

Rural Areas Statewide Getting Response To Medical Care Needs

By Ruth Meyer
WALSTONBURG—Folks in Greene County can remember when just about every town had its own physician.

After World War II, a half-dozen doctors were scattered throughout the countryside in this tobacco-growing county of 15,000. But by the 1960s only one semi-retired physician was left. The others had died or followed the migration to the cities.

The same thing has happened all through rural America, where some 57-million people still live. From Appalachia to the Great Plains, from North Carolina to Washington, towns are frantically trying to lure new physicians. But the appeals of rural life are outweighed by doctors' wariness of long hours, calls in the night, and professional and social isolation.

People in the Greene County hamlet of Walstonburg, population 170, spent 10 years trying to get a physician to fill the vacancy left when Dr. William A. Marlowe died. "His old offices were empty and waiting," recalls resident Jo Taylor. "We wined and dined lots of young doctors, but none of them decided to stay."

New Approach Tried
 Walstonburg never its own physician. But in 1973 it



PHYSICAL FITNESS IS A GROWING INTEREST AMONG AMERICANS WHO SPENT ABOUT 12 BILLION DOLLARS ON EQUIPMENT THIS YEAR. YET, IT IS ESTIMATED THAT THE AVERAGE AMERICAN SPENDS ONLY ABOUT 70 MINUTES A WEEK ON EXERCISE!



did open a modern health center, tucked away next to a cornfield on the edge of town. Sore throats, fingers injured in tobacco loopers and most other patient needs were taken care of by a new health professional, a family nurse practitioner. She also could screen patients for referral to physicians and provide continuing care for those with chronic conditions. She got continual backup by telephone and visits from a readily available Wilson physician.

"The Walstonburg Clinic was one of the first nurse practitioner clinics in the country," says Dr. Cecil G. Sheps of the Health Services Research Center at the University of North Carolina at Chapel Hill. Dr. Sheps is professor of social medicine in the UNC-CH School of Medicine. Back in 1969 he says he encouraged community leaders to abandon their search for a physician and develop a program built around a nurse practitioner with physician backup because the situation was almost hopeless. "Younger doctors were increasingly going into specialty practice and wanted to work in metropolitan areas."

Since then, new interest in rural primary care has promoted it from a medical stepchild to a national priority. Today there is an alphabet soup of federal agencies involved in providing health care in rural areas — RHI (Rural Health Initiatives), HURA (Health Underserved Rural Areas), NHSC (The National Health Service Corps), as well as programs operated by the Indian Health Service, the Appalachian Regional Commission and the Migrant Health Program. There are private philanthropic programs like Presbyterian Medical Service in the Southwest, and clinics funded by The Robert Wood Johnson Foundation of Princeton, N.J. And there are a few state programs like North Carolina Office of Rural

Health Services, and some labor union programs like the rural health centers supported partly by the United Mine Workers. "What we need to do now is find out which types of rural health programs are working best and why," Dr. Sheps says. And that's what he plans to do. He is directing the UNC-CH Health Services Research Center and Department of Health, Education and Welfare's joint national evaluation project. "The results will make it possible to provide financial and technical assistance in ways that will do the most good," he says.

More Clinics Opened
 The Walstonburg Clinic was successful...so successful that people in other towns in the county wanted local medical care too. That led to the formation in 1976 of Greene County Health Care Inc., which has opened medical centers in Snow Hill and Hookerton.

Jo Taylor is chairman of the board of the community-controlled non-profit corporation. She enjoys talking about the staff of 61 — including two physicians, two physician assistants and a dentist — and about the comprehensive care they provide local people. There are after-hours service, weekend and evening hours and even a home health program serving homebound patients in Greene and two neighboring counties. Visitors come from all over to see how the people in Greene County managed it.

"In the early days we thought small," Miss Taylor says. "We had to start with Walstonburg first. The longer we had the project, the more capable we were of thinking big."

Many Programs At Work
 North Carolina has continued to be a leader in bringing primary health care to rural areas. As the nation's most rural state, it also has been one of the hardest hit by the shortage of primary care physicians. In some ways, says Dr. Sheps, it is a microcosm of the types of programs that have sprouted up around the country to bring care to underserved areas.

One of the most successful programs is the N.C. Office of Rural Health Services. "This is the only state with an agency committed to placing health programs in rural areas," says Jim Bernstein, its founder and director. "In many ways, the agency grew out of the Walstonburg experience." Bernstein, one of the earliest specialists in rural care, worked for three years with the community of Walstonburg as a planning consultant while he was an HEW research fellow at the UNC-CH Health Services Research Center. He was asked to direct the Office of Rural Health Services when it was established in 1973. Since then, his office has helped set up 18 more medical centers, most of them staffed by nurse practitioners or physicians

assistants. The office also is attracting an impressive 30 to 40 additional physicians a year to rural areas of North Carolina, a state with a population just more than five million.

North Carolina also has the nation's largest Area Health Education Centers program, which has become a model for getting students from medical, dental and nursing schools into rural areas to train, providing continuing education to health professionals everywhere in the state.

Federal Programs
 Federal programs are represented too. There are about 40 National Health Service Corps physicians working in rural North Carolina as part of the national education loan forgiveness program.

Many community-operated clinics, like those in Greene County, receive help in meeting their operating costs through two related federal efforts,

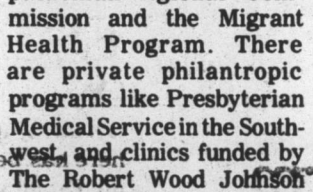
privately funded effort in primary rural care is the \$9-million Rural Practice Project of The Robert Wood Johnson Foundation, which is administered by UNC-CH. Since 1976, it has funded 10 demonstration practices around the country, including one in Bakersville, in which physician-administrator teams work with new health professionals to provide care.

An increasing number of private physicians and hospitals have opened satellite offices to bring care to isolated rural areas.

Future Looks Better
 It will be several years before the full impact of all these programs is known. But already North Carolina is seeing some improvement. Medical manpower shortages were eased in 70 counties out of 100 between 1970 and 1976, while shortages got worse in just 12. The majority of the state's citizens live in rural areas, and like rural people everywhere they are letting their representatives know they want their share of quality medical care.

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CLINICS PROVE HELPFUL — At the Walstonburg Community Health Center, Kim Vincent, a physician assistant, examines Mrs. Lena Walston.



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