

# ENVISIONING a Healthier Rural Future

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 **Healthier**  
**Rural** *America*

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

# ENVISIONING a Healthier Rural Future

*Bringing a reality to the ideal*



Today's health prevention and health care model was the future 20 years ago. Now it's time to create a new future, based on vision, wise planning, and energy. Some of the team at A Healthier WE, has worked for decades to be positive disruptors of the systems that have created large challenges for rural America's smallest communities and its residents. These members now want everyone who cares about rural people and rural health to be in on the reset and the repurpose of our prevention and health delivery models.

We know, and agree, that the future must be a more cooperative/collaborative venture. We need more collective input from planning, research, data analysis and process development. The ideas and potential solutions noted below were identified during the 2020 and '21 AHW rural advocate Zoom meetings, from research readings, many webinars and conversations that we believe could be used to expedite future initiatives and their actions.

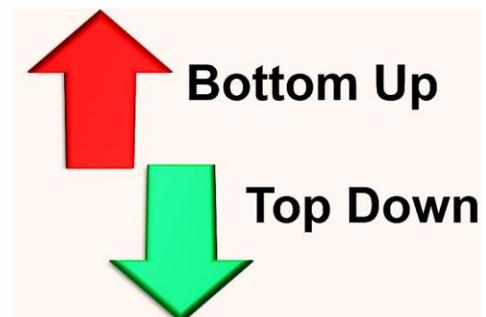
The team at A Healthier WE believe that a new vision of health and health care is at hand for rural America. We now need community advocates, facilitators, and sustainers to make it happen.

As a start, let's put the following actions to work.



**Focus on your local community.** Too much of today's health environment focuses on the national level and takes a top-down rather than a bottom-up approach for individual and community health. Community people will need to pay more attention to local politics and political activity and advocate for their health and the health of their community. We need to challenge and then reimagine what's happening in our own communities, especially regarding health prevention, health care and quality of life.

We should create a community "curriculum" that can help train present and future local leaders regarding health and health care systems. Start by understanding the language of health, advocacy training, research training, goal setting and plan development and community organizing methodology. This work must be done by local residents and by leaders who are trusted and have built a relational web of friends, neighbors as well as trusted experts. Much of the organizing effort must be based on this model in order for planning and action to persist and prosper. This design can then become a way of leveraging an entire community to address individual and collective health needs and opportunities.



**Getting to an ideal from a reality is more than just a saying.** Most of us identify as either a realist or an idealist when, in essence, we are all a combination of both with a leaning to one side or the other. If we are to truly envision a new health future, we must merge these two into a single operational structure.



The reality of the ideal allows everyone to imagine what an ideal healthy individual and an ideal healthy community would look like in order to move us forward. Meet and discuss how to turn those ideals into realities. This requires wise local leadership that can ensure that everyone is allowed to present ideas and everyone is encouraged to engage in the future. Practical change can only happen this way.

**Collaboration/cooperation should be the goal.** Too often, we tend to focus more on protecting the status quo than on envisioning a better future. The need to isolate during the pandemic may have stopped open, honest discussions and exacerbated the problem.

The COVID pandemic also had an impact on the economy, especially in many underserved communities. It has reminded us that what happens to one individual can affect many others. We are not isolated islands. We are all a people living in communities with shared interests, shared needs, shared values and shared assets.



In the past, the majority of rural Americans were involved in production economies and many formed local cooperatives to lessen negative impacts and share resources and opportunities. The cooperative model should be considered again as a foundational way to address prevention and health care issues in rural America today.

**Common values lead to common efforts and results.** The key word is “common.” Communities that work to find a shared sense of the common are more successful at community building, economic development and creating healthier communities.

That shared sense of the common is not equivalent to homogeneity or lock-step agreement. Instead, it requires getting excited about and building on the diversity that exists in every community. And see it as a strength and future potential to enhance the community.



Shared values and cherished values drive how individuals, groups and communities make decisions and create

actions that can benefit all members. We need to help each other identify those values and put them to action.

All over the nation, people are talking about racial justice, immigration, health care, national defense, women's rights, gun rights, income inequality, law and order. We have an instinctive desire to protect ourselves, our families and our communities from outside forces that we believe will hurt us. We need to move out of our silos to allow us to find and envision a new future.

Too often, though, we forget that all Americans share and cherish many values in common. We need to talk about those values and build on the shared values to create the reality of an ideal for healthy communities.

**Rural deserts must end.** Communities that lack a grocery store, a local school, a doctor, a pharmacy, housing and transportation are often referred to as rural deserts and often create less than optimal community health and health care.

To address this, we must see the community as a whole. We must create partnerships that will eliminate the many rural deserts that we have today. We need a holistic vision to create a prevention and care model that benefits all residents in all communities. There are many elements that make up our life and they all need to be integrated in order to create and nourish healthier lives and communities. This is how communities prosper.



**Rural Deserts**

New technologies make possible new roles for local school nurses, nutritionists and counselors as well as EMTs to aid in our health today. New roles for faith communities, local agricultural cooperatives, local main street businesses and local philanthropies must be included in any planning effort. All resources should be fully evaluated and then utilized.

**Traditional rivalries should be set aside.** For too long, we have viewed the neighboring health community providers as competitors. Instead, it is time to bring these professionals together to envision and to build a broader, healthier community model. The shortage of rural health professionals today means we must fully use all area human resources. Health providers' scope of practice must be fully evaluated and used. Health professionals must receive cross training if we are to meet the lack of health professionals in rural communities.



The reality of the ideal is dependent on visualizing and then using all available resources to meet your goals. Start by identifying previously unidentified resources that could be used to create a healthy community. For example, where are the needed phones, computers and educational materials? Where are the meeting areas within any faith community halls and other meeting spaces? What skills and tools

do the rural cooperatives have? What forms of transportation are available? And how can all the resources come together for a common goal?

**The health of the individual and the community should be the goal of everyone.** For too long we have abdicated that responsibility to outside entities that don't know or understand the social bonds that hold our rural communities together.

We send our young people to away for training, often breaking their community common bond, and then we wonder why they don't want to come back to their state or community.

It is time that we use our technologies and all our resources to grow our communities from the inside out. This will take a vision that is very different from our top-down, large corporate-oriented models. We have so many untapped assets and resources in rural communities that can only be truly developed and deployed by visionary community members and new leadership strategies.

To be healthy we must all envision **HEALTH** in the broadest and most holistic way. We must find a shared sense of the common and together build a new reality of the ideal healthy community.

## Envision The Possible

*Help our community movers/leaders, influencers, and residents begin to envision a healthier rural future*

### We must amplify:

- **Places** where people live and work,
- **Personal** health,
- **Population** health,
- **Public** health,
- **Political** will at all levels, AND

Enhanced **Prosperity and HEALTH**



# Let's Envision A New Reality



## Creating A Future Rural Agenda

How can we better address our nation's rural communities' needs and come up with workable solutions?

### Actionable Next Steps



The ideas below are gleaned from conversations with rural health advocates over the past two years. They address a wide range of changes from these advocates to build a new future for health in and for rural communities and their residents. Some are rural prioritization policy recommendations, some require structural changes and some are directed at specific health paradigms.

**TAKE!  
ACTION!**

1. Work toward a living wage model for all working rural residents, so they can invest in themselves, their families and communities.
2. Provide relocation incentives to enable workers from other areas to move into any rural area of their choice.
3. Better coordinate broadband expansion and payment among federal, state and private players. A public utility model should be considered to level the playing field.

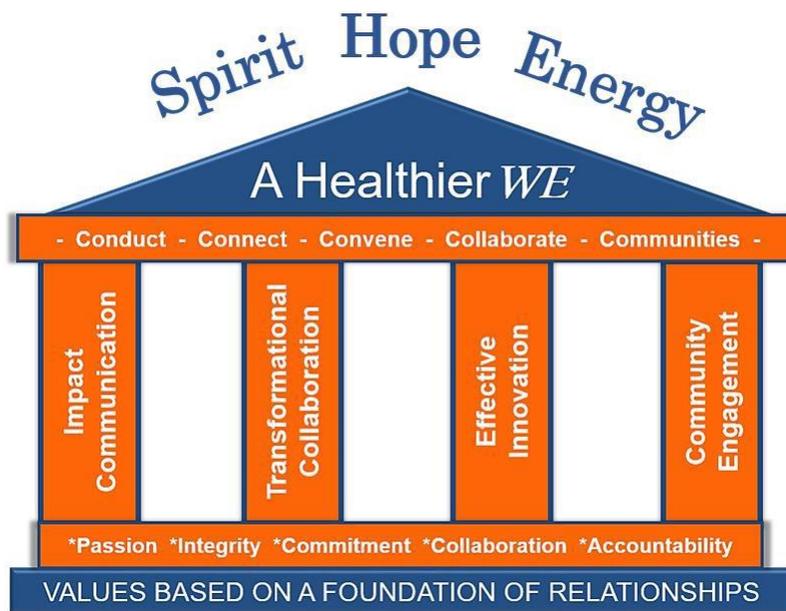
4. Bolster trade schools and community colleges and their offerings to meet future opportunities. High schools and colleges must work with local communities to address workforce needs.
5. Move from a rural debit mentality to an asset perspective that can build holistic local coalitions to design new prevention and health care service models.
6. Be sure that health service rules and regulations continue to evolve to enable more remote health and health care options for all remote rural communities.
7. Develop models to address any next crisis, based on lessons learned from dealing with opioid and COVID pandemic challenges that revealed the weaknesses in our siloed health policy and delivery models. Rural primary care, mental/behavioral health and public health must be in the forefront.
8. Ask local residents to create a method to accept and use estate gifts to address health and health care issues locally. See the Nebraska Community Foundation model. <https://www.nebcommfound.org>
9. Find a new funding model for rural community education that can prepare rural residents for health-related professions. Rural dentistry, behavior health, maternal health, EMS, nursing, elder care and ER professions need more support.
10. Develop a new way to finance rural businesses, housing, transportation, health care and entrepreneurship in rural communities. Explore rural enterprise zones as a way for an area to collect resources for growth.
11. Create rural apprenticeship and new job training models to meet the future workforce needs, especially related to health care.
12. Encourage agricultural food, fiber and fishing systems to work even more closely with technical research and development entities (both public and private) to grow process and distribute healthy commodities.
13. Develop models for local community wellness. All policy making entities must evaluate the rules, regulations and laws that are a barrier to creating and sustaining these health-oriented efforts.



14. Share research findings on weather and climate change with all rural communities. The Extension Service should be tasked with this effort.
15. Approach this work with a positive mindset focused on real and perceived assets. A new rural health future cannot be addressed and created under the negative frames and paradigms often attributed to rural communities.
16. Involve young people in developing models for a healthy future community. Youth contributions are crucial to any effort. Must address the health and health care needs of the youth

*In these times, if “I” is replaced with “We”, even  
Illness becomes Wellness*

**We Can work towards a Healthier Rural America  
TOGETHER**



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