Imagine

A Community of Healthy Living

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

It is time to imagine and implement a community of healthy living, starting with rural communities. It is time to think differently, more holistically, and envision the possible.

Rural America has long been home to passionate communities of practice devoted to the preservation, protection and renewal of a uniquely American way of life led by the people who live in their communities.

We believe that many of the seemingly intractable problems in rural America stem from broken systems, structures, and processes that prevent rural people and their communities from joining together to leverage innate strengths, common interests and shared resources. We seem to have focused on the whole and forgotten the many pieces that make up the whole.

Using a natural perspective as a framework we can more holistically view the range of factors that impact, influence, and elevate overall HEALTH of both individuals and communities. It is a mental model that can assist each person and their community to truly address all the components of their “whole” health ecosystem.

In nature, an ecosystem is a community of living organisms that interact with each other and the non-living components of the system. An ecosystem is an environment that is inter-acting, inter-connected, and inter-dependent.

Much of the historical dis-connect is that when we think of health, it is in the context of our dysfunctional and fractured sick care non-system. The reality is, the vast majority of our daily lives are not spent in our continuum of sick care, but instead in our communities where we live, eat, learn, work, play, and prosper. A Community of Healthy Living envisions all are supported and enabled daily for a state of “complete physical, mental, and social well-being”.

Community HEALTH Ecosystem

Inter-acting > Inter-connected > Inter-dependent
Community of Healthy Living includes all the touchpoints that impact and influence the individual people that together make up the whole. If we broaden our “lens” to include all of these, we can begin to envision a more inclusive future.

Up to this point in our policies, procedures, politics, and pondering the dysfunctional thinking seems to reflect that a Community of Healthy Living is already there waiting; we just haven’t made the journey to inhabit it. We tend to think more “Top down”; we need more funding, or policies, or regulation. These can be helpful, however, we need to think also in terms of “bottom up”! The reality is that getting there takes much work and includes a multitude of factors that have not traditionally be considered.

Consider any major construction endeavor. Much of the preliminary work (connecting the water, sewer, pipes, electric, cables, etc.) occurs in the depths of the earth where it is not visible from the outside. But all is a necessary foundation and infrastructure for long-term stability and sustainability. It is no different in planning for our Community of Healthy Living.

The team at A Healthier WE, a 501(C) 3 not-for-profit organization, has been working to identify the best ideas and strategy to apply those ideas to foster healthy communities. Our website, www.healthierruralamerica.org, includes information you will find helpful as you consider what a Community of Healthy Living could be for you.
We believe there must be a transition away from a culture that reactively responds to sickness towards one that proactively fosters healthier individual and community decisions to enhance and prolong quality of life. It is time we stopped looking for debits in our communities and look, instead, for the many assets that are around us every day.

We want individuals in their communities to be talking to themselves about themselves. Every business, manufacturing plant, faith center and recreation area should be talking about what healthy living building block each can contribute – every day. Care and share should be the goal.

Today, A Healthier WE is focused on communities working with and sharing definable health data to drive the needed innovation in how we care for each other’s health. To that end we have spent almost a year trying to identify and study communities that are trying to better care for their members. We encourage you to go on our website https://www.healthierruralamerica.org/ and read about each of these communities. In too many cases, we see communities that are still focusing on sick care versus wellness care. It is hard to create and use a new paradigm.

The four communities we studied are: Ord, Nebraska, Orangeburg, South Carolina, and Espanola, New Mexico. In addition we did a video compilation of San Miguel County, NM. Their 100% New Mexico Initiative has identified 10 areas of community life that affect their residents’ health and prosperity. (www.healthierruralamerica.org)

What did we learn from these four communities?

These four communities illustrate the key rural strengths that can make change a reality: close-knit communities, a strong work ethic, working with neighbors, values of self-sufficiency and resilience derived from adaptability. While there will be setbacks and challenges along the way to any renaissance, strong leaders who bring people together can create a vision that includes openness to new ideas and change. We also learned that communities must be willing to commit to a long-term process.

We have also studied the Foundation for a Healthy Kentucky model that has identified 10 principles that address organizational values that must be considered as a community plans for health transformation. We encourage you to study these principles and identify which can help you and your communities.
In California, we discovered the work of OLE HEALTH. Their vision is: every patient is at the center of a team of professionals who help them reach their wellness goals by offering the services patients need, when and where they need them. (www.olehealth.org/who-we-are/mission-statement)

The National Rural Health Association’s Rural Horizons magazine on June 11, 2021 had an article on rural oral health equity by Eleanor Fleming, DDS, PLH, PhD. “I find myself becoming a more vocal champion for dental public health and oral health equity. This is the lens through which I approach these issues, always thinking about the role of the science and evidence-based research.” You will also find other success stories that are working in rural communities in our nation.

Our team was impressed by the work done at Texas A&M in their “Rural Health People 2020. New Decade, Same Challenges” report. The writers highlighted the “bright spots” in some areas of rural America that add to the health of citizens. We agree with the researchers that solely focusing on deficits in a community, ignores the full range of rural assets found in people and organizations. They identified four bright spot commonalities from the community organizations that they studied. They are:

1. Multiple sources of leadership are vital
2. Culture defines the parameters of success
3. Data are needed to inform leadership, demonstrate the impact of cultural change
4. A spirit questioning and thinking upstream allows leaders to be open to new ideas

We continue to look for applicable community models that help citizens live a healthy life in a healthy community. To that end we are studying the Blue Zones,
especially the one found in Loma Linda, California. Blues Zones are regions of the world where a higher than usual number of people live much longer than average. The Loma Linda community has a group of 9,000 Seventh-day Adventists that make up the core of the Blue Zone region. They live as much as a decade longer than the rest of the community.

https://www.bluezones.com/exploration/loma-linda-

The term first appeared in Dan Buettner’s November 2005 National Geographic magazine cover story, “The secrets of a long life”. The four keys to healthier living found were: moving regularly, live with a purpose in mind, receiving the needed social support, and making the healthy choice the easy choice.

Many rural communities are trying to find the right approach to healthy living. Our team at A Healthier WE has also proposed to the federal government a new way they can better help rural Americans and their communities. (Read the details for a National Institute for Rural Health on our website https://www.healthierruralamerica.org/). The need for a new approach became obvious to us as we found that there 400 separate federal rural programs housed inside 13 departments and 10 independent agencies and connected to 50 offices and sub-agencies under 14 legislative committees.

Our vision for rural communities is to foster healthier rural lives for a healthier, more prosperous nation by enhancing places people live and work, their personal health, health of the regional population, public health and political will.

Why focus on these? Because the health care system is not the primary generator of better health. Research indicates that genetics, socio-economic factors and physical environment make up 90 percent of the impact on our personal health. Only 10 percent is influenced by the health care system.
Many years ago we found a saying that we use yet today: “One community, many lives, one goal.” These are simple but profound words.

What practical ideas can you implement to create a Community of Healthy Living?

First, what values does your community share? Does it include a belief that a healthier me becomes possible when we have a healthier we? We believe this understanding can happen only if people talk to each other and share their hopes, dreams and fears – not just about health but about their lives with each other in the community. This could start in the local coffee shop or in your church group or your book club. The important thing is to start. Work to find people with the traits to be passionate, nurturing leaders.

Second, your focus must be on the health of your community. A simple definition of health could be “When everything works.” What is not working for each of the members of your community?

A community conversation is necessary to figure out what influences the health of each individual person. Involve the whole body of residents in your community to ensure that all components of everyone’s needs are identified and addressed.

What skill sets can be found in your community and how can those skills be deployed for the benefit of the whole? This holistic model will require everyone to think about these four action areas:

1. Creating healthier, more equitable communities. This one is loaded with value discussions and creating a process to build equity.
2. Making health and health care a truly shared value. Start with your definition of health and then consider what supports are needed and where they can be found.
3. Fostering lots of collaboration to improve total well being.
4. Strengthening the integration of all services and systems that enable a healthy individual and community. Remember we are looking outside the health care system for most of these.

All this may sound complicated, and it is if you are stuck in what we currently think of as “health care.” It’s not easy to change our thinking. Most of us value progressive ideas, but few of us love change.

Community of healthy living is, essentially, is a new way to think about HEALTH. What is a path forward to this new model?

The Bipartisan Policy Center, a Washington, D.C.-based think tank, has proposed these ideas to which we added some of our own:

- Think in terms of a movement, not just single point in time.
- Identify and hold up successful models of reinvention for your community using this new focus on health.
- Develop an unprecedented level of collaboration and commitment. Focus on sustainability.
Strengthen your human, community and financial viability for success. How many times can you spin the local investments in this model? How can you focus that investment on lens community of healthy living?

Right-size health care services in your area to truly fit the individuals’ and community’s needs. Remember that most of our present models came from a different time and paradigm.

Build a diverse and sustainable local workforce that is future-oriented and helps to create and sustain a healthy community. Know the human skills that exist in your community and help to expand those skills as needed.

Provide the right resources and tools to be successful. Right now it is telecommunication and artificial intelligence. Many communities need a less technical approach today but will need help to meet the upcoming challenges to use these resources.

The critical steps for every community should be to convene, connect, communicate, collaborate and commit. When you complete those steps once, repeat as often as needed. Track and measure your progress to continue to adjust toward your goals.

The health of your citizens and community depend on leadership to bring about this transformation. Are you that leader? Do you live and work at the community level or are you a policy maker? Can you take a small step to bring this new way of addressing health to those around you? What action step can you take today that can add to this new model for health?

To be successful, we believe that this must be both top down and bottom up. In both arenas it will take visionary leadership and a commitment to achieve this new action vision. We welcome you to join us in this adventure.

Or as John Lennon so eloquently sang:

“You may say that I’m a dreamer, but I’m not the only one. I hope someday you’ll join us and the world will live as one.”
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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