



NHSC Providers Link Appalachian Communities and Care

The health concern: Southern Ohio Health Services Network is also called the Network, a National Health Service Corps (NHSC) site with 11 primary care health care centers. It serves many poor residents in the Appalachian counties of Adams, Brown, Clermont, Fayette and Highland. Kim Patton, the Network's executive director, indicates that lack of access to health care services, particularly mental health care for children, has been one of the major issues facing these communities. For example, the Network has seen an increase in the number of children with attention deficit disorder. However, parents often felt a stigma associated with having their children being seen by a mental health provider and were reluctant to make appointments for their child to see one. Additionally, Network administrators found recruiting and retaining qualified physicians to its community health centers in this Appalachian region to be a challenge. Difficulty recruiting and retaining physicians has had an impact on access to care for the area's more than 240,000 residents, all widely geographically dispersed.

The strategy: Network administrators considered ways to integrate mental health services into the medical practices. This approach would enable residents to become more comfortable about seeing mental health care providers and to become more familiar with the need for regular medical care. They also aimed to create a setting so that physicians could also learn more about their patients' environment.

The action: Network administrators implemented a multifaceted approach.

Approach 1: The administrators contracted with three licensed independent social workers, who were in the community, in schools, and in neighborhoods, linking parents with medical and social services. These social workers already functioned as cultural brokers by bridging the cultural divide between health and human service providers and the local communities. **Approach 2:** The Network hired a psychiatrist, to whom any of the 11 primary health care centers can refer patients. The primary care physicians, social workers, and psychiatrist formed a multidisciplinary team to increase access to services and provide a more comprehensive approach to service delivery. **Approach 3:** The Network administrators also worked with officials of two elementary schools to create school-based health centers offering primary care for children and their families. Services included those aimed at parents, such as parenting skills-building classes. **Approach 4:** The Network included a stipulation in physician contracts that they live in the communities they serve. This approach encouraged the physicians to actually be part of and accepted into community life.

Why it works: The Network clearly saw the benefit of cultural brokering as (1) a means to increase access and use of health and mental health services, (2) a recruitment and retention strategy that enabled NHSC clinicians to be woven into the fabric of the community, and (3) an effective approach to engender trust within these Appalachian communities.



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