The number of residents in the region not in labor force is almost double that of the state. Of these residents, 31,833 or over 19% did not have insurance coverage for the years 2003-2005 according to VDH.

### **Disease Risk Factors**

These two planning districts have higher rates of health risks than the Commonwealth in obesity, blood pressure and cholesterol levels. There are statistically significant higher risk levels in the percent of adults who smoke and/or have exposure to second hand smoke at home and work.

### **Mental Health Issues**

Based on a CSB study in May 2007, more people in PD I and II who presented at a CSB displayed overt indication of danger to self than in Virginia, (47.5% vs. 37.1%). This difference is statistically significant ( $\chi^2=10.1$ ,  $p$ -value = 0.001). The adjusted suicide rate per 100,000 for the region is over 20% for the two districts combined compared to 11% for the state. From the 2006 Virginia Corner's Report, the adjusted death rate from fatal drug overdosing for these districts was 40% compared to 8.3% for Virginia.

### **Leading Causes of Death**

The leading causes of death in the region are heart disease, cancer, cerebrovascular disease, chronic lower respiratory disease, accidents and diabetes. The mortality rate for all causes in Virginia is 780 ( $\pm 14$ ) deaths per 100,000 residents. The corresponding rates for PD I and PD II are 1246 ( $\pm 34$ ) and 1182 ( $\pm 73$ ) per 100,000, respectively. This is approximately 155% higher when compared with the rest of the Commonwealth. An analysis of variance showed that the mortality rates are statistically significant ( $F(8,62) = 21.09$ ,  $p$ -value < 0.0001)

- Heart Disease remains the number one cause of death in the region and the state. Each year there are ~14,700 deaths in Virginia which represent 203 ( $\pm 11$ ) deaths per 100,000. PD I and PD II account for approximately 5% of these cases each year. These districts have a death rate of 344 ( $\pm 25$ ) and 338 ( $\pm 32$ ) deaths per 100,000, respectively. This is about 170% higher when compared to Virginia.
- In Virginia, the death rate for solid tumor cancers is 185 ( $\pm 5$ ) deaths per 100,000. In PD I and PD II the death rate is 267 ( $\pm 39$ ) and 239 ( $\pm 23$ ) per 100,000 respectively, approx. 4% of the total deaths in the state from these cancers.
- The probability of dying of CLRD in this area is twice the probability of dying of the same cause elsewhere in Virginia. Each year there are 160 deaths in these districts, which represents 5.75% of the total number of deaths in the state due to CLRD. The average mortality rate of these counties from CLRD is statistically significant from the mortality rate of the state ( $F$ -statistic(8,62) = 2.69,  $p$ -value = 0.0144).
- The total number of deaths from unintentional injury is approximately 145 cases per year which correspond to 6.11% of the state total. The death rate due to unintentional injury in these counties is a statistically significant variance from the state rate. ( $F$ -statistic(8,62) = 4.06,  $p$ -value = 0.0008)

- The fifth leading cause of mortality in these planning districts is death from diabetes. The mortality rate in the region is almost twice the mortality rate of the state. Each year, nearly of 80 people die from this disease which represents about 5.15% of the deaths in the state from diabetes

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## **Healthy Appalachia Brainstorming Exercise**

Letter *(This letter is not real—it was used for brainstorming purpose)*

Seattle Washington  
May 1, 2008

To: The Residents of Planning Districts 1 and II  
From: Bill and Melinda Gates  
Re: Healthy Appalachia

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We believe every life has equal value. In 2000, we created the Bill & Melinda Gates Foundation to help reduce health inequities in the United States and around the world. As a foundation, our goal is to ensure that all people—no matter where they live—have the chance to live a healthy, productive life. We're focused on using grant making and advocacy to help solve complex, entrenched problems that affect billions of people, including the AIDS and malaria epidemics, extreme poverty, and the poor state of American high schools.

Over the past several years with our colleague Warren Buffet we have invested billions in childhood vaccinations and other health prevention programs. In this process, we invest in partnerships within communities believing that the solutions to seemingly intractable health problems rest in matching strengths to strengths.

Recently, the plight of the residents of your planning districts in regards to their health and well-being has come to our attention. As one of the most beautiful regions of our nation, a region filled with natural resource and a strong and creative people, we have decided to invest in your solutions.

That is why we are announcing today a grant of \$2 billion dollars designed to find the ultimate solutions to the complex interplay of problems within your region in education, health and economic opportunity. We would ask that you create a bold plan for our review. We hope that this plan will be innovative and serve as a model for all the counties within Appalachia as they seek not only to reserve the widening gap but eliminate disparities in health care and health outcomes.

We look forward to your ideas.

Finally, I want to apologize for my new Vista operating system. We are working on finding solutions to that mess.

B&MG

Day One: Brainstorming Exercise -- *If the Bill and Melinda Gates Foundation gave the region \$2 Billion, how would you apply it?*

1. Start with our schools. School investments...educate people/less remote
2. "Blow up" fragmented gov'ts that divide planning district. Invest in efficient govt. Broken govt—contradictory power struggle...fear community loyalties limit...
3. Problem to fix...consolidation of school systems, health systems.
4. Internal solutions...cancer screenings, PSA, colon, mammography...focus on diseases that would show impact > medical research...early identification of diseases...
5. Concern: individual's med ed, keep & re-educate local people to train medically...MD, NP, etc
6. Issue...school system merger may = job loss
7. Insurance via jobs and economic dev...so they are self-sufficient
8. Address sustainability
9. Use regional approach area model
10. Invest in culture...what will future look like?
11. Schools, health care, tax abatement of workforce, culture renovation
12. Insurer higher education if graduate HS
13. Check Alabama program
14. Preserve culture of region
15. Youth attend consortium med school
16. Better cooperation - Ex: Local Hospital
17. Increase numbers of people who use community health care...reduce barriers...transportation barrier to be hindrance
18. Improve local access
19. Subsidize transportation
20. Free buses for aging pop (Tax
21. Transportation provided + flexibility
22. Health insurance alone is not the answer. Too much timely paperwork cost more than write off?
23. Medicare rate rules are a problem
24. National issues affect local issues, multiple forms, rules, carving out of mental health benefits, etc.

Day Two: Brainstorming Exercise: *If the Bill and Melinda Gates Foundation gave the region \$2 Billion, how would you apply it?*

- Build dental school and medical education center of excellence for training and providing health care
- Assist CareSpark – Model Development
- Medical education to involvement public health education
- Focus on unborn, newborn and children under 5 – take a generational approach
- Create a new university with health training schools and infrastructure needed (e.g., roads) Education paid for all kids who want it
- State of the art medical facility for older people who are here – travel too far
- One-stop medical facility

- Change behaviors
- Teach people to be more self-sufficient
- Bring people here to train and keep them here
- Build state of the art wellness and fitness center/trails
- Connect fitness centers to wellness/health assessments
- Decisions must be made locally/regionally
- Medical education center of excellence to draw in more professors who would be permanent residents
- Celebrate local culture/beauty (e.g., music)
- New dental school and center of excellence needed, but primary focus must be lowering poverty and increasing education to improve health
- Spend money on pre-K, math, science, reading with excellence, state-of-the-art teaching K-12
- School of Higher Education - create a culture of education
- Invest in education
- Deal with issues of poverty and lack of opportunity
- Solve problem of family barriers to youth succeeding

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## **Healthy Appalachia SWOT Analyses**

### **DAY ONE**

**May 8, 2008**

**Chancellor's Conference Room**

**UVA-Wise**

### **STRENGTHS**

- Beautiful medical facilities & those MD's here...high level of medical technology, CT, Mammograms, MRI, Mobiles
- Homogeneous culture—single language
- Strong sense of community — generations of family
- Natural resilience of students at UVA-Wise to do well in spite of disadvantages
- Culture determination to succeed.
- Good community leaders in many areas/counties/towns...Ex: Pound, Va. Want to improve area.
- Spirit of willingness to cooperate...Ex: RAM, GMEC
- One of largest community H.C system...etc. in county
- Natural beauty of area
- Relatively lower cost of living Ex: Property taxes
- Increase osteopathic students...nearby colleges...TN & Tech
- Good nursing programs. Sufficient nurse availability in some counties
- Fiber-optic internet in Wise
- UVA-Wise available.....students rank high when attending medical schools...out performs or equals others in spite of lower early test scores
- Emerging resource UVA-Wise....sciences....pre med (positive impact)....LMU good resource, etc.
- Good work ethic...sense of humor...friendly people...slower pace of life...safe area

- Both health systems actively recruiting physicians to area.

## **WEAKNESSES**

- Virginia is not flat...weather causes problems...terrain issues
- Perception of time for travel....psychological mind set
- Cell phone service not consistent
- Isolation—communities especially elderly
- Commute to college over go miles daily difficulty.
- Fragmented health care...not systemic
- Sale of coal doesn't benefit the community locally
- Lack of jobs locally – Ex: Schools consolidation
- Distance...shopping...health care...not enough local business for shopping
- Airports far away often ( 2 hours away)
- Lack midrange medical specialist.
- Small hospitals do not have enough resources to expand to provide medical specialty services.
- No solid pulmonology service
- Good pay – difficulty: not happening for medical specialist.
- Poor overall health status, health habits...obesity, smoking, etc
- Tobacco sales buy school supplies books...school supplies
- Lack of smoke-free environment such as UVA-Wise
- Need better education—re health focus on chewing tobacco
- Rare Use “tobacco free” terminology.
- Higher % nursing students who smoke...bad example
- Local industry \$ also funds local programs that promote health.
- Lack of mental health & substance abuse treatment
- Economic status
- Lack of cultural diversity Regions resistance to accept cultural diversity (These were mentioned early in the meeting)

## **OPPORTUNITIES**

- Fitness Programming....sidewalks... bike paths
- Early—Ages
- Information Technology
- Telemedicine for some
- More use of nurse practitioners, et al. - to help provide services, work with MD.
- Community education on use of nurse practitioner
- Move to new models of care (Ex Appalachia Mt project—managed care for un insured)  
Charity care with provided manage care TN transitional project....like CAP model
- MD's who provide care to lower
- To define roles of health professionals in telemedicine to become part of medical team.
- Telemedicine reimbursement needed
- EICU...use of telemedicine 24/7 EICU patented line of business...decreases mortality rate in ICU: (Inpatient basis)

- New partnership among UVA, TNN & others to work within public health & measure outcome.
- Define medical students role...placement...reimbursement
- Telemedicine...decrease isolation, increase bringing new people to area
- Work with University to provide health education that would otherwise be transferred to patient.
- Telemedicine for psychiatry consult esp. for children.
- Maybe use of nurse “hotlines”...may increase malpractice claims.
- Use of internet for patient education and related services... e.g., medical records
- Wise---free internet use provider opportunities
- Employers like internet connection with MD for on-the job consult.
- Different strategies for different age groups
- Increase nurse practitioner...work force = more graduate with DO or MD...more class size
- Establish new residency programs
- MD’s who work for companies...see 28-30 patients per day - Ex: age 60 up...do we have a shortage?
- Maybe different work ethic
- Need to do more for \$
- Some new MD may be “less well trained”
- Reimbursement for case is not enough...need ancillary services for \$
- Find research dollars to bring into region...
  - partnership with universities...
  - collaborative local partnership...
  - group practitioners vs. individual).....
  - clinical trials...multi-sites.
  - use of EMR to screen patient studies
  - Use of home health nurses to go into homes for monitoring, etc....Fraud potential problem
- CareSpark noted database possibilities to share records RE: research
- Health facility Authority in existence
- All states in area must be involved!
- Goal time, etc....
- Nighthawks
- Dentists coming (dental program)

## THREATS

- Caps to number of residency training...Increase education level (Mentioned early in AM)
- Resistance to change (even if it brings economic development)
- Refusal to allow others to cross personal properties for fitness, nature walks, etc
- Impending change to health care system...total reform (not just reimbursements - CMU requirement)
- Some rules re: outcome rules not rational or reliable
- Unreliable data tied to outcomes
- Int Medicare going to be
- Must move---local school quality....must improve

- Consolidated schools force children to be bus miles (e.g., 25 miles)
- Hospitals also consolidated & company
- Employment migration in the area—people leave for better jobs & schools
- Point (Moment) of critical mass exists...not here yet...but will come
- Distance education not used or supplemental? Yet,
- Need to balance distance learning with interaction & face time.
- “Older” planners/policy makers have barriers to thinking outside the box to engage 20-30 somethings
- Legislature is needed to improve reimbursement to providers due to credentialing issues
- Too long to get providers credentialed...no incentive.
- Competition for the sake of competition...medical & education
- Need cooperation
- Fear of local people of outsiders

### **KEY GOALS**

- Education advancement
- Cultural development
- Fitness
- Health Care

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### **DAY TWO**

**May 9, 2008**

**Southwest Virginia Technology Development Center**

**Lebanon, VA**

### **STRENGTHS**

- Regional collaboration
- Regional solutions
- Making progress in education
- Technical/broadband infrastructure
- Creative people excellent problem solvers (native ability)
- Number of hospitals
- Community pride
- Deep roots and connections
- Exceptional cultural/historical/artistic heritage
- Hardworking people excellent work ethic (EX: ATT Center – little turnover, high productivity, low absenteeism)
- Caring and nurturing environment – help with funding in difficult times
- CareSpark example of strength – unique
- People challenge conventional norms (heritage-culture)
- Fertile ground for health care (health = 18% national economy)
- Attractive to retirees
- Low cost of living
- Beauty of the region

- Quality of life – hiking, nature trails, etc.
- Safety
- Education is major employers -- Committed educators – SW Virginia, UVA Wise centers ETSU, LMU, etc.
- Committed primary care providers
- Public health providers
- Telemedicine
- Economic development initiatives and agencies
- Community Health Centers
- Area Agencies on Aging
- Multi-state market – much work, recreation, education and health care options
- Tri-cities just over the border
- Diversified economy
- Faith-based communities

## **WEAKNESSES**

- State boundaries (tuitions state specific, state programs, insurance issues)
- Lack of affordable health care
- Lack of quality public education K-12
- Outside perception
- Poverty rates
- Number of people “on checks” (e.g., welfare)
- Discouraged, depressed, fatalistic culture (e.g., self-medication)
- Geographic isolation re business development
- Homogeneity and racism
- Skewed age population (older) – young leave
- Self perception
- Generational expectations (EX: oral health and related bad health outcomes)
- Water issues remain
- Faith-based communities (strength and weakness)
- Environmental issues improved but some remain
- Mental health service needs (“jails are the new mental health facilities”)
- Competitive health care system - turf issues
- Difficulty in determining methods to work with competing hospital systems in treating sick
- Medical standard of care is lower than in other areas - not enough stimulation with others/specialists
- Lack of coordinated education and preventive services (doesn’t pay; no reimbursement)
- No incentives for prevention
- Health system broken
- Health literacy levels of people is low

## **OPPORTUNITIES**

- Telemedicine to connect (14 sites in Planning Districts 1 & 2, 2 new sites in Tazewell and Washington counties).

- Health Facilities Authority – new asset – can move strategic plan forward
- Healthy Appalachia grant itself
- Recognition of area’s health disparities (awareness and ready to act)
- Very poor health status may bring resources/recognition
- Commitment of higher education to help accept/respect how best to partner with area/community
- To build sustainable model health care system
- Enlightened higher educators re their role in community – economic attainment
- Educational changes/improvements
- Substance abuse treatment center -- ideal private location
- To build residential treatment center for children youth – provides jobs and keeps families together
- To entice residential treatment centers with incentives/tax credits/etc.
- Eligible for federal New Market tax credits
- Enlist cooperation of three osteopathic schools in 3 states
- Nurse practitioner support re medical school, related health services
- Coalfields transportation and water studies being planned
- Tourism
- Retirement destination due to new and improved roads and related business development
- Dental hygienist role revisions
- Create a dental hygienist program at a SW Va community college
- For screening if referral and system of care in place (reduce death – cervical cancer) –system needed
- For screening regardless of insurance and care? Makes more aware of shortage of care.
- For research opportunities on health issues/disease and treatment
- For data collection to use analysis/data to secure funds
- Share/consolidate data
- Health information exchange – fiscal and information (medical data) exchanges – we are not good at the information part

## **THREATS**

- Lack of funds
- Extracted economy
- Competing agendas
- Lack of community consensus
- Lack in key leadership opportunities
- Continued dependence “fish versus teaching fishing”
- Loss of identity
- “nonsmart growth” – too much growth
- People who do not develop to full potential
- Threat of “underground” economy – selling pills, etc.
- Resistance to change
- People continue to leave – out-migration
- Medical reimbursements and no system
- Substance abuse – multi-level impact on community and families

- Lack of education – ignorance

**End of May 19, 2008 Preliminary Version  
For Discussion Only**

For information concerning this document, call  
Gary Crum at 276-328-0249 or David-Catell-Gordon at 434-982-4234.