Healthier Rural West

Healthier America: Transitioning from Crisis to Well-Being

Synopsis

A Healthier WE

Introduction

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Acknowledgments

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Welcome Letter

On behalf of A Healthier WE, we are pleased to share this synopsis of the inaugural Healthier Rural West Summit that took place March 19-21, 2019 in Salt Lake City. This synopsis is intended to briefly summarize presentations and panels, highlight key messages from keynote addresses, and outline steps forward for participants and stakeholders.

Building from the Summit, we will continue to move forward together with spirit, hope, and a passion for action. We will continue to **Convene** a body of diverse stakeholders, **Connect** through thought and opinion, **Communicate** emerging issues and lessons learned, foster **Collaboration** and secure **Commitments** from relevant parties throughout the Rural West.

In addition, this month marks the 150th anniversary of the First Transcontinental Railroad which occurred at Promontory Point, West of Ogden, Utah. This event culminated with the driving of a ceremonial golden spike, signifying the unity of our country.

When this spike was driven by Leland Stanford, who later became President of Stanford University, our thoughts were focused on uniting our country, not dividing it. Times have certainly changed. Today we are facing serious divides ranging from rural/urban, poverty/wealth, inequality/social justice, youth/aged, access to quality health and healthcare for everyone and more.

The mission of the Healthier Rural West Summit is to generate a thoughtful conversation around these divides, to secure individual and collective commitment and collaboration, and to identify and incubate solutions to cross the continental divides and transition from crises to well-being.

Over the coming months, conference participants – in collaboration with the full complement of health stakeholders - will continue in their roles as part of a diverse and devoted group of participants from a variety of communities, industries, and sectors coming together with a focused goal to make positive change happen.

Now that we've jointly taken our first steps toward a healthier America, the ensuing months are the time to advance our agenda and commit to delivering health-enhancing impact to the lives and communities we hold dear.

Moving forward with Action with warmest regards
Phil
Phil Polakoff MD, MPH, MEnvSc

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Overview

From the opening speaker to the final panel, the Healthier Rural West Summit (HRWS) emphasized the necessity of coherent cooperation to bridge gaps and meet shared goals, arrayed across four essential health action areas (aligned with the RWJF *Moving Forward Together: Building and Measuring a Culture of Health* initiative).

In his opening greeting, Phil Polakoff, Founder and CEO of A Healthier WE, highlighted the theme of bridging gaps: past/future, rural/urban, inequality/social justice, youth/aged, poor/rich, low tech/high tech, etc. Against a backdrop of atomization of communities and polarization of stakeholders, the quadruple aim of better care, better health, lower cost, and satisfaction cannot be met. Therefore, A Healthier WE seeks to convene, connect, communicate, collaborate, and commit stakeholders to the requisite mutual effort wherein I becomes WE, and illness becomes wellness. Hilary Franz, Commissioner of Public Lands for the State of Washington, addressed a similar gap, between our rich Western heritage and a healthy future. The challenges for rural communities in Washington state require approaches that simultaneously address economic necessities and environmental considerations, as exemplified by derelict vessel dismantling programs and solar photovoltaic leases on rural lands. Spencer Cox, Lieutenant Governor for the State of Utah, noted differences in potential across three broad social groups: the mobile, the stuck, and the rooted. Incentivizing rootedness in the rural West is a key factor in lifting people out of intergenerational poverty. Evon Holladay, COO of A Healthier WE, underscored the collaborative, enduring nature of the Summit, with its emphasis on networking and innovation. Mikelle Moore, Senior Vice President for Community Health at Intermountain Healthcare, further highlighted the tree analogy, with health care delivery serving as branches/leaves, health education/support as rootlets, and community health solutions comprising the central taproot. Elizabeth Baca, Deputy Director of the California Governor's Office of Planning and Research, noted that clinical work can feed into policy, but is not a solution in and of itself. John McCarthy, Assistant Dean for Rural Programs at University of Washington's School of Medicine, utilized a rowing metaphor for health as a shared value: rowing teams can only travel as fast as their slowest member; he also pointed out that social determinants likely have a greater role in health outcomes than health care. Ed Clark, Associate Vice President for Clinical Affairs at the University of Utah School of Medicine, spoke to the resonance of John Wesley Powell's *Lands of the Arid Region* map, which presciently called for the employment of technical ability, labor, and capital to meet the challenges of life in the West; these same resources remain necessary to address rural West health. President and CEO of Intermountain Healthcare Marc Harrison gave an opening keynote address that outlined extant innovative initiatives such as telehealth and the Utah Alliance for the Determinants of Health, currently operating pilot projects in two Utah counties. On day two, CEO of University of Utah Health Michael Good highlighted in his opening keynote the University of Utah's efforts to integrate academic and health sciences across disciplines, coupled with a rural outreach program to train rural practitioners and facilitate service to rural communities. Anna Moot-

Levin, a documentary filmmaker, discussed how the country doctor archetype is evolving in modern rural America, when facing communities with aging populations, brain drain, substance abuse issues, and economic constraints. She noted that hope and resilience was a common theme among providers, who represent a revival of the pioneering spirit in the American West. Matt Probst, Medical Director and Chief Quality Officer of El Centro Family Health, framed the strategies that Federally-Qualified Health Centers must utilize to effectively deliver health care to marginalized populations as analogous to a river: a complex, chaotic place rife with undercurrents and potential problems, but which can be channeled and harnessed to care for those in its catchment. Utah State Senator Scott Sandall, flagged the differences in health care needs in rural areas, which translate into opportunities for innovation and employment to create healthier communities. Scott Andersen, CEO of Zions Bank, highlighted collaborative efforts in the American West relating to the social determinants of health, which can account for up to 60% of a person's health outcomes. Mr. Andersen went on to note that even the best healthcare policies can become ineffective and costly if a person's social determinants of health aren't addressed. David Kennedy, co-Founder of the Bill Lane Center for the American West at Stanford University, flagged that health and healthcare were increasingly recognized as the most urgent issue in the American West. His remarks underscored the importance of the frontier in American history, as well as its future.

The consonance in messages across keynote speakers underscores the need to cross divides in order to transition from crisis to well-being. To this end, individual Summit panels and presentations are discussed in greater detail below.

Four Essential Health Action Areas

Brief synopses of Summit sessions follow below, organized by Essential Health Action Area. Many presentations touched on more than one pillar; for the sake of expediency and ease of reading, sessions are listed under a single primary Essential Health Action Area. A fifth section, on using technology innovations to scale proven solutions, was utilized for panels with a particular technological focus; synopses in this section immediately follow the summaries arranged under the four pillars.

Making Health a Shared Value

Improving Mental and Behavioral Health in the Rural West: A Foundation for Suicide Prevention

With a background of high suicide rates in the rural West, and one in four rural adults manifesting issues with depression, a clear call for addressing mental health in rural areas was heard. Extramural delivery of mental health services is clearly an attractive solution, but solutions must be tailored to a rural audience. Initial focus groups of the online digital therapy / cognitive health platform noted that a concentration on urban adults limited the intervention's utility, so materials were revised with more of a rural focus, including rural imagery, rural experiences, and rural profiles. Results included decreases in symptoms of depression and anxiety, and increases in general functioning and resilience. Based on initial successes, additional tools for youth were added to the platform.

Rural Health without Borders: Leveraging Resources from State Offices of Rural Health in the American West

Given their ubiquity as a function of their founding by the Health Resources and Services Administration, State Offices of Rural Health are an important resource for stakeholders across the rural health landscape. Key focus areas for State Offices of Rural Health are: partnerships with rural health organizations, quality improvement, data portals, and administration of rural health resources. State Offices of Rural Health can also serve as neutral conveners to collect and disseminate key health information, coordinate rural healthcare activities, and provide technical assistance. Panelists noted case studies of siloed – or even competing – rural health stakeholders, and suggested that partnering with State Offices of Rural Health was a key means of overcoming these disconnections.

Using Collective Impact and a Coalition to Revitalize a Rural County

Studies on rural risk suggest that rural areas are have unique varieties and extents of vulnerability to natural disasters. Presenters discussed a rural Texas community responding to a spate of federally-declared disasters, beginning with a strategic planning process organized around community-chosen themes: workforce housing, early childhood, mental health, human trafficking, healthy parks, food and nutrition, and community and families. Underlying goals included: increased civic participation, philanthropy, volunteerism, voting, health and wellness, caring, and resilience. Lessons learned included placing the community first, building

relationships on trust, intentional segmentation for delegation of tasks, cultivation of non-traditional stakeholders, capacity building for all parties, a common vision, and broad community participation.

A Healthier Rural Westerner: Creating Access and Opportunity to Drive Change

Panelists characterized community health as a social engineering process; in order to encourage a community to feel, think, or act differently, community organization and leadership - coupled with a strategic communication plan – are critical. Presenters framed this as an ecological approach to wellness, based on the use of a community wellness council comprised of a core group of leaders to articulate their message and vision. Disciplines already providing health promotion services (e.g. dietitians, wellness coaches) provide a roadmap for efficacy when integrated with health systems.

Hospital and School Cafeterias: A Foundation for Better Nutrition for One and All

There is currently a tension between the requirements of institutional food service, agriculture, and public health. Upwards of 85% of food dollars spent by institutional kitchens go to processed foods (this figure is even higher in hospitals). One consequence is a significant percentage of food being wasted. Another is an inability to link local food producers with nearby institutional kitchens. Perhaps counterintuitively, cooking from scratch can be cost neutral for institutional kitchens, by decreasing food waste and creating markets for fresh local foods. Key messages were needs to engage communities in food choice and production, and bolstering teamwork in industrial kitchens to decrease waste volumes and increase community buy-in (e.g. through school gardens).

Building a Culture of Health in Rural Oregon

Panelists discussed an initiative in rural Oregon charged with investing in innovative and transformative projects to revitalize the healthcare experience for patients by making consumers the focus of their own healthcare experience. The signature pilot project worked in the domains of palliative and end-of-life care through support for caregivers, clinicians, and patients.

Fostering Cross-Sector Collaboration

Utah Alliance for the Determinants of Health: Addressing Social needs to Improve Health

Rural residents have lower than average life expectancy, high behavioral health needs, and manifest high emergency department use for non-emergent conditions. Addressing the underlying social needs that give rise to these conditions requires transitioning from awareness to assistance to alignment on the part of state governments, local mental health providers, community-based organizations, the business community, and insurers. One key lesson noted by panelists was to start the coalition-building process by outlining ‘why’ particular social determinants of health were being addressed, culminating in a model of ‘social care’, wherein social determinants are married with clinical care.

Utilizing Cross Sector Collaboration to Build Well-Being

Presenters pointed out that a particular strength of governments is their ability to convene people; crafting individualized solutions represents an opportunity for growth. Turning partnerships into action is therefore central in rendering collaborations relevant for well-being. Presenters discussed case studies wherein community health workers had not previously been integrated into health systems. In a pilot, CHWs screened primary care patients and became an integral part of the identification of deficiencies in social determinants of health, as well as the broader health provision process.

Living with Wildfire in the Rural West: Working Across Sectors to Enhance Public Health, Safety, and Ecological Resilience

Wildfires have a nexus with multiple additional sectors: public health and safety, educators, first responders, natural resource managers, state and local governments, city planners, homeowners, air quality regulators, and tribal communities. Persistent smoke has cascading effects on public health, loss of facilities and infrastructure, loss of tourism revenues, etc. Making conservation and 'good' fires part of the rural restoration economy represents an important opportunity for workforce development and youth employment, and has significant environmental, economic, and health benefits.

Law Enforcement Collaboration to Address: Homelessness, Substance Abuse, Mental Health and Dementia Diseases

When things go awry in domains such as mental/behavioral health, law enforcement frequently serve as the social service agency of last resort. However, in many jurisdictions, there is a training gap for matters such as homelessness, dementia, and mental health (all of which may overlap and/or compound each other). One aspect of the response to these overlapping issues is the need to upskill existing officers; one example was the provision of trainings on crisis intervention detailing tools available to officers beyond arrests. Another approach is collaboration with the full complement of social services, including transportation, healthcare, community courts, and substance abuse services (among others). One key take-home message was the requirement for communities to conduct needs assessments and structure services such that behavioral health personnel can match responses to community needs, preserving law enforcement resources for those domains where they are best suited.

Suicide Prevention: Uncommon Ground - Partnerships between Health Professionals & Gun Owners to Save Lives

This session was oriented around a pressing health issue – a suicide rate in rural America at a 50-year high – complicated by political debates, cultural differences, and a lack of clarity on how to bridge gaps. Panelists noted that data don't take sides: 85% of gun deaths are suicides; therefore, all parties have an ethical obligation to address these circumstances. Central to the prevention of suicide by firearm are the twin matters of time and distance. Increasing either the time required to access firearms or the distance between people at risk of suicide and firearms (or both in tandem) decreases suicides. Presenters flagged several initiatives such as cable-style

gun lock distribution, a suicide prevention module within concealed carry permit classes, and research initiatives to understand the optimal way of communicating risks of suicide to firearms owners. Finding common ground between medical providers / mental health professionals and firearms owners and interest groups will be central to addressing the suicide epidemic in rural America.

Collaborating with Media to Improve Health in Our Communities

The practice of health promotion and education has long sought ways to optimize the communication of health messaging. This panel discussed a collaboration between a large non-profit healthcare system and a local TV station. Beyond simply creating audiovisual messages for broadcast, the healthcare system crafted multimedia campaigns for prenatal and newborn health and a broader diet/exercise/screening program. These campaigns included segments on local TV news, monthly studio guest messages, commercials, webpages, email marketing, and social media. One key to success and recognition was the use of lead anchors from local TV news. This was complemented with the use of multiple platforms, wherein news segments were linked with email campaigns, and health experts from the state Department of Health or healthcare provider organizations appeared in panel discussions on the TV station. A final take-away message was that all markets and organizations are different, so assessing needs and measuring results is key to effective media campaigns.

An Optimal Community Pharmacy Service Delivery Model to Improve Healthcare in the Rural Community

In the current US healthcare marketplace, access to health services occurs across three distinct steps: gaining entry, accessing a particular location, and finding a provider. Significant disparities exist owing to geography and economic factors. One consequence of the current state of play in rural health is that pharmacy information is frequently not available to providers. When rural providers can see a patient's full complement of prescriptions and diagnostic tests, issues such as substance abuse or diabetes management problems are more easily detected. From the patient's perspective, being able to have a one stop shop for all of their prescriptions was viewed as a valuable service. Pharmacists themselves reported higher satisfaction when working in optimal community pharmacies, and payers were found to be highly likely to reimburse optimum models of community pharmacy. The community pharmacy model may therefore serve as a useful element in rural primary preventive care.

Creating Healthier, More Equitable Communities

Getting Organized: Hope and Opportunities for Rural Health Systems

Owing to the extent of chronic illness, demographics, and the prevalence of government payments for care, existing payment systems are frequently ill-suited for rural communities. Further, the economics of health care in rural communities are different: since health systems are frequently in the top two or three employers in a given rural area, the loss of a rural health facility can have non-health ancillary costs. One key opportunity for rural health systems relates

to the cost per case. Getting patients to remain in their community for healthcare rendered rural clinics more viable, which in turn reduced the cost of care for services offered. However, patients are finely attuned to the reputation of rural facilities, and will only patronize local clinics if care quality is comparable. Panelists noted that the secret sauce lies in knowing what is going on at the community and local hospital level, with a particular focus on those services which are most frequently delivered outside of the community.

Rural Latino Health in the West

This panel noted that Latino health is particularly relevant to conversations about the rural West because Latino population gains frequently offset population declines among other sociodemographic groups in rural America. There are approximately 3.2 million Latinos in rural America. Seven US states have over 100,000 Latinos; five of these are in the West, for geographic, economic, and cultural reasons. One case study, dealing with access to health care for farmworkers, noted the need for healthcare provision at worksites. Another approach was a global case navigation management project, which provided case management and medical records for a highly mobile population.

COPE: A Community-based Collaborative Approach to Improve Health & Wellbeing on Navajo Nation

Panelists discussed the utility of Community Health Representatives (CHRs) in overturning long-standing historical health inequities. In the Navajo Nation case, the CHR position was first formalized in 1968, and serve as a bridge between patients and facilities, helping to overcome barriers such as transportation or lack of family support. CHRs also assist in generating culturally-appropriate materials that are consistent with messages from clinics. When CHRs can receive referrals via electronic health records, patients have better health outcomes and primary care engagement. CHRs continually respond to community via access to healthy food, facilitating cancer care, youth engagement, working with local food growers and farmers markets, and by building future capacity for sustainable programs.

Understanding and Protecting Vulnerable Populations: Young and Old

Panelists discussed a 'Health Improvement Index' as a key means of assessing social determinants of health. Presenters noted that a key precondition for the process was working with affected communities to define variables and indicators in advance. Practical applications include standardized language for dialog on health disparities across organizations, the production of measures with utility for grants and reporting, increased collaboration across domains, outlining of meaningful criteria to make legislative decisions, and use by local health departments to target vulnerable communities.

Purpose Driven Solutions: Investing to Bring Enhanced Well-Being to the Rural West

At the intersection of community development and health care, mandated community reinvestment makes good business sense, and is arguably a moral imperative. Panelists noted the double bottom line: a fair return on investment while doing justice to the community. Healthcare providers are frequently 'anchor' employers who can use their hiring power to

improve economic development for rural communities. Presenters described partnering with their state governor's office to base location-irrelevant jobs in rural areas through the use of telecommuting.

Supporting Subspecialty Access Throughout the Rural Intermountain West: Healthcare for All

In many rural areas, access to subspecialty care can be so challenging that patients simply go without. Presenters discussed the limitations of oncology care in rural Wyoming, which frequently entailed long, difficult drives on icy mountain roads to reach referral hospitals. Being able to deliver secured oncology care at local clinics through telemedicine was presented as an exemplar of elevating the level of care in rural areas, along with improving access. Panelists noted that initiatives like this require buy-in from three groups: primary care providers, specialists and subspecialists, and patients.

Accountable Community of Health (ACH) Collaborative Partnerships Address Resource Gaps

ACH partnerships are predicated on the creation of linkages between traditional social service organizations and care provider organizations. Panelists discussed a case study of such partnerships, founded on a coalition formed from a broad swath of society. Key steps in this process included: aligning the transformation process with local identity while still maintaining consistency with Medicaid reforms; creating a workgroup to address social determinants of health; integrating public health and primary care via conversations with county commissioners, hospitals, and health departments; and collaboration between regional health centers and rural hospitals to prevent duplication of efforts. Presenters outlined a five-step framework for addressing equity gaps: use data and community engagement to identify community health priorities; use data and community engagement to identify inequities within those priorities, and prioritize any equity gaps; ask why these gaps exist, utilizing the '5 whys' approach; each collaborative member commits to one activity that will help improve outcomes for the most vulnerable groups; and measure, evaluate, adapt, repeat.

Strengthening Integration of Health Services and Systems

Rural Independent Hospital Network Helps Keep Rural Healthcare Viable

Panelists noted the sustainability challenges to rural hospitals, given scattered geography, various parent companies, and differing provider models. The network of rural independent hospitals listed three strategic goals: better formulary for improved leverage in volume pricing; the creation of a forum for networking and sharing best practices, including subgroups with executives and managers; and reducing isolation. At its core, rural hospitals are limited by inabilities to access economies of scale in many processes, which in turn impinges on the ability to attain the quadruple aim. Their parting lesson was the need for rural hospital boards to connect with others, either via formal associations/networks, or informal affinity groups.

Using Urban Planning and Policy to Create Healthy, Equitable, and Resilient Communities

Recognizing the value of infrastructure, such as transportation networks and trail systems, for community health is an important step for rural health stakeholders. State, county, and municipal governments are the primary authorities tasked with urban planning and policy, but may be isolated from other rural health stakeholders. In order to proactively support communities to incorporate health considerations into the planning process, panelists discussed integrating active living and recreation, food systems, social connection and safety, health and economic opportunity, climate and resiliency, healthy housing, environmental health and exposures, and health and human services into general planning processes. Codifying changes into policy was another key step in this process, and the provision of example policies and case studies to state offices of planning was mooted as one effective way of doing so.

Successful Models for Developing the Rural Healthcare Workforce

Presenters honed in on common features of successful rural healthcare workforce initiatives. Key features include incentivizing the right people in the pipelines (e.g. students from rural communities), and re-enforcing pre-existing interests in rural life (e.g. opportunities for recreation). A major thrust of efforts at rural healthcare workforce development was youth, including the inauguration of health career clubs in local high schools (and ultimately middle schools), and the use of high school peer health educators, which had salutary effects on teenage pregnancy rates and could plausibly be applied to suicide prevention, cardiovascular health, and substance abuse initiatives. These efforts with youth are most effective when coupled with medical and nursing education programs which have preferential admissions for rural students willing to practice in rural areas, along with projects strengthening integration of primary care, population health, and interprofessional education.

Rural Communities Opioid Response - An Integrated Approach to Confronting Substance Abuse

Presenters discussed an opioid response planning grant to build consortia in areas at risk for opioid use disorder. Participants included primary care providers, law enforcement, community health authorities, paramedics, youth advocacy coalitions, state offices of drug control policy, hospitals, behavioral health organizations, urban resource organizations, etc. Because substance abuse treatment reduces recidivism, collaboration with law enforcement is a force multiplier. Challenges faced included geographic isolation, extreme weather, access to care (including specialty and behavioral health care), responsiveness from partners, lack of education/awareness around opioids and substance abuse, social isolation and a ‘pull yourself up by your bootstraps’ mentality, population diversity, the stigma of addiction, and provider burnout. These challenges were being met through medically-assisted treatment (MAT) facilities, expanding treatment and recovery resources, the use of the Icelandic primary prevention model, integrating behavioral health into primary care via telehealth, avoiding duplication of services, provision of transportation vouchers, and facilitating peer-to-peer connections for providers to get MAT certifications or waivers.

Using Accountable Care to Improve Health in the Rural West

Presenters framed accountable care organization (ACO) efforts as ultimately value-based care work, but noted that well-intentioned subsidies and safe harbors (e.g. electronic health record waivers) can create incentives not to move. From a physician perspective, it is important to acknowledge that while the team-based model of care is ubiquitous in training, it may not be as feasible in rural settings. Building robust, team-based primary care in rural areas requires data analytics, workflows, task delegation, quality reporting, staff training, support, and collaboration beyond the point of care. Key assets in rural health include a long-term relationship with the patient, strong community identity and resources, a primary care focus, a stable population from cradle to grave, and a mission-driven orientation.

Healthcare Markets: Pricing and Competition

Effective policy cannot be crafted without data on spending, utilization, and quality. The consolidation of markets – through mergers of pharmaceutical companies, insurers, or healthcare providers – has exacerbated rural issues such as provider shortages, high costs, and the significant distances between patients and facilities. Being able to track healthcare prices and competition allows states to compare data across regions, and track litigation and enforcement. Scope of practice laws can complicate the rural health landscape, and regulations in this domain can impinge on competition. Reference based pricing was discussed as one potential avenue to incentivize markets to address shortages in rural healthcare.

Providing Effective Person-Centered Care for Aging and Dementia Diseases

Panelists noted that America's aging population - including 5.8 million people living with Alzheimer's and other forms of dementia – results in significant burdens for caregivers and the health system. One means of mitigating burdens and improving care consists of shifting from previous models (termed 'task-centered care') to person-centered care. Benefits of person-centered care include increases in quality of life, decreased need for medication, and better staff retention. Presenters discussed new state regulations in Colorado for assisted-living residences, which intend to protect and promote individuality and person-centeredness. These regulations center on the creation of individualized care plans for residents. For this approach to be successful, administrators must be trained on resident care, staff orientation must include modules on person-centered care, and comprehensive pre-admission assessments must be performed.

Using Technology Innovations to Scale Proven Solutions

Telehealth: Enhancing Health in the Rural West

In the 'traditional' telehealth model, health services are delivered through an IT application. This has utility for a subset of rural health issues, but truly enhancing rural health via telehealth requires direct-to-consumer applications backstopped with inpatient programs. Telementoring was another important telehealth application that mightn't be included in traditional models. Panelists described the ideal use case for optimal telehealth delivery as conditions with

dynamic complexity, a high social burden if untreated, and which are particularly treatable (e.g. Hepatitis C Virus). Respecting clinicians' time was a further important consideration.

Using Population Health Needs to Project Primary Care Needs: A Working Demo

Key issues in the consideration of primary care workforce projection are quantifying need and preparing the existing and future workforce for these projected needs. Given long lead times in workforce development, coupled with diffuse constraints to both supply and demand, models must comprehensively account for inputs in order to provide decision makers with sufficient evidence for policy choices. This working model outputs ideal provider staffing levels, identifies constraints in the current workforce composition to look for potentials to optimize, and suggests an ideal service allocation to inform funding and workforce allocation decisions.

Effective Rural Oral Health Uses Tele Dentistry and Integration with Medical and Behavioral Health Programs

Tele-dentistry programs have been found to be an efficient means of delivering care while also decreasing costs; the use of alternative clinic settings is one way of leveraging these strengths. In rural areas, a lack of oral health providers, coupled with the rise of manufactured/processed foods in rural diets, have led to oral health inequities between urban and rural areas. Poor oral health can have lifelong consequences for general human health and economic potential; these consequences can have intergenerational sequelae. Three main preventive technologies – diet, fluoride, and oral hygiene – are key to public oral health, but can be difficult to operationalize. Key approaches include integration of health services across disciplines, interprofessional education, community-level responses to oral health inequities, and cross-sector collaboration.

Addressing Rural Broadband Availability - Fireside Chat

Bridging the digital divide is beneficial along many axes: broadband connectivity is increasingly seen as a vital utility akin to water or power, while internet access is key to telehealth and electronic health record applications. Broadband access in rural areas is also a means for IT and related industries to expand customer bases and fulfill their technological callings. Panelists noted that connecting to the internet is merely the first step; applications in education, agriculture, and health care will be key in leveraging broadband availability for improved rural health.

Using an Electronic Health record to Integrate Oral, Behavioral and Medical Care

Dental care offers a case study in the lack of integration in electronic health records. With a few notable exceptions (e.g. the Indian Health Service and the Veterans Health Administration), the integration of medical and dental records is a rarity. Panelists discussed a pilot project of integrated electronic health records at a large university healthcare provider; benefits included the creation of a useful research database, better patient care, better training for both dentists and physicians, improved billing and (potentially) syndromic surveillance. However, privacy concerns, compliance issues, and interoperability difficulties must still be addressed.

Pitch Competition

Building from our successful Healthier Rural West Summit, and in particular the pitch competition, A Healthier WE is moving quickly to maintain the momentum and groundswell of enthusiasm unleashed by participants and organizers. The ideas and initiatives presented were exactly what the Summit was designed to achieve. Bringing concepts and people together on the ground is making a difference. We would like to thank all involved for their efforts.

As discussed during the pitch competition, A Healthier WE is endeavoring to connect interested parties with those closely related thematically to each of the presentations. The motivating spirit of the pitch competition and resulting incubator initiatives is for all interested parties to discuss next steps for each individual initiative, as well as how participants can utilize measures such as developing a sustainable funding model, gathering and understanding data sets related to the initiative, and analyzing past and future productivity goals and achievements. Suggested collaborations between initiatives were announced at the conclusion to the pitch competition. There is also a valuable opportunity for representatives of other initiatives and organizations to serve as funders, leaders, participants, and/or institutional collaborators with selected initiatives as they are developed.

We look forward to your successful relationships and the success of this collaborative approach at bettering rural America!

Moving Forward

To all A Healthier WE Collaborators: a unique opportunity exists to create solutions to address rural health issues. A Healthier WE will choose to move forward along the continuum from accelerator, to incubator, and finally: a structured organization. A laser focus on OKRs (objectives/key results) will be A Healthier WE's core mission principle. All strategic engagements will be grounded on five definitional pillars:

Convene, Connect, Communicate, Collaborate, Commit

Evolving from the inaugural Healthier Rural West Summit, A Healthier WE will prioritize and dive deeper into selected incubator initiatives, work to secure agreed upon involvement with key stakeholders, and commence recruitment of talented leadership to implement well-designed projects.

A Healthier WE

America has long been home to passionate communities of practice devoted to the preservation, protection, and advancement of a uniquely American way of life. From John Deere and the cast steel plow, to Daniel Halladay and the self-governing windmill, to Philo T. Farnsworth and the television, innovators on the American frontier have sparked revolutions in American life. Unpacking the motivations behind these inventions underscores the inherent difficulties faced by residents of the region: vast distances, rocky or friable soils, and a fragile environment.

Many of the seemingly intractable problems in American health stem from siloes that prevent otherwise effective communities of practice from joining together and leveraging innate strengths and common interests.

Unprecedented advances in medical intervention, innovative and disruptive technologies, and increased inter-connectivity amongst all stakeholders offer opportunities to radically improve health and well-being in America.

But poorly nuanced policy, underfunded public health, rising healthcare costs, and disparities in access to care are exacerbating poor health outcomes in our rural areas. These sub-optimal circumstances are driven by deteriorating social determinants - including increasing poverty, an aging population, antiquated educational approaches, and a rapidly changing environment - and pose imminent challenges to health and well-being.

A Healthier WE, a not-for-profit organization, is working to address these challenges by offering an inspiring vision of cooperation, innovative solutions, and committed leadership for the coming information and health economies.

Healthier Rural West

A Healthier WE

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