

Jill Holland

McKenzie, Tenn.

Local government and special projects coordinator

Former McKenzie, Tenn. Mayor Jill Holland currently serves as the local government and special projects coordinator for the Southwest Tennessee Development District. This position allows her to travel the 35 cities and eight counties of southwest Tennessee speaking with city and county mayors about their concerns. A topic that arises over and over among rural local politicians, she says, is the lack of healthcare access for the state's senior citizens who remain in rural areas. "A lot of them are at or below the poverty level," Holland said. "It's difficult for them to travel outside their city or county, and they don't have any healthcare, not even a clinic or telehealth. One of the things I'm hearing from smaller towns is they don't have (access to) anything. There's so much specialty care that seniors need that they don't have here (in rural southwest Tennessee)." Holland spoke with Communications Coordinator Lacey Lyons about the challenges senior citizens in rural Tennessee confront as hospital closures continue across the state.

How has the healthcare situation changed in McKenzie over your time serving the city and living there?

"Since our hospital in McKenzie closed (McKenzie Regional Hospital closed in 2018), people have waited forever for an ambulance to come. We're talking about hours. Time is of the essence when there are accidents; when there are heart attacks; when you've got older citizens and pregnant mothers. On the economic side, when industries and businesses are looking to relocate companies, they want to know about healthcare. When they find out that some of these communities don't have healthcare for them to provide their employees, they look right past those communities."

Why are you passionate about rural healthcare access in general, and healthcare access for rural seniors?

"When you talk to people outside these communities, they try to appease people. But there are problems with that, like broadband access. A lot of these communities can't even have telehealth, because they don't have broadband connections-it hasn't been expanded to their community. In the communities that do have telehealth, many people don't have laptops and other equipment it takes to connect to telehealth. We're looking at elderly people who can barely operate a flip phone. Many times, it's assumed they'll have transportation, internet service, that it's so easy for them, when they don't know what a link is. If my own mother, who is 91, can't go to a doctor and talk to them, she has no idea how she'd do telehealth. There would need to be an education process from people that (older members of the community) trust, like going through the senior citizens' centers. They tend to trust senior citizens' directors. Right now, their health problems are just not being taken care of. They need basic dental care, they need hearing care. Transportation is such a huge problem for so many of these people. People say, 'Well, we've got a hospital 10, 20, 30 minutes away that can meet your needs,' but not everybody has transportation. They would be so happy for a traveling physician to come to town two or three days a week."

What are the average distances people travel for care among the county mayors and city mayors you serve?

“Many people will have to go to the county seat, so they’re looking at 30 minutes, minimum, to the closest town that might have a hospital. In some places, there’s just a clinic, and not a hospital. You might have to cross a river, and if there’s inclement weather, or traffic backed up on the bridge, it could even be 40 minutes. But when people lose their health infrastructure, there’s a trust factor in going to another town for care. It takes years to build up that trust between the doctor and the patient. A lot of times, they won’t go to the doctor, because even for senior citizens who have a car, they’re not comfortable driving to another town. So they just let a problem get worse, until there’s not a lot you can do about it. And as far as wellness checkups, you can hang that one up. They’re just concerned with, ‘What’s wrong with me right now?’ If they don’t have a friend or relative who is helping to look after them, they go downhill.”

What types of health problems is your community seeing as a result of lack of primary care?

“If they’re not having wellness visits, those people who have diabetes or high cholesterol, that’s certainly not kept in check. Obesity is another big problem—people not eating correctly or exercising. If there’s not a doctor to refill medications, and they lapse, people just stop taking their medications. These problems build on each other. If there’s nobody to remind patients about preventative care like mammograms or colonoscopies every five or 10 years, they’re just not being done. A lot of people are afraid. Some people just have a total distrust of doctors, so there’d have to be education. But senior centers are a great place to start the education process for our senior population. They tend to trust (people who run senior centers.)”

What solutions have been proposed that might help with some of the problems rural communities face with trouble accessing care?

“It all comes down to money. (Rural areas) have high numbers of Medicare and Medicaid patients, so reimbursement rates are a lot lower on those patients. To start, there could be clinics that follow the missionary model, where missionaries come in and have health clinics. Some people have said to me, ‘We have a building. We’ve got the space. All we need is to get the doctors, nurses, and PAs in here.’ I went to a Walgreens one day when I wasn’t feeling good, and I noticed they had a little clinic. It was just two rooms in the back of the store. You don’t need a whole lot. I was surprised, because I’d never seen anything so small in my life, but it worked.”

To close the conversation, Holland talked about the ways she would solve healthcare inequity in a perfect world. She said she’d have some type of healthcare facility in every community, with transportation to it that citizens could access. “I understand that every town can’t have a hospital, but there needs to be a hospital with a viable ambulance service in close proximity to all of these smaller communities,” she said.