

Rural Renewal: Three Success Stories

Capturing Prosperity/Health

Phillip L. Polakoff, MD, MEnvSc, MPH
Founder/CEO, A Healthier WE

Dennis Berens, MA
Chief Rural Strategist, A Healthier WE

David Angelson, MMedSci, PhD
Research Director, A Healthier WE



Authors:

Phillip L. Polakoff MD MEnvSc MPH

Founder/CEO - A Healthier WE

Consulting Professor - Stanford University School of Medicine

Affiliated Scholar - Stanford University Bill Lane Center for the American West

Member - New England Journal of Medicine Catalyst Council

Dennis Berens MA

Chief Rural Strategist – A Healthier WE

Past Director Nebraska State Office of Rural Health,

Former President, National Rural Health Association & NOSORH

David Angelson MMedSci PhD

Research Director – A Healthier WE

Acknowledgements:

We'd like to express our appreciation to the following for their support:

Stanford University Bill Lane Center for the American West

National Rural Health Association

American Communities Project

We'd like to thank the following individuals who contributed their thoughts and expertise:

Paola Gutierrez

Don Macke

Matt Probst

Lamikka Purvis Samuel

Cleveland Sellers

Robert Stowell

In addition, much appreciation to:

June Sargent

Chief Impact Officer – A Healthier WE

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



A Healthier *WE*

Rural Renewal: Three Success Stories

Capturing Prosperity/Health

Let's begin by thinking about what a healthier rural America would look like today. Forget the past negative stereotypes and think about the many pluses to be found in rural America.

It appears that our nation is renewing an interest in the importance of its rural areas. Our research and that of other rural health researchers has helped us understand some key rural strengths that are important for everyone: close knit communities, a strong work ethic, values of self-sufficiency and resilience derived from adaptability and working with neighbors.

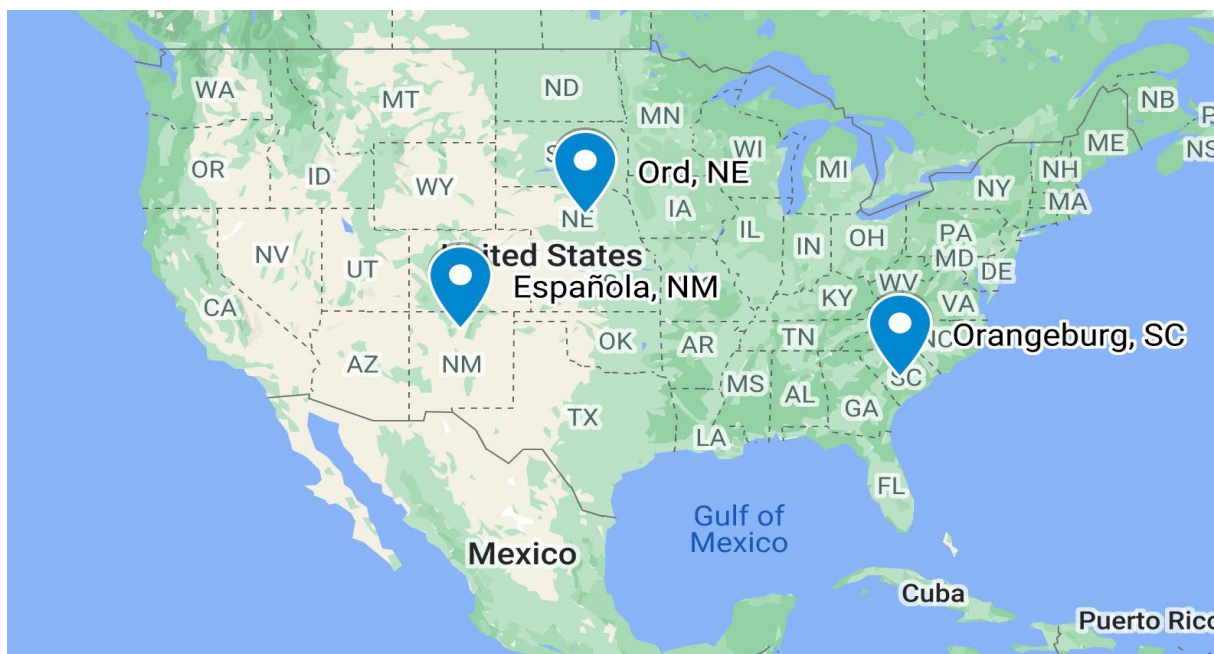
We also find that vulnerabilities continue to exist in remote areas of our nation: an older population, higher than average levels of poverty, chronic disease and disability, environmental challenges, limited educational opportunities, long distances to travel for needed services and lack of a public and private health system infrastructure.

For example, research shows that, out of 47 states surveyed regarding social determinants of health, 40 were on a downward trajectory.

The time has come to address the many challenges that exist in rural America. As a start, we went in search of success stories of how some rural communities, in three distinct places, are working to build their healthier community.

We started our search by reviewing “The New Portrait of Rural America” by the American Communities Project. We also considered the input from our Healthier Rural America 2020 meetings with rural stakeholders, who shared their concerns and visions for what a healthier rural America should look like.

Our search took us to three different rural geographies whose work we believe could be replicated in other parts of rural America. We have interviewed community leaders in Española, New Mexico, Orangeburg, South Carolina, and Ord, Nebraska, three areas of our nation with different settlement models, different resources and different leadership models that can help all of us to understand some of the hidden truths of rural areas in the United States.



Española, New Mexico

This community was established in the 1500s as a territorial capital, likely the first capital city in what would be called the United States. It lies on the reservation lands of the Tewa people, and its current largest employer is Los Alamos National Laboratory. This type of community is usually labeled as an underserved area in terms of health and well-being indicators being monitored. In spite of that label, this city and county dramatically outperform the rest of the state in prenatal care availability, harm reduction, substance abuse treatment initiatives, access to tertiary education and youth consumption of fruit and vegetable. Why?



According to Matt Probst, medical director of El Centro Family Health Center, the heritage of the area made it possible to create a connected web of services called the 100% Community Initiative, designed to create a healthier place for all residents. According to Probst, “In a public health emergency, food is health care, transportation is health care, housing is health care and supporting each other is health care.”



Photo Credit: High Country News

The partners in this initiative include local leaders and health providers, county/state/municipal health departments, colleges, the University of New Mexico Project ECHO. This initiative helped to create a network that links 10 vital service sectors and works to ensure that all efforts are operating holistically within a framework that can tailor solutions to the individual communities in the county. One such effort is the training of 911 dispatchers to provide non-emergency services for residents, connecting them to crisis and emergency counseling, disaster assistance, food assistance, health care and housing related assistance.



This initiative serves as a blueprint for the creation of a seamless system of health, education and public safety. It also builds on grassroots interconnectedness and historical cooperation to address the many needs created by COVID 19. As leaders told us: progress is possible when rural communities come together and rewrite the narrative from one of unchangeable underservice to one of resilience and renewal.

Orangeburg, South Carolina

This small city lies in the geographic center of South Carolina and is home to two historically black colleges/universities. The wider community has an economy based on small equipment and textile manufacturers, forest product companies, chemical manufacturing and small-scale agriculture.



The South Carolina State Office of Rural Health worked with the community through the office's Family Solutions initiative, which has some similarities to the New Mexico 100% Community initiative. In 1997 the community received federal funding for a Healthy Start Site. They quickly realized that they needed a more holistic initiative to address the local health issues. Spurred by a spike in infant mortality and the many social determinants of health that needed to be addressed, the office created Family Solutions to link pre- and post-natal care, economic opportunities and care coordination.



One key component of their success has been the requirement that all service providers in the Family Solutions network be residents in the communities that they serve. They believe that this ensures that providers will be familiar with the real issues their neighbors face and will be better equipped to find local solutions. Social work, community health outreach, and health education all support baseline maternal and child health initiatives. The local Food Share Projects links farmers and produces with citizens in need of fresh food and provides an economic advantage to producers and consumers.

According to Lamikka Purvis Samuel, director of social work and perinatal manager for Family Solutions, “Our area’s difficulties provide a fertile ground for our rural citizens to come together, work together, and grow together.”

Cleveland Sellers, director of the African American Studies Program at the University of South Carolina, said citizens aren’t sitting idly by and waiting for things to happen. “We cannot sit around and talk about the beloved community. ... We don’t need to get hung up on a lot of philosophy. What we ought to be discussing is strategy and programs to bring about renewal.”



Because of this mind set, a Community Action Network was created to bring together elected officials, non-profits, faith communities and local community leaders to find the resources to help the community to address all of the interrelated needs of its citizens.

Paola Gutierrez, Strategist, South Carolina State Office of Rural Health, said Orangeburg strongest asset is its people. When COVID-19 hit, the community redirected its traditional infrastructure plans to meet the needs of the most vulnerable. “Our office’s work through the Family Solutions allowed us to see additional partners that this community could use, and did,” Gutierrez said.

Ord, Nebraska

Ord is a classic Great Plains, Middle America community. It is a farmland/ranchland community with a median age of 45.5 and is located in a county with fewer than 5,000 citizens. In the past 20 to 30 years it came close to being an example of common negative rural stereotypes: its hospital almost closed, the town center declined, the schools did not perform up to standard. But it didn't give in to those stereotypes. In many ways it became the poster child of real rural renewal.



Photo Credit: Valley County Tourism

Local leaders looked for and found partners inside and outside the community to recreate a vibrant community. One of those partners was the Nebraska State Office of Rural Health, which connected the community with state and federal resources and convened the first meetings to identify challenges and potential solutions.

Don Macke, partner in e2 Entrepreneurial Ecosystems, worked with the community to identify its internal assets and helped create a planning process to reach identified goals and initiatives. Macke said, "Ord is a powerful story of a rural community transitioning from crisis, decline and a culture of hopelessness to now a community that is transforming itself to one of the best performing smaller rural communities in America. Three decades of commitment, investment and development strategies focused on leadership empowerment, entrepreneur led development, new resident attraction, quality of life place making and meaningful youth engagement have transformed this rural community."



Photo Credit: Jim Richardson

All this helped to create a focus on local entrepreneurship. Local leadership and local youth engagement were identified, developed and put to use. The local leaders believed that the pieces had to be connected in order to support rural renewal, economic development, enlarging the tax basis and an overall rural renaissance.



According to local attorney and community organizer Bob Stowell, “The almost closure of our local hospital was our wake up call that things had to change. We came to understand that identity, intentionality and investment were key to our renewal. We needed to understand that you have to build the necessary bridges and a process of self-discovery – and then recruiting whole families is important. We had to focus on creating flexibility, investing with passion and then working towards asset- and opportunity-based attitudes for our entire community.”

Local leaders also noted that rural resilience and toughness are products of persistence and perseverance. They discovered that they needed to be open to innovation and relationship building to be truly successful.

Key Rural Strengths That Make Change a Reality

We learned from these three communities that, 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 to change.

These examples illustrate the key rural strengths that make change a reality: close knit communities, a strong work ethic, values of self-sufficiency and resilience derived from adaptability and working with neighbors. Members of these three communities were optimistic and willing to take a long view. They promoted productive relationships and consensus, as well as, often innovative public/private partnerships. The result was positive change.

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

Contact Information:

Phillip L. Polakoff, MD, MEnvSc, MPH
Founder/CEO A Healthier WE
plp@sbcglobal.net
510-508-9216

Dennis Berens, MA
Chief Rural Strategist A Healthier WE
dennis.berens123@gmail.com



A 501(c) 3 organization

www.healthierruralamerica.org