

Three Critical Issues: Rx for Success

Rural Leadership: A Vital Force

Rural Health Workforce: Empowering Success

Rural Broadband: A Necessary Asset

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A Healthier WE - a 501(c)3 non-profit organization dedicated to addressing critical issues in rural health



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Overview

Words matter, actions matter more, relationships matter the most!

The team at Healthier Rural America, as well as many of our partners this past year, believe these words have become increasingly important. Many of us are struggling to find a shared vision that will be meaningful and helpful to rural America.

Rural is a part of our nation that gets labeled and put into siloed ways of thinking. It is seldom thought of in a holistic way. That thinking is what we are trying to address in our team and partnership efforts. Bipartisan solutions cannot come about if rural communities, states, regions and the nation cannot think about all of the geography, the cultures and the relationships found in rural America.

Our team continues to ask partners to listen to rural Americans, to understand their needs and the assets they have to address the challenges they face. Input from our Zoom meetings last year as well as a recent presentation and conversation with over 95 National Rural Health Association members helped us to create three new resources to build on the Rural Health Trilogy on our website. (www.healthierruralamerica.org)

The result, Three Critical Issues: Rx for Success, adds to our website the newly identified issues and potential policy ideas that can help build a bipartisan action plan, a plan we hope will truly address rural health and health care challenges. Our team asks you to respond to questions regarding leadership, workforce and broadband issues that have come to the forefront.

Rural leaders are working to discover how rural history informs today's era where change comes at an ever-increasing pace. We have tried to identify traits a community should look for to develop community leaders. What questions should communities be asking, and what actions should they take to foster leadership?

Rural workforce is a challenge in every sector but especially in healthcare. Part of the struggle, as we note, is that we lack a "sense of the common" about rural health and healthcare needs, how to recruit future healthcare workers for rural America and what education would serve them best.

All of that relates to the World Health Organization's definition of health: "Health is a state of complete physical, mental and social well-being not merely the absence of disease and infirmity." Our team shortened that to read: "Health is when everything works." Our team and partners see the need for a strategic vision that builds on the relationships, the assets, the values and the mores of rural communities.

Rural broadband – or the lack of it – is a major obstacle to equity in the fast-moving telehealth, telemedicine and tele-mental health arenas. Research points to 18 million rural U.S. residents who lack broadband and 157 million who have an inadequate bandwidth. This past year our contacts encouraged us to collaborate with states to address this challenge. Some have suggested that we reinvent the past Rural Electrification Administration model for broadband. We list eight ideas to move this process forward.

As we move forward we are now turning our attention to other issues needed to address the holistic focus needed to support our rural citizens. The three forthcoming pieces will address regenerative/sustainable development, virtual health, and information transfer.

It's time. Time to talk with policymakers of both parties about research and education. Time for policymakers to sit down with and listen to rural people and their communities and help them get involved in the policy process. Time to move away from subgroups, matrixes and underserved words to understanding the wholeness that exists and can be used to enhance our rural regions and communities.

We believe that real leadership can identify the partners who will create a local and national vision for health and healthcare. We all must get to work on this, for all of our sakes.



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Rural Leadership: A Vital Force

What, Why, How

What does rural leadership look like, why it is important today and how do we increase the talent pool?

Let's go back to the future.

History will assist us to better understand what has become a common rural thought process.

In the late 1800s, the Populist Movement, supported strongly by farmers and rural people, believed that the role of the government was to determine the will of the people – and then do it. Around 1900, that movement merged with the Democratic party and began to focus on protecting the common people from big business. The subsequent progressive movement enacted legislation to do exactly that.

The progressives believed common people deserved a sense of self-respect and self-worth. Under that logic, government should organize the common interests against the special interests. Progressives believed in the inherent good of progress.

Grounded in this history and flowing from it is an underlying desire to keep everyone on the same level, a desire of importance in small communities is built on strong personal relationships. In essence, where everyone knows everyone and economic and social structures are built on working together.

As a result, many potential leaders shared preference to serve as followers rather than be seen as challenging their peers.

The need for rural communities and their leaders today is to identify the assets in their community and figure out how to use them to add value to their collective life.

Leaders must resist the temptation to take action before the problems are clearly identified. The challenges are magnified in an era when change comes at an ever-increasing pace.

Leadership requires the ability to deal with uncertainty and ambiguity. Uncertainty can be defined as finding the variable but not knowing the value. Ambiguity is not even knowing for sure what the variables are. This is the world that rural leaders must navigate if they and their communities are to survive and prosper.

Effective leaders in rural communities often exhibit the following traits:

- Grounded in the needs of the community.
- Altruistic and not self-serving.
- Pioneers in finding creative approaches to issues in their community.
- Risk taking and often make personal sacrifices to help their community.
- Inspire others to work together in meeting goals.
- Actively train the next group of leaders.
- Able to work in uncertainty and ambiguity.
- Persistent.
- Great collaborators and know how to bring people together.
- People of vision, able to move beyond what was to what can be.

Questions that rural leaders should put forth:

- What are the residents of my community talking about today?
- What need does your community consider most important?
- What changes can be identified that really affect my community?
- What is the role, power and capacity of my community to bring about needed actions?
- What is the “hunger and passion” in you, the leader, that needs to be nurtured for you to move forward?

Thus, how can rural communities develop potential leaders? The community must be in conversations, meetings and planning exercises at many levels. Everyone must listen to everyone. The energy generated by meaningful community conversation will nurture an emerging leader. Eventually, the community will hear a leader's voice rise above the discussions.

This leader must work to create a common ground where varied interests meet to set goals and plan actions based on shared beliefs and values, on relationships that are based on trust. Most important is a willingness to build their community together.

Action steps that leaders should consider:

- Ask the community members to identify the top five leadership traits that they think are needed to meet their community's challenges.
- Ask the community members to identify people who have most of those leadership traits.
- Together, begin to develop a model or process that a leader can use to help everyone focus on a new vision and solutions.
- Involve every age group and every sector of the community in this process.

This is a critical time for change for all of America but especially for rural communities. Change used to be incremental; now it is exponential, often made possible or even driven by technology. That, coupled with dramatic demographic changes, has led to a deeply divided nation.

That is why we see the growing diversity of our rural areas as a great plus. That is why we see the core resources produced from our land as assets that must be cherished, reframed and nurtured. That is why the rural leadership traits identified above will help new leaders to lead in very exciting ways.

The new leaders of rural America must focus on the real assets of their communities. This involvement may seem lonely frequently; however, the successes accomplished will quickly replace that loneliness.



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Rural Health Workforce: Empowering Success

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

The challenge is moving forward to meet the World Health Organization’s definition of health for one and all in rural America: *“Health is a state of complete physical, mental and social well-being not merely the absence of disease and infirmity”*

What is that sense today about the type of health and health care workforce needed in rural America? What ideals and expectations do people hold in common regarding our health and our health care system? How are we going to bridge the gap?

The American Hospital Association in a March 2019 presentation put forth these suggestions:

- increase resident programs and partnerships.
- expand care team and scope of practice, Growing your own professional
- integrating behavioral health into primary care settings.
- leveraging tele-health services.

Last year, a task force of the American Heart Association published the following ideas about how to address the health and health care challenges in rural America:

- documented the shortage of health professionals and encourage new rural specific team based care models.
- leverage tele-health, digitally enable health care, at rural specific sites of care.
- explore sustainable and flexible funding models to support rural health care.
- improve health insurance coverage and foster economic development in rural communities
- fully explore the use of pharmacists, community health workers and community paramedics along with other less recognized health resources.

We now see the need for a new framework to create a strategic, vision oriented plan for a rural health workforce model that makes use of the relationships, the assets, the sense of the common, the values and mores of rural America to create a healthier rural life. We must develop a non-partisan model that acts on the notion that people are only healthy when “everything works.”

Where to start? Here are Five Ps that could help generate a new model for a rural workforce:

► *Personal health* - We need to ensure that more and better health information is reaching all people in rural areas through both traditional and new means.

► *Population health* - Public and private health systems must include rural communities when they talk about the importance of the health of all people. Ignoring rural areas can be dangerous, especially in pandemic times.

► *Public health* - Public support and funding must be increased for the nation's public health systems at the federal, state and local levels.

► *Political will* - We must heal our political system and encourage our leaders to work together to formulate meaningful policies to address the needs of all Americans.

► *Place based* - We must think of place as our total environment. The health of the farm, the ranch, the forest, the water – all make a difference to our individual health.

Next, we should begin to think about the type of workforce that is needed to provide the knowledge and research to improve the health and health care system in rural communities. This balanced approach will help us to create a health model where “everything works.”

The latest blue print for rural health from WONCA (World Organization of National Colleges, Academics and Academic Associations of General and Family Practitioners) stated that local rural communities need to ensure through electoral processes, advocacy and local actions “that their voice is heard and directed actions taken to create partnerships with policy makers, health professionals, academic institutions and health managers.”

They go on to note that health care should address all basic health needs, “including community care, family practice, emergency care, preventive care, public health care, etc. It should be delivered as close as possible to the people to ensure equitable access for all.” It sounds a lot like the Five P’s outlined above.

However, what about the role of the individual in protecting and enhancing their own health? Who and what would help each of us do more to enhance our own health and health care?

Americans have for a long time believed in and valued the role that education plays in all things we get involved in. These core questions still persist: What have we done at every level to improve the knowledge needed to maintain our health? What have we done to encourage each other to “read up” on health and health care? Do we push our educational systems at all levels to help us access the latest research and apply what we learn? Have we insisted that all producers and processors work to protect the health of the individual and our environment? Health is about me, as well as we, and what I/us do or don’t do to ensure that “everything works.”

Today’s health care model, in all likelihood, does not effectively address the uniqueness of rural people and communities. Health care centers should have and support a clear path for health care workers who

will serve rural areas. It should include on-site training in rural communities for all those preparing for health care professions, helping them to understand the total rural environment.

How to make that happen? Here are some ideas that focus on remote service areas:

- Rural health workforce professionals should, as much as possible, come from local rural areas. “Grow your own” is the common description for this.
- Rural communities should help their school systems provide needed instruction in health sciences and be sure students receive information about the wide array of health professions available.
- Local and regional health care providers should be invited to explain their professions to high school students.
- Health care professionals from non-rural areas must understand the culture they will enter in a rural community.
- Colleges and medical centers must work with local rural communities to build this experience.
- Those same academic centers should develop training tracks that offer students the best and most efficient way to earn their health professional degrees. The tracks should focus on the rural context in which graduates will serve, including financially supporting on-site training in rural places. Local community, state and institutional support will be essential.

Professionals must be prepared to use the latest communications technology to allow even broader consultation with patients and peers, understanding the special needs of the rural culture. While technology should never replace real human contact and support, it will greatly enhance health and health care in rural settings.

Rural health care practitioners must be respected, recognized and supported within their community and their peer groups. It’s time to eliminate the negative framing around these crucial front-end professionals. Too frequently, there is the assumption that professionals working in rural areas are there because they are not quite good enough to make it in urban areas.

Investments in rural health and health care should focus on developing shortened supply chains and a business multiplier model that can have a positive effect on local community and economic development – all with the goal of ensuring a healthy citizenry and healthy workers.

The investment in health workforce is our collective way to ensure a health safety net for rural people and their communities. It is our way to ensure that “everything works.”



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Rural Broadband: A Necessary Asset

In healthcare, just as in hockey, you sometimes have to pivot quickly in decision making. As hockey great Wayne Gretzky said, you can skate to where the puck is or you can skate to where it's going.

But when it comes to the availability of broadband internet access, especially for health care, many rural residents are having a tough time even finding the skating rink these days. And it is not a new problem.

Rural communities have forever been at the end of telecommunication development and deployment, mostly because telecom providers can't make much money in areas with small populations. And today we see the impact of that lack of attention and broadband build out. Many rural people have no or very limited access to the internet.

The situation is similar to the 1930s when supplying electricity to rural areas wasn't profitable for providers. In that era, legislators created the Rural Electrification Administration (REA) to bring equity to the whole nation. Leaders in rural states saw access to electric power as necessary to enhance rural people's production and their way of life. We face the same issues today regarding access to broadband.

The impact of COVID-19 has fostered the creative use of broadband for multiple services. Think telehealth consults, online classrooms, ordering groceries online and more. According to a recent Deloitte policy paper: *Narrowing the Rural-Urban Health Divide*: "Virtual health can be used in lieu of, and in addition to in-person visits to alleviate rural health challenges, including provider shortages time, distance and transportation barriers. It can be used for virtual visits, remote patient monitoring as well as a preventive care tool to help reduce the number of unmonitored chronic conditions."

These online services that have become so important during days of quarantine or social distancing have not been equally available to everyone because broadband access is not equally available to everyone. Just as in the days before REA, the market is failing to serve rural areas; it is not providing adequate broadband access. Too often, broadband companies place shareholders above stakeholders, forgetting the public good.

To reverse this situation, we need proactive investment to supply broadband to the 18 million people who have none and the 157million whose supply is inadequate, according to [a 2020 report by the Federal Communications Commission](#).

At present, federal and state governments are putting up funds to help, but we see no clear strategic plan to address the need.

A “start-up” model may help, a model that disrupts, that challenges the status quo. As Elon Musk did with his Starlink project, we could creatively build on current technology to develop a visionary plan that is part of a larger telecommunications ecosystem design, that links an array of resources.

The UN-ITU/UNESCO Broadband Commission for Sustainable Development’s latest research entitled [The State of Broadband 2019](#) provides some important research as we think about the nation and world we now live in. The USA is now in a world with an estimated 21.7 billion connected devices and growing fast. The daily use of is now up to 74,500 GB of data. According to the report: “2019 marks the first full year when more than half of the world has begun to participate online in the global digital economy. 2019 also marks the 30th birthday of the World Wide Web and 25 years since the first e-commerce transaction.” Consider the USA numbers listed above in order to understand the magnitude of Web use that telehealth is now part of today.

Those who care for the land teach us that everything is connected. At Healthier Rural America meetings in 2020, we heard from hundreds of people focused on rural health who gave us some ideas about broadband and equity, especially regarding telehealth. The ideas centered on ways the digital world can enhance health and health care access for all rural citizens.

The respondents noted that all health safety net providers should have good digital access to meet the needs of their patients and health care partners. Privacy and security standards must be upgraded to meet the needs of individuals, not only the needs of business and industry. A recent report by the Larry A. Green Center in collaboration with the Primary Care Collaborative did a national 2020 clinician survey which found: “At a national level, rural primary care providers are experiencing decreases in patient volume, which creates greater stressors for them, than non-rural providers. They are more likely to use the telephone as a telemedicine modality than non-rural providers creating lower reimbursement. At the same time, they are managing increased physical and mental health concerns from their patients and working to create stronger partnerships to provide care support.”

The pandemic has brought into sharp focus the need for high-end broadband and the neglect of rural areas. According to other digital health study from Deloitte mentioned above: “today’s virtual health applications include: care coordination, synchronous care, physician to physician communication, chronic disease management, virtual social work, telehealth care, remote patient monitoring, care management process, patient adherence “.

Respondents saw a need to develop a national visionary plan in collaboration with states to address health technology needs such as:

- Identifying and training staff to use E-enabled rural health procedures and programs.
- Creating a payment model to support rural health information technology improvement.
- Addressing provider and patient usability issues.
- Helping rural health care administrators devise systematic ways to adopt technology.
- Working to form emerging broadband and telehealth networks.
- Networking all certified health professionals so that patients can connect to and share personal health information with all their providers.
- Forming state and federal partnerships to identify all digital resources at the community, state and national level that can be used to create a more connected society.
- Consider doing an REA model of cooperatively owned or publically regulated digital provider(s) to ensure equitable rural broadband accessibility.

Being sure rural areas have adequate broadband for all these uses is fundamental to addressing health equity. The issue of equity also affects education, workforce development, entrepreneurial development, and all other facets of work and social life in rural areas.

So what might a new digital ecosystem look like in our nation and in the homes of all rural residents? What is the whole that we need to see and nurture? Who should lead in the creation of this new ecosystem?

We know the need: a new economic model that creates a communications infrastructure to build equity. What seems to be lacking is a vision to solve the problem.

The entire nation benefits when all parts are connected. Only then can we deploy all needed resources and address the challenges that affect us individually and as a society.

By providing access to electric power, the REA leveled the playing field and enabled remote areas to be connected to and contribute to the entire nation. Today we should think even bigger than that because the challenges are global; people's health is at stake worldwide.

So think big about the need for this broadband connectivity. Think about the ecosystem we have and the one we want to create. And most importantly think about the impact a truly connected people can have on the nation.



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MOVING FORWARD:

For years, rural America was seen as the nation's larder, offering resources and commodities, home to people who modeled a way to live and prosper. Over time, we lost hold of what may be the most important aspect of rural life, which is more culture than production. We began to see rural areas as processors of commodities and not as a model of ways to live with our fellow human beings. We began to see rural areas as industrial sites instead of as self-renewing training sites for human relations.

In an era where many of us do not know whom to trust, we are searching for ways to build honest relationships. Rural areas have always shown us how to do that and how to deal with lack of anonymity.

Rural people still know how to connect needed pieces for production and for community building. Silos and segregated models don't work in rural America. The rural mindset takes in multiple ideas and methodologies and tries to make sense of them in order to improve the lives of their families and their neighbors.

We must listen to rural voices and learn from them. Rural areas produce products/commodities we need. They try to combine different resources and ideas toward a positive end. They know they need others if their communities are to prosper. Every day rural people must get up and think about the future of their production, their relationships and their lives.

So, as you read our thought pieces, proposals, and initiatives, we ask you to think about how to work with rural people and their communities and then act on your ideas to help them and all of us find success. Leaders, young and old, must step up to ensure that health and prosperity is real for all citizens.

Our work at Healthier Rural America is focused on helping each of us to help all of us. We are at a beginning not an ending of this journey. We want to see people in all communities forming partnerships, planning and programming for the long haul. Remember, relationships matter.

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

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