

A Healthier Rural America, Imagining a Better Future Creating a Strategic Plan for Rural Health

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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 but is also causing some positive innovation.**

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.

Vertical integration and other economic forces, from 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 in order to ensure a healthy population.

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, we see the negative impacts of COVID-19 on 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.

Laying the groundwork

Step one: All entities ,whether government, business or health care need first to establish a relationship with people living in rural communities 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.

Step two: Decide whether we are talking about personal health or the system of 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.

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. 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.

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.

These industries, like all of 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.

What do we need to do differently today?

The definition of reform means to remove an evil and replace it with something 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.

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 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 create a reimagined rural future.

Specifically, we must address some fundamental issues that are important to achieving affordable access to a high quality continuum of health care.

One of the core problems is that policymakers focus more on individual rights than community well being. We have a model built more on a corporate specialization – vertically integrated – model than on a diversity model. We keep patching our old models 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 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.

Consider these foundational concepts:

1. Health and access to health care is a civil right, not a privilege. Citizens want a basic bundle of health care services to meet their needs and 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. 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 work with citizens to identify what is locally needed and will work 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. We lack the vision and commitment to work toward creating the healthiest citizenry and workforce in the world. Citizens, especially rural people and businesses, don't have power to change the present insurance model, which dictates the payment for health, drug, rehab and other needed services.

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 model of 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 utilize 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. 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. Health professionals in training must have

experience in rural and shortage areas. Policy must be focused on prevention and care of the whole person rather than rewarding specialty care above all else.

4. Health provider training must include rural experiences. 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 medical, dental 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 in the care of 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.
5. Health and health care access must include a renewed focus on disparities, quality, 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 providers are being recognized. Market transparency is growing. The telehealth revolution will empower all citizens and health professionals.

But we must ensure that everyone has access to the tools to be part of this revolution. And, as the CEO of the Institute of Healthcare Improvement recently said, “There is no quality without equity.”

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. A national broadband system is essential if all Americans are to have access to these technologies. 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. It also would help if Medicare and Medicaid would adopt national payment models for digital health services as well as the incentives to reward all frontline, primary care professionals
7. We must reframe consumer choice to mean consumer empowerment. If you cannot leave your job and the insurance it allows you to buy because of preexisting health issues, 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 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. We need rural health entrepreneurs to step forward with innovative and practical solutions to our rural health issues.

8. Rural and underserved populations must have access to the care they need, when they need it provided by the right health care provider. 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.
9. 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.

FUTURE ACTIONS: 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 wellbeing?

1. Economic initiatives

Provide relocation incentives to encourage urbanites to move to rural America to reduce their costs and provide rural with some additional skilled workers.

Encourage the work of unions, rural cooperatives and other associations that protect rural areas/people.

Create regional economic and community development strategies for local rural community growth –think public and private partnerships, creation of local foundations.

Increase access to capital for small rural business entrepreneurs in all sectors but especially in health and health care. USDA Rural Development could provide a model for new types of capital access and support.

Enhance local support systems to prevent the loss of community wealth when seniors have to leave rural communities because of lack of health and social services.

Institute a higher federal minimum wage that will benefit all American communities.

2. Promote entrepreneurship in rural America by enhancing access to funding and increasing training opportunities.

Bolster community colleges and their course offerings in rural America. Connect these programs to their area high schools and to national and international educational/training sites. All Land Grant University systems should support development work at the county level.

Establish rural job training and apprenticeships programs – especially in health care – for rural youth, supported by local communities, business and state and federal government.

Increase digital support for rural schools. Better telecommunication resources also could be used for teacher training and school nurse training and to deliver health care in schools.

Encourage the use of locally sourced food to help farmers and local food producers and to encourage healthier lifestyles and wellness for all citizens.

3. Digital system initiatives

Broadband expansion throughout rural America, including all tribal reservations, is crucial to any new rural future. All rural communities must have access to affordable high-speed internet and 5G connectivity.

Interconnectedness – collaboration versus competition – is necessary for any rural future plan. All local assets should work together to develop a regional, holistic plan that addresses local and regional health and health care issues. Digital connectivity provides a key asset now for this work.

We need a totally integrated health care structure that is affordable and transparent and offers a payment model for all health care services required in rural America. Digital telehealth is possible and essential for rural health care providers and the communities they serve.

4. Insurance initiatives

The Affordable Care Act must be revised to meet the present needs in America. 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.

We must address the relationship between the opioid crisis in rural America and the affordability of treatment. 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 health practitioners and rural citizens must help plan new strategies for rural communities.

The lack of insurance coverage for health prevention is now obvious and needs to be changed. To this point, most insurance packages have focused primarily on medical services. We must create an insurance model that includes coverage not only for treating critical and chronic health issues but also addresses prevention. Public health agencies have helped to address health education and prevention, but they are poorly supported. It is time for a real change in how we pay for our health and health care.

5. Rural health workforce initiatives

Create rural health enterprise zones that provide tax incentives to grow the current rural health workforce

Provide free tuition for rural students who attend institutions of higher education and who want to serve in health care, including in new and emerging health care fields, and must obtain certificates or degrees as home health workers, community health workers, community health paramedics and others.

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

Use the AmeriCorps model to bring fresh ideas, new training and resources for local rural health development projects and infrastructure projects.

6. 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. We must now set new priorities for public health, rural voices must be part of the conversation and any research must include the specific needs of rural people.

7. Policy center initiatives:

Create a Congressionally mandated national rural health center that is charged with developing a coordinated support system to build the nation's rural health infrastructure. The focus should be on helping all rural communities identify their assets and needs and develop sustainable models to meet those needs.

Nurture the linkage between rural communities to collectively address local well being and the future of health and develop health care sustainability plans. They must also provide the local connection to a national rural health center in the planning and implementation of projects.

We must address the impact of climate change on rural places and people. A national rural climate center must be developed immediately and enabled to use the best data, research and personnel to help to protect the people, the communities and the food products that are needed for our human survival. The Land Grant Colleges of this nation should be linked to create this center.

Closing thoughts

This document is designed to help our community leaders and citizens begin to envision a new rural future. 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 – in order to create a healthier rural America.

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

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