A Healthier Rural America
Call to a Strategic Action Plan

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A HEALTHIER RURAL AMERICA: CALL TO A STRATEGIC ACTION PLAN

The facts:

Currently 60 million people live in rural America.
More than 124 rural hospitals have closed over the last decade with 424 at risk.
There is a real shortage of rural health care workers.
Broadband and Internet connectivity are often limited and need upgrading.
COVID-19 is having a huge negative health impact as well as some positive innovation.
The growing rural-urban gap in life expectancy.

Why take action now?

The nation has paid little attention and given little support to the rural and remote regions of our nation. But given recent events, opportunities are surfacing to effectively support rural and remote communities.

Rural America in 2020 is showing its resilience, hard-earned sustainability and a desire to grow towards a new future. Rural America is home to a variety of teachable concepts that can help all of America. We must look for their strengths and assets rather than their stereotypical negative traits. Rural areas are searching for ways to reenergize and are searching for partners who will listen and work with them to reach a new level of community development.

Vertical integration and other models in the corporate world have delivered cheaper food, products and services but have led to gradual depopulation of rural areas. The shrinking financial base often results in the loss of health care providers and services for those who remain. Rural communities produce our food, fiber and fuels, but they need people – healthy people – if they are to continue as the fertile ground that helps to make our nation productive.

Individual and community health and well-being within rural America is one of the most critical and underreported health crises in the United States today. Considerations of distance, lack of sufficient number of qualified health providers, culture, economic status, education, technology

and the environment pose special challenges. Collectively, we must find ways to help people to have access to all resources to ensure a healthy population.

Research indicates that poorly nuanced health policy, underfunded and ineffective public health programs, rising health care costs and disparities in access to care are exacerbating poor health outcomes in rural parts of our nation. In addition, COVID-19 has struck hard at our underserved rural areas.

The time for a change is now, and the need for a new vision and strategic plan seems obvious. We cannot afford to let rural communities and their people suffer and disappear. We must work with them to imagine and realize a better future. As sociologist Margaret Mead noted, "Never doubt that a small group of thoughtful, concerned citizens can change the world. Indeed, it is the only thing that ever has."

Laying the groundwork

Step one: Establish a relationship with rural people to ensure they are part of the conversations to build a new health care framework. Understand how they get things done. Understand the importance of cooperation, collaboration and connection. Listen to their stories. Understand their needs. From the founding of our nation, rural people had to work together to survive and build their communities. That worked because they developed and to this day maintain relationships. In many cases those are multigenerational. To work with rural people, you need to understand that there is no anonymity in their communities. That is why relationships are so important, and it is how things get done in communities. Civic activism still works and is needed because we now see that without local community input and buy-in, outside support will not be widely accepted.

Step two: Decide whether we are talking about health or health care or both. Clearly define health and how to achieve it. Health and healthcare have been used interchangeably but should not be. Many leaders said the Affordable Care Act would assure that people would have health care. However, the act was really about health insurance: making access to health insurance available for everyone. Could the recent CARES Act, passed in response to the economic consequences of COVID-19, have included or better support for health?

When the ACA was developed, the discussion should have been about health. Health is having the ability to do what you want and need to do. Health care is the system we have set up to help us address disease and injury. Health insurance is the way we pay for it.

Unfortunately, the system is often not integrated or holistic enough to help each individual, or their community, achieve well-being. Innovative integration and action are required if we are to create a healthier rural America. Too often, rural communities are not allowed into the design process, often because of the negative frames around rural and rural life.

Although rural population has declined overall, some areas are growing. In fact, some rural areas may now be among the most diverse parts of the country, thanks to food-related industries and the jobs they create and employees they attract. Diversity of people creates a need for diversity of systems, especially in our health and health care world.

These industries, like all rural America, are struggling to imagine their future just as the earliest settlers had to do. To maintain their cultural heritage and to innovate, they will need understanding and leadership, both from within their own ranks and from outside experts. We need to listen.

What do we need to do differently today?

The definition of reform means to remove an evil and replace it with something better. The goal should be to always make things better. It's an effort that has been tried, sometimes successfully, many times in our nation.

Many of us alive today know how and why Social Security began. Some of us actually remember the beginning of Medicare and Medicaid as well as the Clinton Plan of the early '90s and then the Affordable Care Act. Today the COVID-19 pandemic is forcing us to address the current lack of effective and affordable strategies and true access to health care. Rural areas have set some examples during this pandemic by collaborating, getting support and identifying new ways to provide needed care. Rural people use their connectivity, collaboration, and relationships as ways to find and use resources to create opportunity for themselves and their communities.

Why do we struggle so much with how to help all Americans maintain, refine and rehabilitate our health care system?

As our nation was being formed, Thomas Paine wrote a pamphlet called "Common Sense." He was talking about ideas and principles that people hold in common.

What is that sense today? What ideals and expectations do people hold in common regarding health care? Too often, we don't have a sense of the common, and we don't ask people – especially those in rural areas – what they value, need and will support.

We need a new framework to create a strategic plan that uses the relationships, the rural assets, the common sense, the values and mores of rural America to create a healthy rural renaissance. We must develop a model that acts on the notion that people are healthy when "everything works."

We must focus on these rural health policy issues to reimagine a rural future.

Starting in 2019, the Bipartisan Policy Center Rural Health Task Force developed a set of recommendations that built on their 2018 report, "Reinventing Rural Health Care: A Case Study of Seven Upper Midwest States." That report is an important read for anyone working on rural

health issues. The National Rural Health Association website is full of stories about rural health issues and attempts to resolve them. The Robert Wood Johnson Foundation focus on The Culture of Health and their related studies are another resource for our readers.

Political scientist Harold Lasswell noted that politics is the process of deciding who gets what, when and how. Policies are the frameworks that we use to deploy our resources. Practicalities are the way local citizens use the resources. In our era of broken relationships, diminishing trust in institutions and power politics, the rural citizen likely lacks an understanding of how to influence politics and policies. Our effort must be to reconnect with our rural citizens and help, when requested, to clarify and collaborate.

Specifically, we must address some fundamental issues that are important to achieving affordable access to a high-quality continuum of health care. If policy leaders are to fully understand the issues and possible sustainable solutions, they must involve rural citizens and their community leaders in the discussion and decisions.

One of the core problems is that policymakers focus more on individual rights than community well-being. Our system is built more on a corporate specialization – vertically integrated – model than on a diversity model. We keep patching our old designs rather than allowing real innovation to take place. We need a major paradigm shift in American health care. We believe that rural America has some useful social structures that can help our whole nation move toward better health and health care. They give us a small glimmer of what the future can look like.

As we consider the challenges ahead, remember what Martin Luther King, Jr. said: “The ultimate measure of a man is not where he stands in moments of comfort, but where he stands at times of challenge and controversy.”

Consider these action steps:

1. Health and access to health care is a civil right, not a privilege or only a business. Citizens want a basic bundle of health care services to meet their needs, is affordable and they must be engaged in developing that model. The pandemic has taught us that all citizens are vulnerable, and that we must work to help each other. Every sector of our society has a stake in creating a health and health care model that works for everyone. And is sustainable. We can no longer abdicate our individual or collective responsibilities. All levels of government in our nation must work with their citizens to ensure this civil right and to identify what is necessary and practical in their locale.

2. Access to health insurance does not guarantee access to health or health care. Insurance is the means we have chosen to address payment, mostly for medical services. Health insurance often does not cover preventive care, mental health, dental care, child/senior care or integration of health care services or care close to home. Citizens, especially rural people and businesses don’t have power to change the present

insurance model, which dictates the payment for physical, mental, drug rehab and other needed support services. Hospitals and the other providers spend time and money to try and figure out how to make the system work for their patients. And the costs related to the insurance, co-pays are too high for many citizens of rural America.

We lack the vision and commitment to work toward creating the healthiest citizenry and workforce in the world. Policy and payment systems have allowed too much focus on where the money can be made instead of providing equitable resources to keep people healthy. It is time to develop a payment system that works for everyone, rewards everyone and cares for everyone. For example, what about a non-profit health cooperative insurance model, created with the help of all citizens, as way to address insurance issues? Should we move away from an employer-based model? State and federal statutes would need to be changed to allow for a new approach to nationwide insurance that actually meets the health and health care needs of all people living in our country.

3. We need a new way to identify and use our rural health workforce. Citizens should be asked to identify educational and human assets in their communities to help with the recruitment and training of health professionals. All health professionals must be trained to use the full scope of their licensure and in the use of telecommunications. We should make better use of those who have been trained by the military, especially the medics and National Guard. We should train health professionals to identify potential health problems and how to connect people to the appropriate providers. We should help rural EMTs to do the same and should identify additional ways they could provide health care. Some hospitals are beginning to see the use and benefit of the local EMT's in their facilities. The Community Paramedic model could provide another type of support.

   We must more effectively recruit rural people to serve as rural health providers. Local, state and federal incentive programs should be better coordinated to prevent duplication. This could include free tuition for primary care professionals from rural areas who are willing to serve in underserved rural communities for a set number of years. Health professionals in training must have experience in rural and shortage areas to become familiar with the culture and practicalities. Policy must be focused on prevention and care of the whole person rather than rewarding specialty care above all else. Shortage area designation thru HRSA, should consider an urban and a rural set of criteria.

4. Health provider training must include rural experiences and use of the full range of virtual tools available. That could be done remotely in cooperation with urban health care training centers working with rural located colleges. It could be done in collaboration with rural mental, medical, dental, pharmacy and EMS practices.

The AmeriCorps model is a potential way to bolster health care in underserved areas. We could help those who are place-bound to become trained care givers, especially for our young and our elderly. We need a new interconnected model of health care training, where students specializing in different health care professions do some of their training together. We need to review the present certification and payment systems to better address the diversity of needs in all communities. States need to address these issues, and a standardized structure, supported by the federal government, would make this effort much easier. Regional licensing would help in border state communities. Frontier counties' leaders should be asked what would work best for them.

5. Health and health care access must include a renewed focus on poverty, quality, equity, accountability and satisfaction. We need better ways to address behavior health, medical health, health care costs and our personal satisfaction with our systems of care. The advent of ALL technology advances, but especially digital, such as telehealth, electronic health records and digital connectivity, means citizens are more engaged in their own care and are better able to hold providers accountable. Experiences can be more easily compared, evaluated and shared. Quality-oriented providers are being recognized. Market transparency is growing. The telehealth revolution will empower all citizens and health professionals especially if their ideas are incorporated.

   But we must ensure that everyone has access to the tools to be part of this revolution. An accessible, affordable national broadband system is essential if all Americans are to benefit from these technologies. It should be part of a digital ecosystem that allows the broadest connectivity for health, health care and all other rural sectors. Medicare and Medicaid should adopt national payment models for digital health services as well as incentives to reward front line, primary care providers who will be the immediate users of this new technology and can least afford it. This would be of great benefit to local hospitals, which are often seen as the center of health care services in some areas of our nation.

6. We must examine how digital ecosystems can enhance health and health care access for all rural citizens and providers and their connection to outside opportunities. Privacy and security standards must be updated to meet the needs of citizens and providers rather than the needs of business and industry. The pandemic has highlighted the need for high-end broadband in rural areas. Perhaps the answer is a publicly owned or regulated model as was used for the nation's early postal system and/or our early phone system. Private entities could add value to this public design.

~~7.~~ We must reframe consumer choice to mean consumer empowerment. If you have preexisting health issues and cannot leave your job and the insurance it allows you to buy, you don't have choice. If you cannot go back to work because you cannot afford childcare, or, in a pandemic, childcare services are closed, you don't have choice. If you

are a farmer, rancher or other rural business owner or work for one, you likely cannot afford effective health insurance for yourself or any employees. If you live in poverty you don't have choice. If your insurance doesn't provide for prevention services, you don't have choice. Choice can only happen in the context of the larger society and the options that are available because all of us participate in creating the system and the ways we will pay for it. Value based models will be needed to bring this about. Rural health entrepreneurs must step forward with innovative and practical solutions to rural health

8. Rural and underserved populations must have access to the care they need, when they need it provided by the connection to the appropriate health care providers. Digital health models can and have helped but more and more affordable models must be created. Safety net providers need to be redefined and appropriately rewarded for an integrated effort. Providers who receive public funds must provide access to those services for all. We must encourage diversity, reward it and make use of it. Public health models need to be supported more than ever to assist in this needed health paradigm shift.

9. The citizens of this nation along with the health care system, patients, providers and payers must address all areas of how people live, where they live, where and what they do for work, where they go to school, what is happening in their homes and communities – the social determinates of health – if we are to finally realize a healthier rural America. All parties must understand and then apply these determinants in their own lives and in their health-related practices.

THE ASK:

In 2005, Professor John Ikerd, then at Cornell University, wrote "Sustainable Capitalism: A Matter of Common Sense." He focuses on a new type of capitalist economy modeled on living systems capable of regeneration and renewal and that are ecologically sound, socially just and economically sustainable. This economic system recognizes the importance of relationships and ethics and a "triple bottom line management, where the bottom line isn't economic but ecological and the management is driven by ecological integrity, social responsibility and economic viability." Rural citizens are likely to understand and identify with that ideal.

Today's national, state and local situations demand a new focus on leadership by policy makers at all levels. For too long rural communities and the health of their citizens have been undervalued and under supported. Leaders must address the many disparities; the lack of quality supports and the lack of equity in our rural areas. The non-partisan initiatives listed below suggest opportunities to start these important conversations with rural citizens and to effect positive, sustainable change. A healthier rural America needs you to find partners to help address the issues.

FUTURE INITIATIVES: identified, supported and targeted for a healthier rural America

How do we address rural communities' needs with appropriate, comprehensive policies and sustainable supports that can nurture health, prosperity, local opportunity and well-being? We believe we need to help strengthen local leaders so they can create a new, viable vision and essential partnerships. Policy and financial structures must change to develop the digital ecosystem as well as an improved rural health care system.

We know that economic development and community development must work hand in hand to address many of the issues that have been identified. University of Minnesota rural sociologist Ben Winchester, in a presentation to the Western Governors' Association this year, said "traditionally, rural economic development focused on recruiting businesses and industrial development. Opportunities for that kind of development are shrinking as companies outsource labor or concentrate in places of higher density of skilled workers. Today, businesses and job seekers are choosing to locate in communities that offer certain amenities or quality of life. Accordingly, development should focus on building great places to live, work and raise a family and to retire."

1. **Public health initiatives**

The COVID-19 pandemic has exposed the weakness in our federal and many of our state public health programs. Studies have indicated for years that our federal, state and local health departments have been underfunded and under-appreciated. Schools cannot easily share health issues with local and state health departments nor easily obtain the latest health updates. New linkages must be created, especially in this era of a pandemic.

We must set new priorities for public health and environmental health. Food-borne health problems and the effects of warming climates on our environment need stronger research and swift action. Rural voices must be assured a role in these conversations, and any research must include the specific needs and work-related situations of rural people. Rural is where our food, fiber and fuel are located, and workers there need support from the public health community.

2. **Digital system initiatives**

Broadband expansion throughout rural and remote America, including all tribal reservations, is crucial to any new rural future. Rural areas also have prison systems that could benefit from more broadband. All rural communities must have access to affordable high-speed Internet and the latest model of connectivity. All sectors of our economy are now dependent on this digital ecosystem. Rural cannot and must not be left out of that system development and use. Rural entrepreneurs are greatly disadvantaged by our present models. All types of health and health care experts need this resource to meet the health and social service needs of rural citizens,

especially the elderly, disabled and those living in poverty. The Rural Electrification Administration that brought electricity to rural America provides a model that could bring enhanced and affordable digital connectivity to the same areas. Or a single public utility could provide all digital services.

Interconnectedness – collaboration versus competition – is necessary for any rural future plan. All local assets should be identified, and communities should be encouraged to work together toward the development of a holistic plan that addresses local and regional health and health care. Digital connectivity provides a key asset for this work. Leaders must shift their paradigms to focus on this issue. Siloed thinking and narrow models must be replaced by a versatile and vision-oriented model. Rural people know how to do that because this model depends on trusted relationships to succeed.

We need a totally integrated health and health care structure that is affordable and transparent and offers a sustainable payment model for all of rural America. Digital telehealth is essential for rural health care providers and the communities they serve. All health providers must be able to consult with each other in any health care setting. All that should be needed is the patient's permission to share health information.

3. **Economic initiatives**

Provide incentives to assist anyone who wants to move to rural America with a way to reduce their relocation costs. The result may provide rural communities with additional skilled workers for health care and other sectors of their economies.

Improve wages for rural people by encouraging the work of unions, rural cooperatives and commodity associations that protect rural areas and people. The future of rural communities depends on the flow of resources into and within the local communities. This also has a huge impact on our whole national economy.

Create regional economic and community development strategies for rural community growth. Think public and private partnerships and creation of local foundations. This will require a major paradigm shift that moves leaders away from a narrow, siloed vision to an organic vision and identifies partners and allows them freedom to work together around their shared vision. Could the creation of a rural Tax Increment Finance initiative help with the funding of these and other ideas?

Increase the access to capital for small food agriculturists and other rural business entrepreneurs in all sectors but especially in health and health care. USDA Rural Development could update its model for capital access and support. It may also be necessary to create local cooperatives that are able to move quickly and smartly to help fund local development projects. The creation of rural enterprise zones could also help provide investment funds for projects in rural and remote areas.

Enhance local support systems to prevent the loss of community wealth when seniors have to leave rural communities for health and social services. As citizens grow older, they need adequate and affordable support systems. The need for a rural transportation plan will also be needed to enhance local support systems. If that isn't available, they are forced to move to meet those needs. Safety sector advances must also be redeveloped for rural areas as the speed of our national transition accelerates.

Without the needed local support systems, the elderly will take their accumulated resources with them making those unavailable to the community. A community foundation could help enhance a local support system to keep more people in their own communities as they age.

Institute a higher federal minimum wage that will benefit all Americans and their communities. This cannot be done state by state because it increases or decreases the available workforce options. All sectors of the economy should advocate for an adequate federal minimum wage that would benefit all sectors of our economy as well as reducing poverty.

4. **Insurance initiatives**

The Affordable Care Act must be revised to meet today's needs. Perhaps it is time to consider disconnecting from an employer-based model. Rural leaders from many communities and cultures in every state should be asked to help generate new strategies and actions to strengthen the current insurance system or to replace it. A new way of paying for care must be developed. Too many rural citizens cannot afford the basic premiums or the co-pays. How to be sure people get to the right provider, at the right time and at an affordable rate is the challenge for our nation, our states and our communities.

We must address the relationship between the opioid crisis in rural America and the affordability and the accountability of the treatment plans. We should link state and federal support to ensure that rural community public and private health systems are able to treat and prevent opioid abuse. Rural citizens and their health practitioners must help plan new strategies for rural communities.

The lack of insurance coverage for prevention is now obvious and needs to be changed. Insurance must include coverage not only for critical and chronic health issues but for prevention. Also, most insurance packages have focused primarily on medical services. Mental health providers, even more important during this pandemic, are in very short supply for our rural areas, and their services are seldom covered by insurance. Public health agencies can and have helped to address health education and prevention as well as mental health services, but they are poorly supported and not valued enough. It is time for a real change in how we pay for all of our health and health care services.

5. **Rural health workforce initiatives**

Create rural enterprise zones that provide tax incentives to grow the rural health workforce. These zones could be focused only on health care or could serve the total set of community development needs. Locally run community foundations could be designed to help fund workers wanting to enter any of the health care pipelines.

Provide free tuition for rural students who attend institutions of higher education and who want to serve in primary health care, including in new and emerging health care fields. We must also help rural citizens obtain certificates or degrees as home health workers, community health workers, community health paramedics and other allied health professions. This could be developed for all professionals willing to provide a fixed number of guaranteed years of service in rural areas of the state that grants this free tuition. We may also want to consider an incentive for employers if they provide tuition assistance to health providers in training.

Give tax breaks to builders or renters who provide short-term housing for health care students who must do rural rotations and for supervising faculty members.

Use of the AmeriCorps model could bring fresh ideas, new training and personnel resources for local rural health development projects, public health and health infrastructure projects. In addition, there are interns available from many colleges and universities. Priority should be given to rural students who plan to return to rural setting for their future work.

6. **Entrepreneurship initiatives**

Promote local entrepreneurship in rural America by enhancing access to research and development funding and increased leadership training and skill development opportunities in an affordable, sustainable way.

Bolster state and community colleges and their course offerings in rural America. Connect these programs to their area high schools, middle schools and to national and international educational/training sites. All land-grant university systems should be connected in new ways to enhance support for community development work at the county and community level.

Establish rural job training and apprenticeships programs – especially in health care settings – for rural youth, supported by local communities, businesses and state and federal government. Local community foundations could be established to support this and to collaborate with the larger educational and business sectors.

Increase digital support for rural schools. Use improved telecommunication resources for teacher training and school nurse training and to deliver actual telehealth care to our rural schools. School nurses, mental/behavioral health professionals and emergency workers need the training, and the rural schools need the professionals. Education and health care delivery systems could share scarce resources.

Encourage the use of locally sourced food to help farmers and local food growers. This also could encourage healthier lifestyles and wellness for all rural citizens and could have a positive economic and environmental impact. Develop a rural transportation system that will connect food producers and resources and other sectors of the rural economy.

7. **Policy center initiatives**:

Create a Congressionally mandated national rural health and rural climate center that is charged with developing a coordinated support system to build the nation's rural health and environment impact infrastructure. The focus should be on helping all rural communities identify their assets and needs and develop sustainable models to meet those needs. It should provide for the best data, rural research and focus on the rural determinates of health. It should be available to address present as well as emerging issues in both sectors, and resources should come from all federal agencies. All agencies would then receive all research results as well as recommendations for action. The focus should be on how findings will impact individuals, communities and the rural landscape that provides our food, fiber and fuel.

Nurture the linkage between rural communities to collectively address local and regional well-being as well as the future of health and health care systems. These groups must also provide the local personnel to help to protect the people, the communities and the food products that are needed for our human survival. The land-grant colleges and other knowledge centers should be linked to create this center.

Closing thoughts

In closing we quote from Leslie Marsh, a Critical Access Hospital CEO in rural Nebraska, who wrote, "Rural health constituents are generally passionate about doing the right thing, in the right way, for the right reason. We would like a seat at the table so we can provide a strong and credible rural perspective as innovative models of care delivery continue to evolve. We know we are best able to understand the challenges, opportunities and strengths of those individuals living in the communities we serve. We want to make a difference – it's why we do what we do. Mission and purpose are not just words on a wall but a way of life – a blueprint for a new rural health care infrastructure that truly moves the needle on health outcomes. We need to make sure we work together to articulate a common rural purpose and initiative."

This document is designed to help our rural community leaders envision a new rural health future with healthy citizens and places. To do this successfully, we must address places where people live, personal health, population health, public health and the political will needed to help rural America take the next collective steps. To paraphrase the 1948 World Health Organization definition of health, "health is when everything works."

We believe that this is not about the survival of the fittest. It is about the survival and empowerment of all of us. Negative frames must be removed. Territorialism among all entities serving rural communities, including health care providers, must be replaced by integration and

cooperation. Payment models must change for all rural services. We must now focus on health – our individual role – and health care – our collective role – to create a healthier rural America.

Resources:

National Rural Health Association: mail@NRHArural.org
National State Offices of Rural Health: www.NOSORH.org
Office of Rural Health Policy: www.ruralhealth.hrsa.gov
Paramedic Foundation: www.paramedicfoundation.org
Heartland Center for Rural Development: www.heartlandcenter.info
Great Plains Telehealth Resource and Assistance Center: gpTrac@umn.edu
Rural Health Information HUB: updates@ruralhealthinfo.org
Rural Health Resource Center: www.ruralcenter.org
Rural Policy Research Initiative: www.rurpri.org
Center for Rural Affairs: www.cfra.org
Center for Rural Entrepreneurship: www.energizingentrepreneurs.org
Western Governors Association: www.westerngovernorsassociation.org
National Council of State Legislatures: www.ncsl.org
National Association of Counties: www.naco.org
National Governor's Association: www.nga.org
Association of State and Territorial Health Officials: www.astho.org
American Hospital Association: www.aha.org
American Heart Association: www.heart.org
American Academy of Family Practitioners: www.aafp.org
American Public Health Association: www.apha.org
American Medical Association: www.ama.org
Bipartisan Policy Center: bipartisanpolicy.org
Robert Wood Johnson Foundation: www.rwjf.org

“In these times, if ‘I’ is replaced by ‘We’ even illness becomes wellness”

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