Rural Health Summit Initiative

Comprehensive Report

2017-2020

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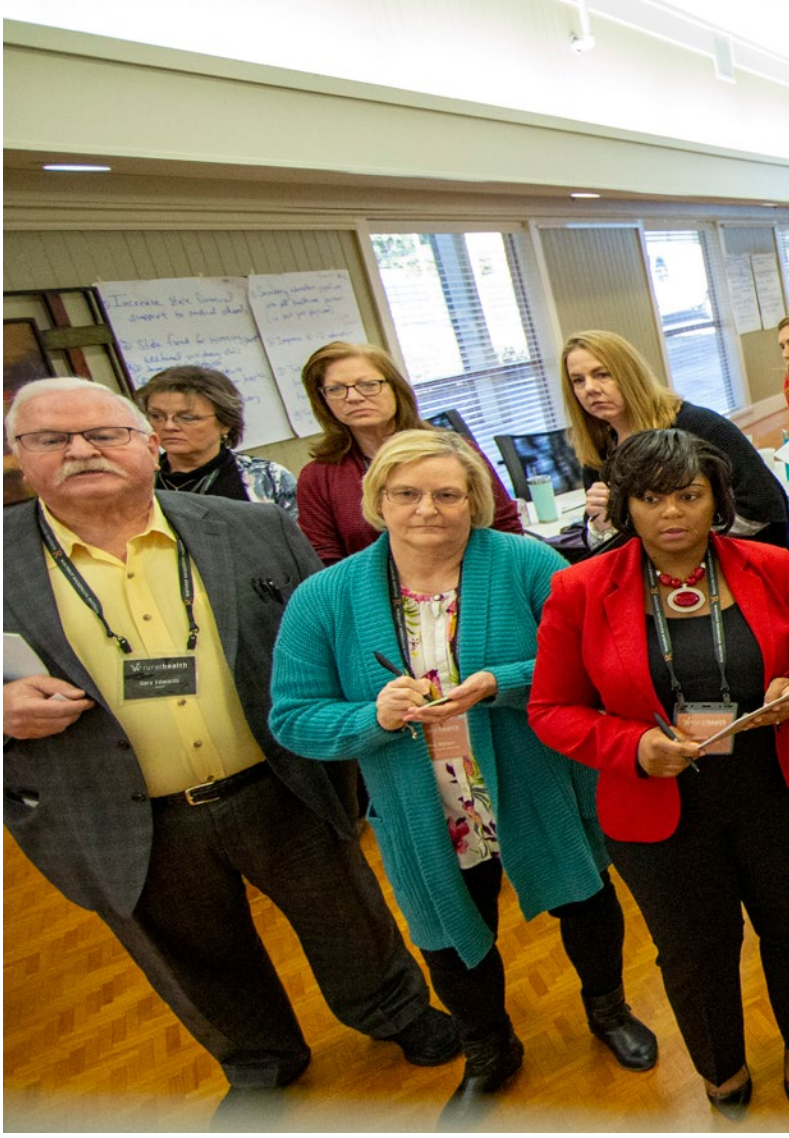
The Call to Action

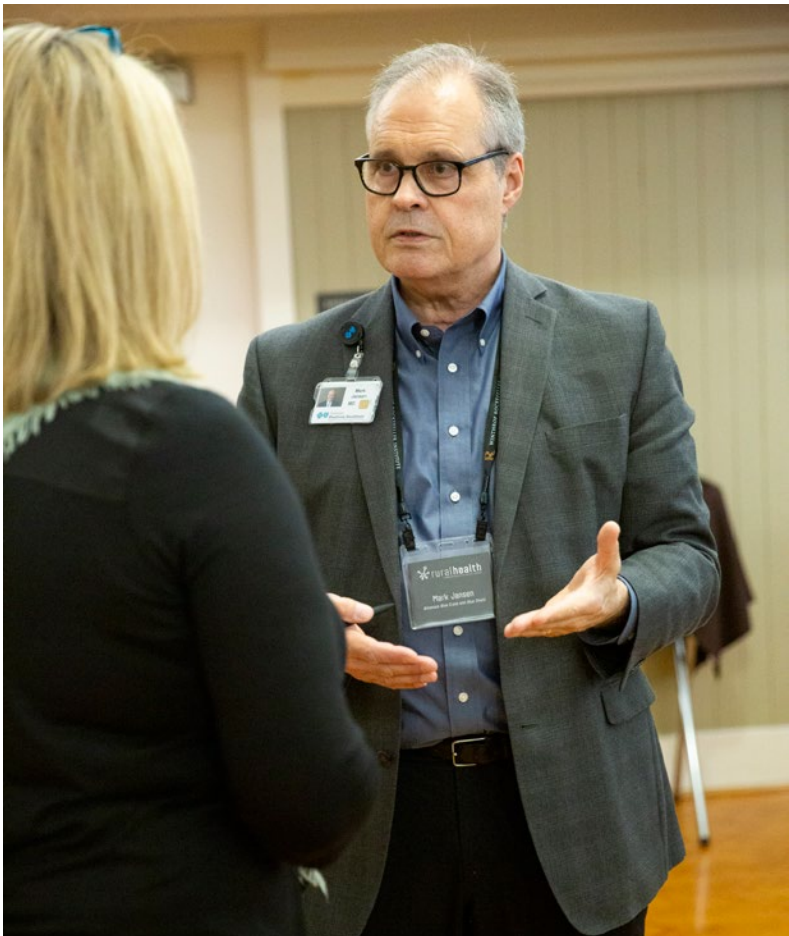
In early 2016, Dr. Mark T. Jansen, then the UAMS George K. Mitchell Endowed Chair in Primary Care from Arkansas Blue Cross Blue Shield, approached the Winthrop Rockefeller Institute with a coming crisis:

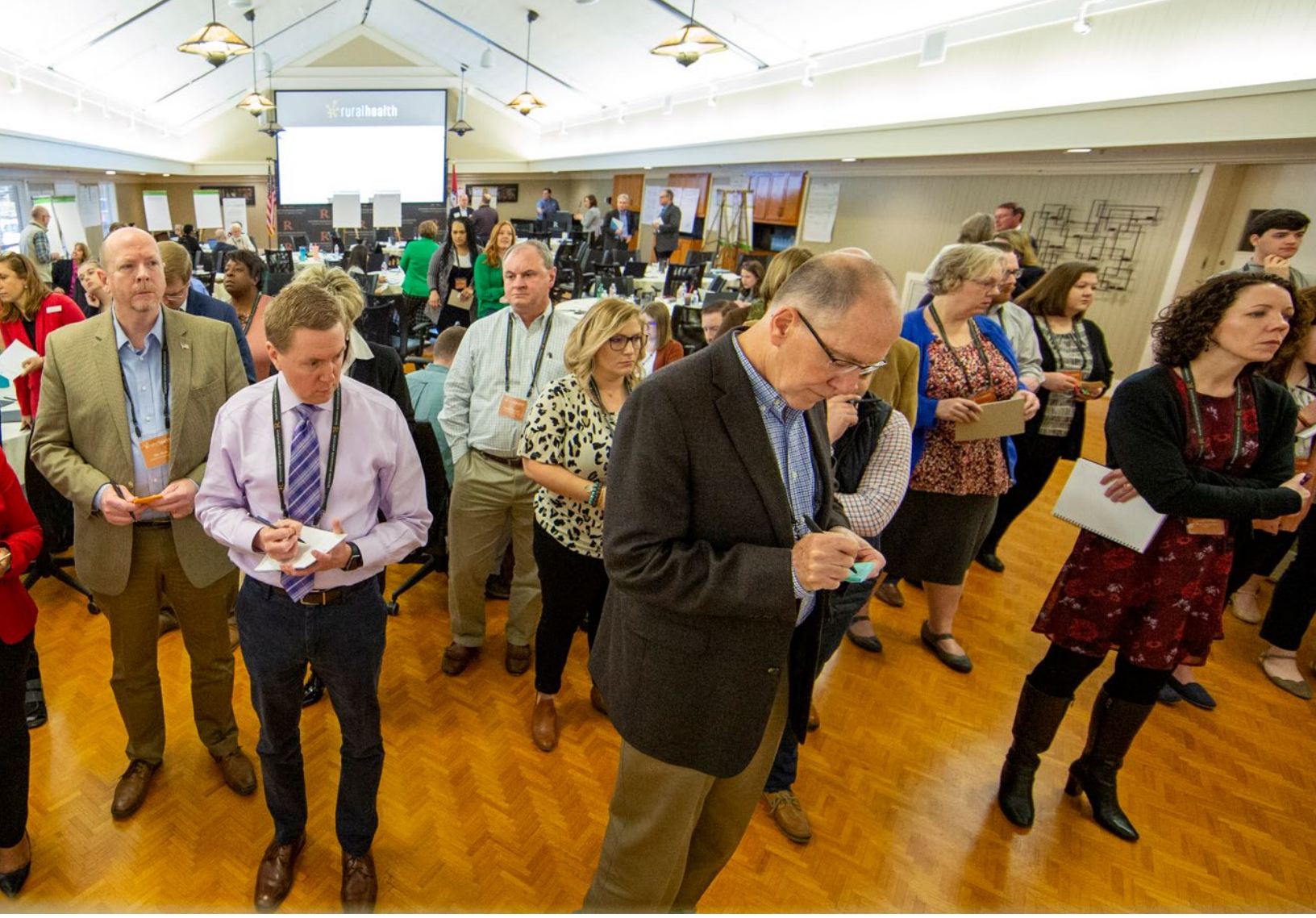
Doctors in rural Arkansas are retiring in large numbers without being replaced while rural populations continue to trend older.

With poor provider to patient ratios to begin with, no incoming doctors paired with the increased needs of an aging population exacerbated an already trying situation for people living in the rural parts of the state to crisis level.

With Dr. Jansen's help, the Institute called together an initial interest meeting with leaders from the Arkansas Department of Health, Arkansas Blue Cross Blue Shield, Arkansas Center for Health Improvement and other health organizations. After many hours of discussion and deliberation, one fact stood out:







Within the rural health community, no single organization had a full picture of all the work being done.

The rural health ecosystem in the state of Arkansas was dense with supporters and the will to help, and as a consequence had become a complex web of efforts. Make no mistake, those in attendance at that first exploratory discussion were well-informed about many rural health efforts. But at every turn there seemed to be one or two items shared about which only one person in the room knew. As they explored those missing connections they began to shape what would become the first Rural Health Summit and its invitation list.

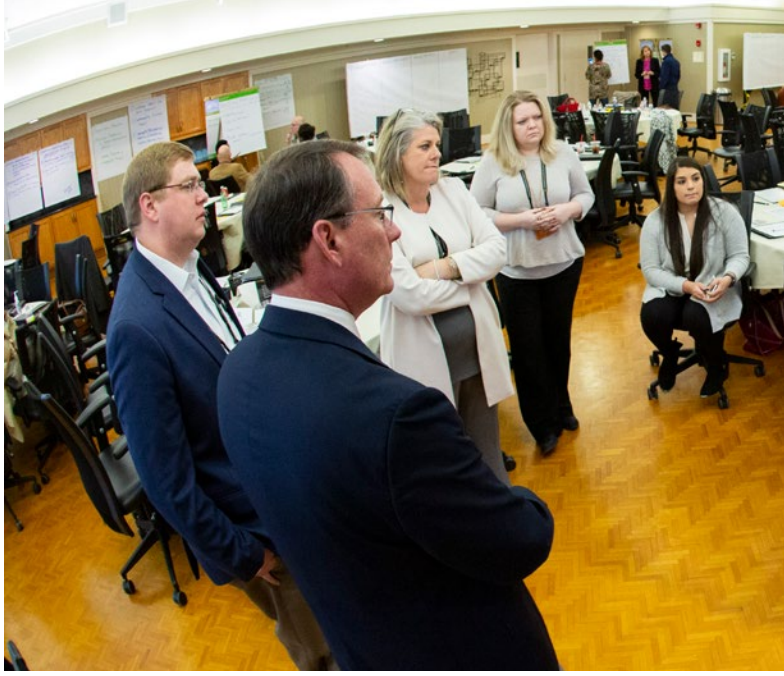
It became clear that in order to properly prepare for the looming crisis and to make the best use of the resources and energy so precious to rural health efforts, there needed to be a deeper dive into what exactly was being done in rural Arkansas, who was doing it, and what gaps still needed to be filled.

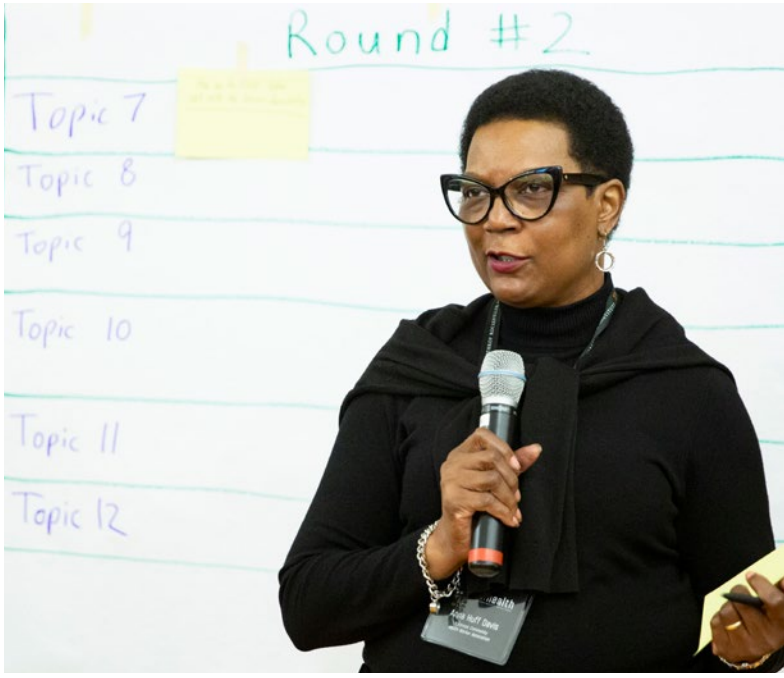
The Work

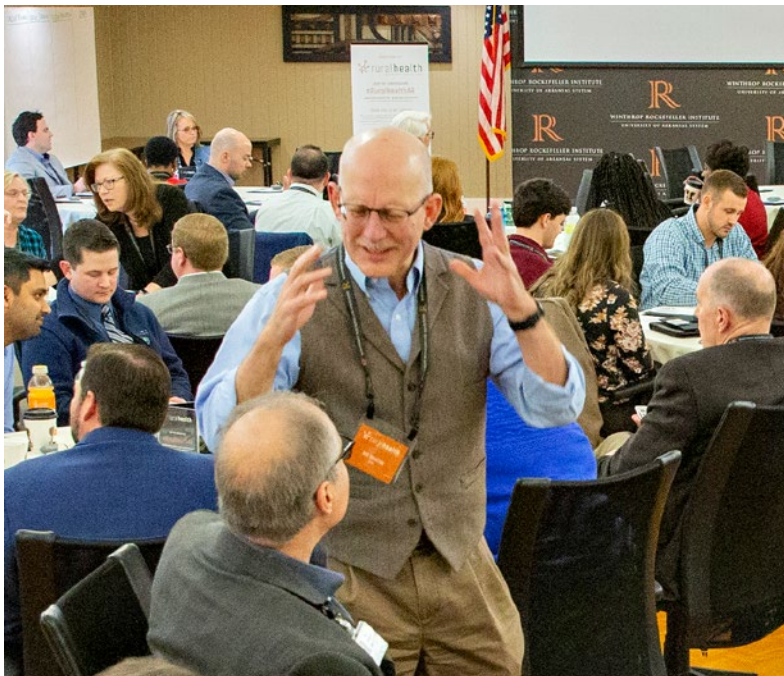
What started with a small group of medical professionals considering a looming problem evolved into a much larger group of rural health stakeholders filling several conference rooms at the Institute with chart paper and sticky notes.

That first Rural Health Summit (RHS), held in March of 2017, laid the foundation for many years of work by asking what resources, groups, and efforts existed in the rural health space and what unattended critical issues could be addressed collaboratively.

The first Summit ended with around 100 individual resources and over 140 critical issues that could be addressed by collaboration. It also ended with the election of a committed committee dedicated to working through that massive list and coming back together in a year's time to recommend a handful of first actions to take and areas to work on. This group, dubbed the "COMMITtee," came together every other month in meetings facilitated by the Institute. In those meetings they put the Rockefeller Ethic into action by considering the massive list of issues from a collaborative standpoint, considering possible efforts that truly needed diverse perspectives, and efforts to be impactful.

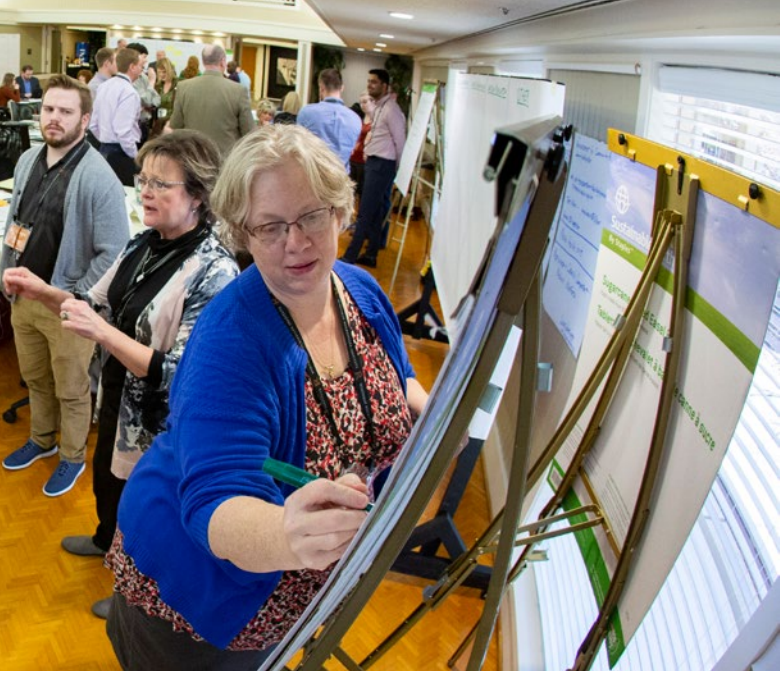


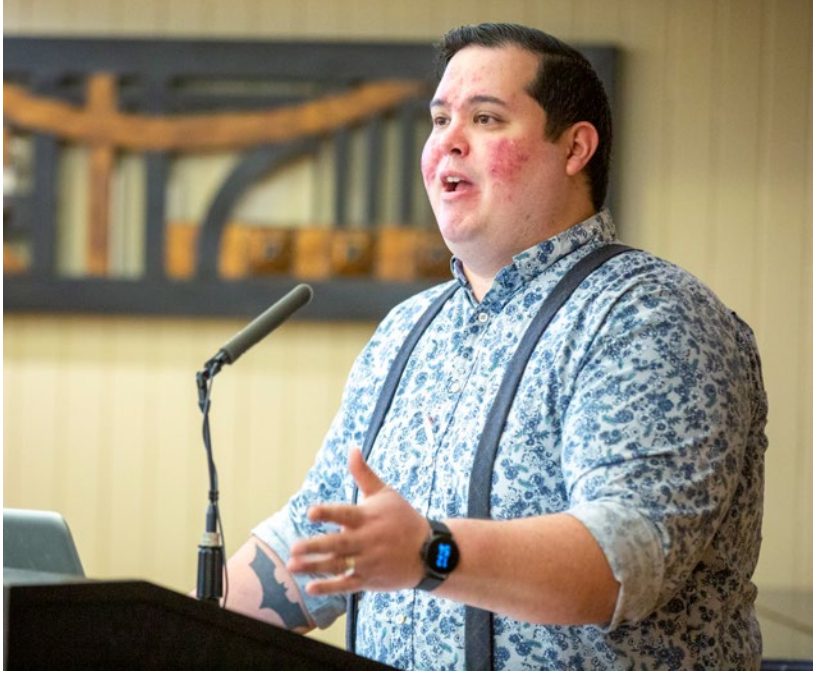


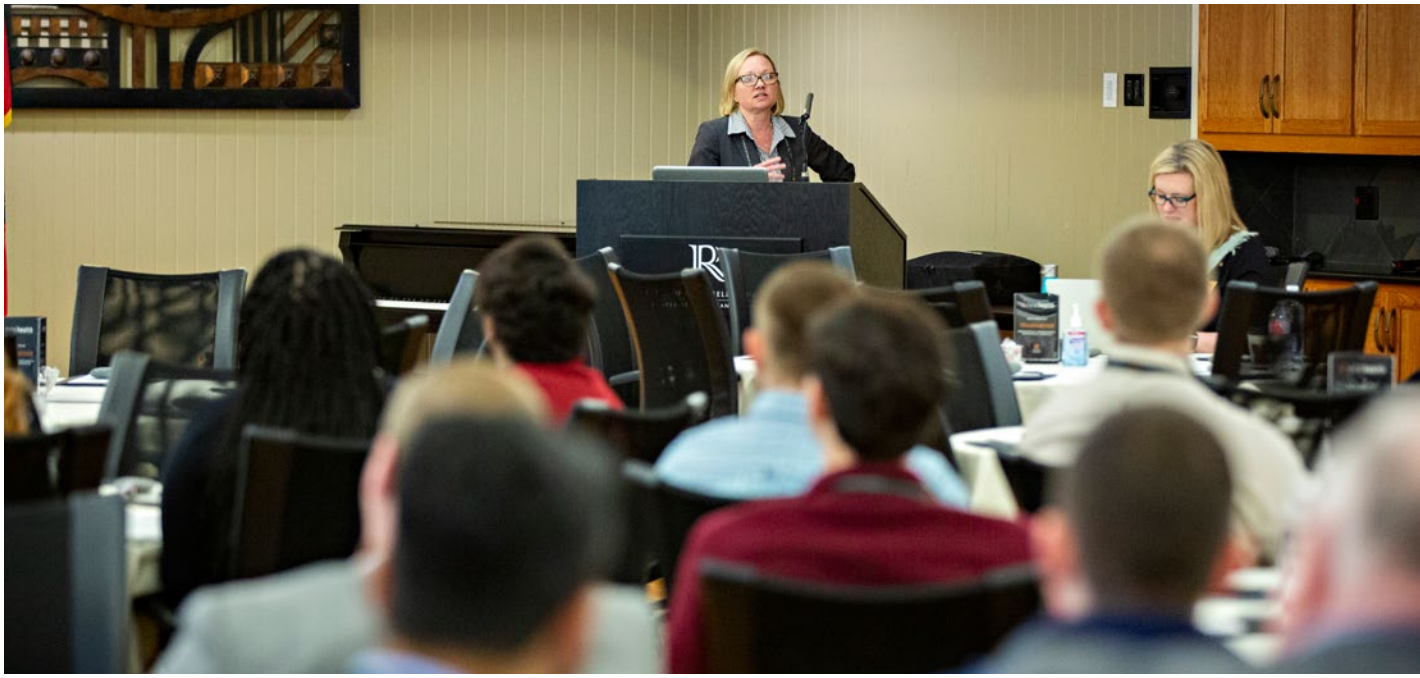


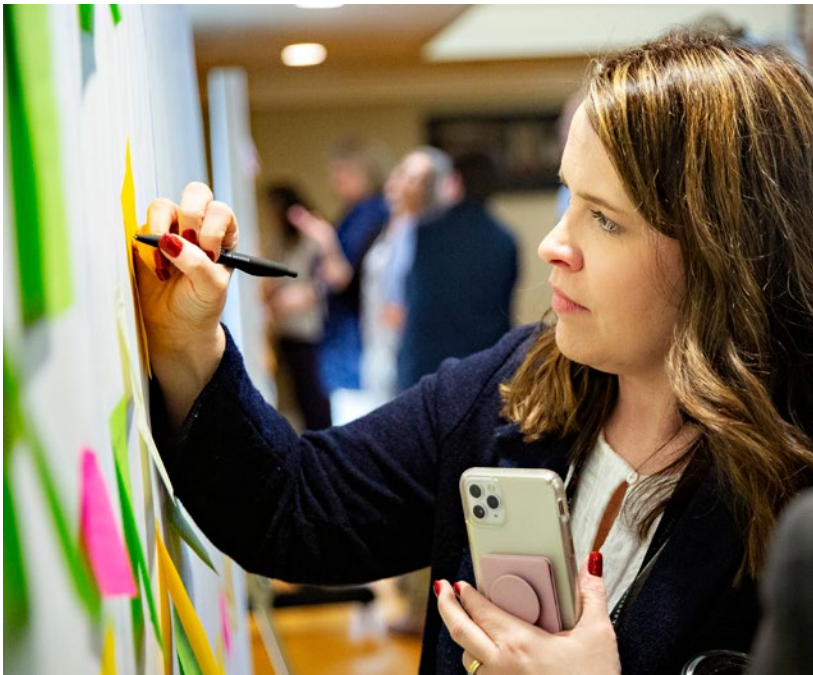
The Rockefeller Ethic

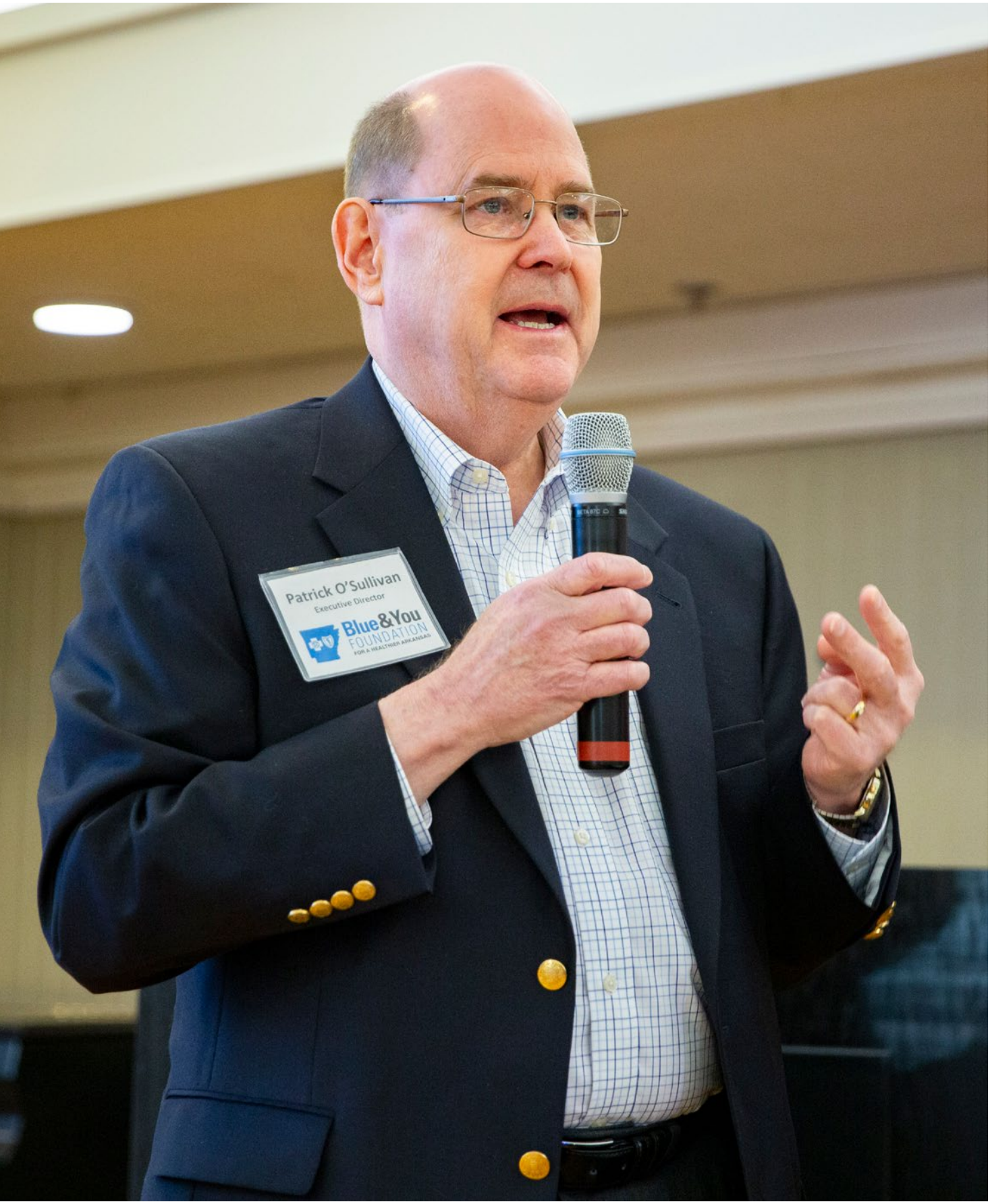
Collaborative Problem Solving + Respectful Dialogue + Diversity of Opinion = Transformational Change

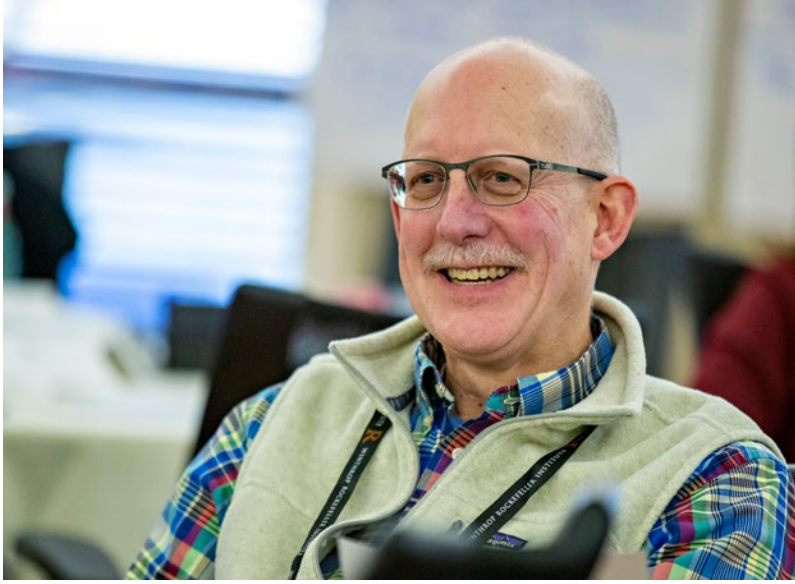


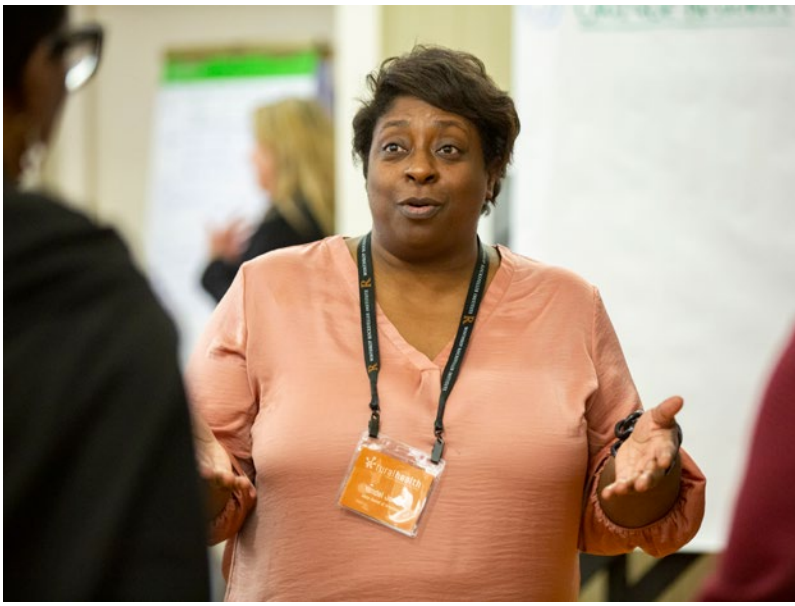







Patrick O'Sullivan
Executive Director
Blue&You
FOUNDATION
FOR A HEALTHIER ARKANSAS





After a year of work and refinement, the COMMITtee brought back four major areas to the larger summit group to consider at the 2018 RHS:

- **Community Health Worker Utilization**
- **Non-emergent Transportation**
- **Medical School Graduate Medical Education (GME) and Placement Collaboration**
- **Early Education Exposure to Health Careers**

With group refinement from the attendees of the 2018 RHS, the COMMITtee selected leaders to head each area and sought working group volunteers. Together, the Summit members set 10-, 5-, and 2-year goals for each of the four topic areas.

With a clear course forward and collaborative working groups formed, the COMMITtee set its sights on the 2019 RHS as a check-in on working group progress and chance to refine their goals, with the 2020 RHS an opportunity to celebrate everything accomplished and learned by the working groups during their first two years.

The Results

Over the first two years of work, guided by feedback from the larger Summits, the four working groups made great strides:

Community Health Worker Utilization

In their quest to both increase utilization and recognition of Community Health Workers (CHW), this working group established and funded a pilot certificate program aimed at giving the CHWs who complete it a standard set of skills and knowledge that will better equip them to serve as community bridge-builders to better health care. There now exists the possibility to turn the program into a full-fledged certification process recognized by the state of Arkansas.

Medical School GME and Rural Placement Consortium

At the heart of this working group is an unprecedented collaboration between the three medical schools currently operating in Arkansas. Together, leadership from the Arkansas College of Osteopathic Medicine, the New York Institute of Technology College of Osteopathic Medicine at Arkansas State University, and the University of Arkansas for Medical Sciences recognized that they could make larger strides in this area together than they could separately. Beginning efforts have been largely focused around supporting and building up a network of students across all three campuses, including joint field trips to rural Arkansas communities in need of more physicians, a cross-campus focus on mental and physical wellbeing, and an annual Student Summit on Rural Health at the Institute.

Non-emergent Transportation

Though they initially set out to develop a non-emergent transportation pilot system, as this working group continued to explore options they encountered many unforeseen obstacles. After cataloguing the roadblocks they encountered, they launched a utilization survey. After considering results, it became clear that novel solutions, such as telemedicine and specialized EMT training and permissions, were more likely to get care to those who needed it without as many hurdles.

Early Education Exposure to Health Careers

What began as a desire to create a new health curriculum for exposure to health careers, especially in rural areas, became an effort to catalog all of the currently existing programs. Adhering to the desire to be non-duplicative in their efforts, this working group discovered far more active health programs in the state than they expected. It became clear to them that if there was more visibility and use of these programs, then their original goal of highlighting the many paths to a health-based career could be accomplished. To that end, they created and curated an exhaustive list of all the available health education programs and their administrators in a sizable resource guide. Over 2000 physical copies of that guide were printed and distributed at school-related conferences, state health offices, and in the hands of Summit attendees. There's even a digital version that can be found at rockefellerinstitute.org/HealthEd.

All of this work was guided and supported by the approximately 150 individual rural health champions that have attended Rural Health Summits since 2017. Some attended every meeting, others joined for just one year, but all of them helped shape and refine the efforts above. They also demonstrated a desire for collaboration that was quickly outgrowing a single annual meeting and a need to make a leap to something more substantial.

The Way Forward

Based on the desires of the Summit members and the informal collaborative network they have built, the 2020 Rural Health Summit was also the final Summit. Instead, the will of the group was to move forward as a formalized network and to create the Rural Health Association of Arkansas. As a formal nonprofit, this new entity will be able to take the collaborative spirit built up over years of facilitated meetings with the Institute and put it to work year-round for the betterment of rural health in the state. Not only that, but they will be able to connect to the National Rural Health Association and access resources and a national platform.

Previous to this, Arkansas was the only southern state among our contiguous neighbors to not have a formal state rural health association, and one of only a handful nationwide.

The road from an informal network of rural health stakeholders to a formalized, statewide network dedicated to rural health in Arkansas full-time has been a long one. In addition to large scale facilitated Summits, Institute staff and the COMMITtee met for over 30 monthly and bi-monthly planning meetings, a process that is ongoing. Through grantors and supporters, such as the Blue & You Foundation for a Healthier Arkansas and the Health Resources and Services Administration (HRSA), over $200,000 was raised since 2017, all directed to supporting and building the RHS network and developing the RHAA.

With that foundation to work from, the newly formed RHAA will carry on the Rockefeller Ethic, building on the collaborative's time at the Winthrop Rockefeller Institute atop Petit Jean Mountain. RHAA leadership, chosen from COMMITtee members and other Summit leaders, will carry forward the efforts of the working groups, but will also continue to explore the long list of critical issues that remain unexplored. To follow their progress and learn more about them as they grow, see their official website at RHAArkansas.org/.

RHAA
Rural Health Association of Arkansas

Reach Out

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Follow Their Progress

RHAArkansas.org

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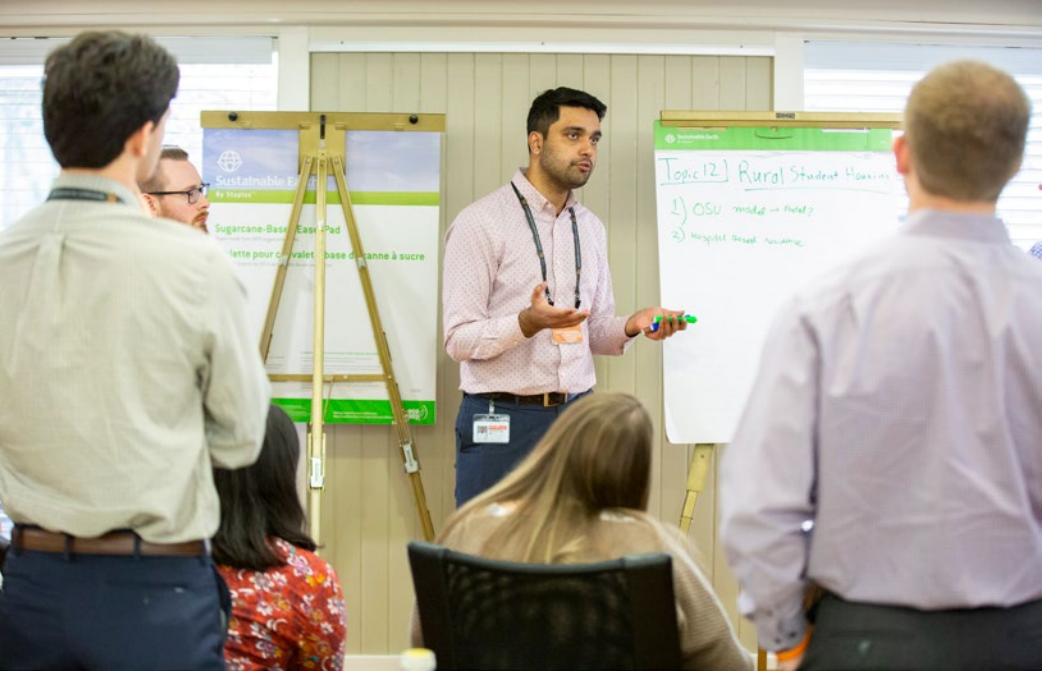
Topic 12) Rural Student Housing
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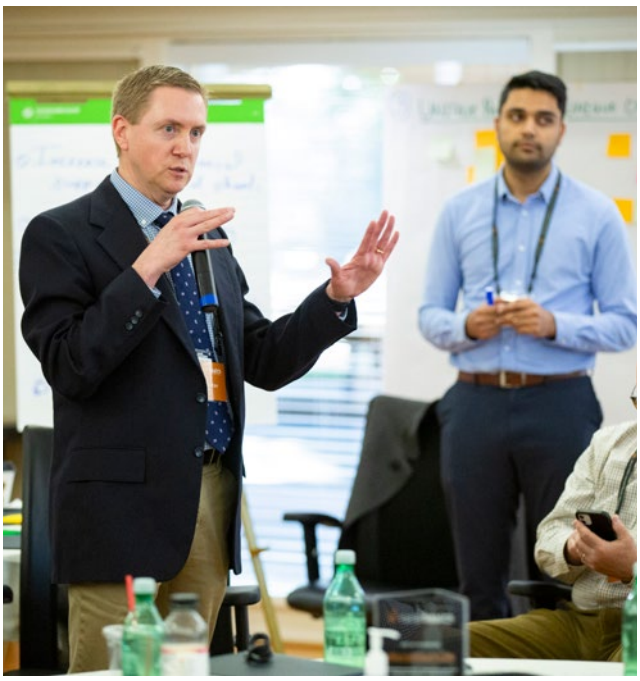

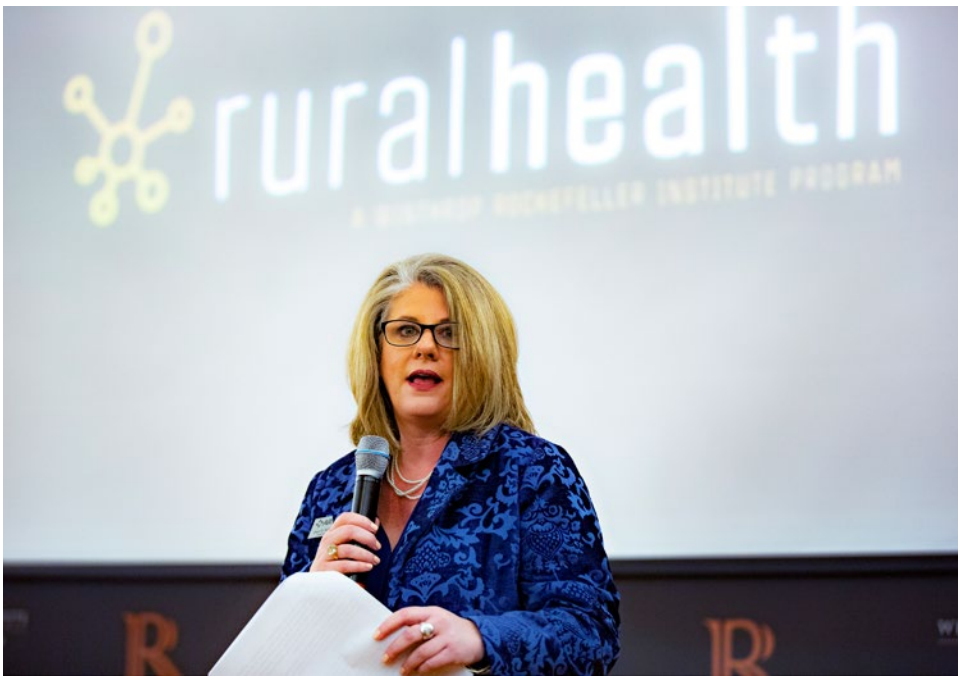
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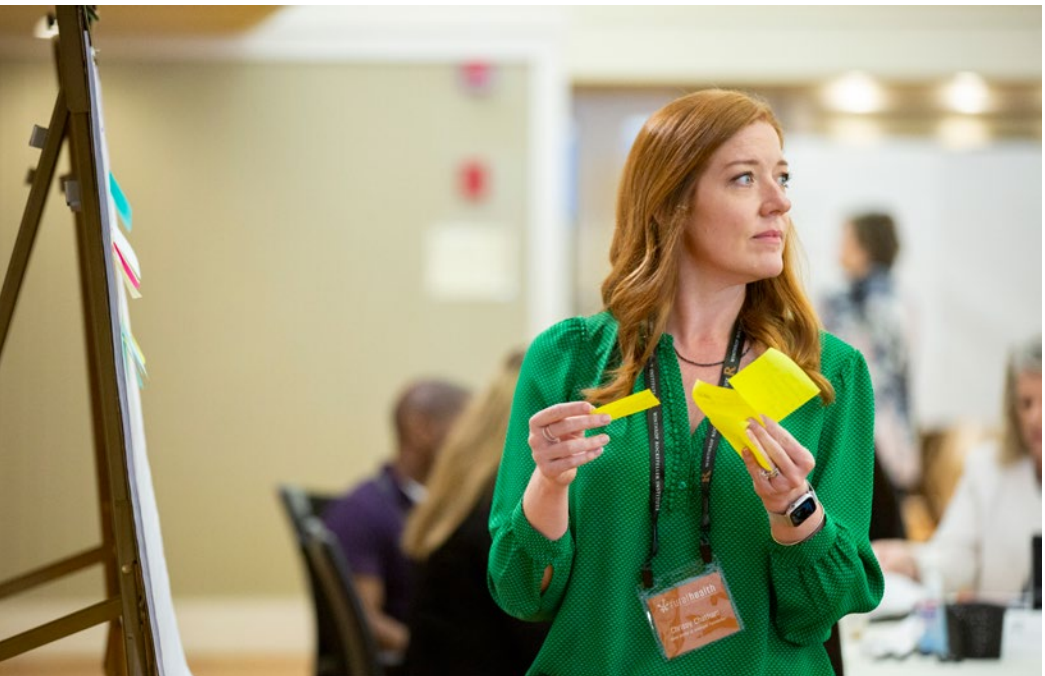

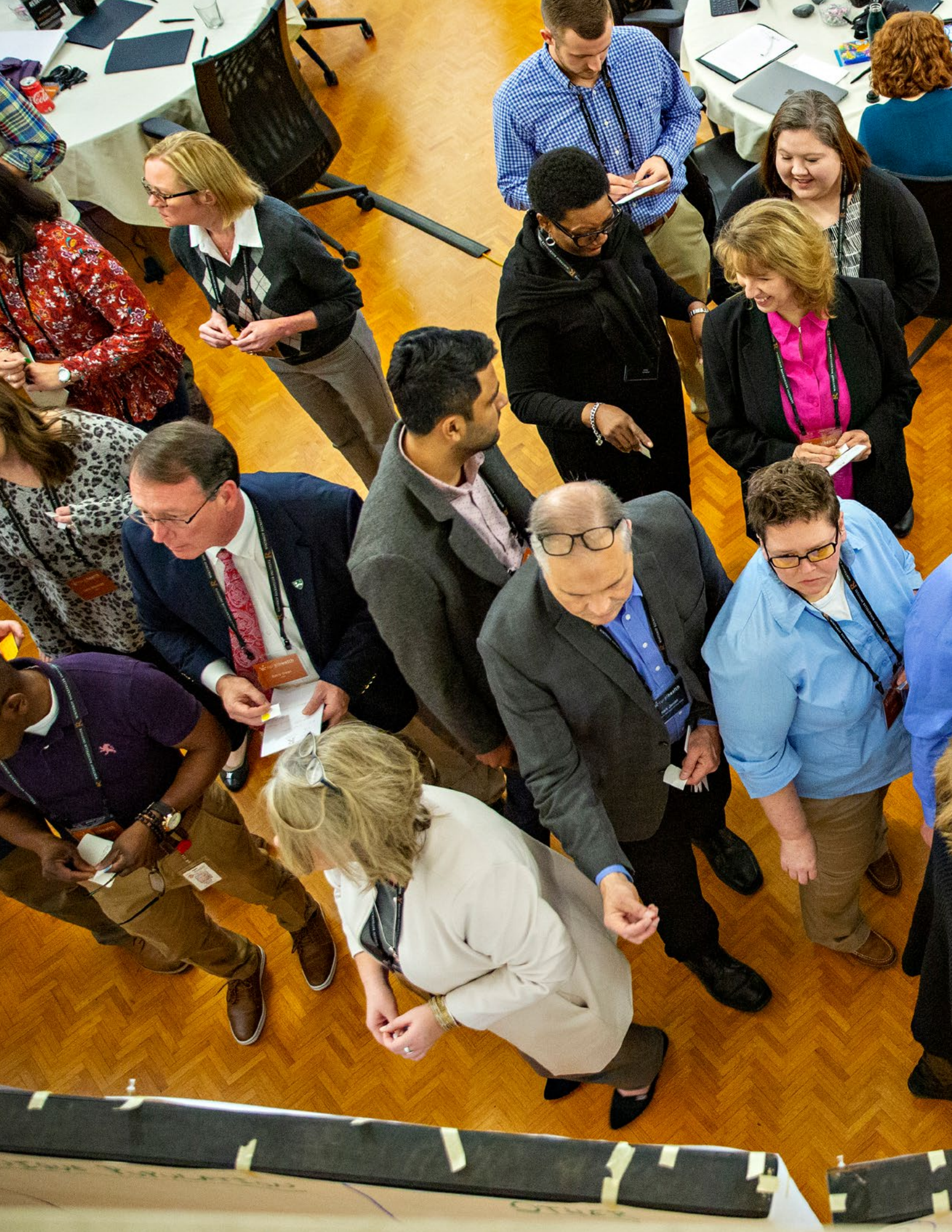

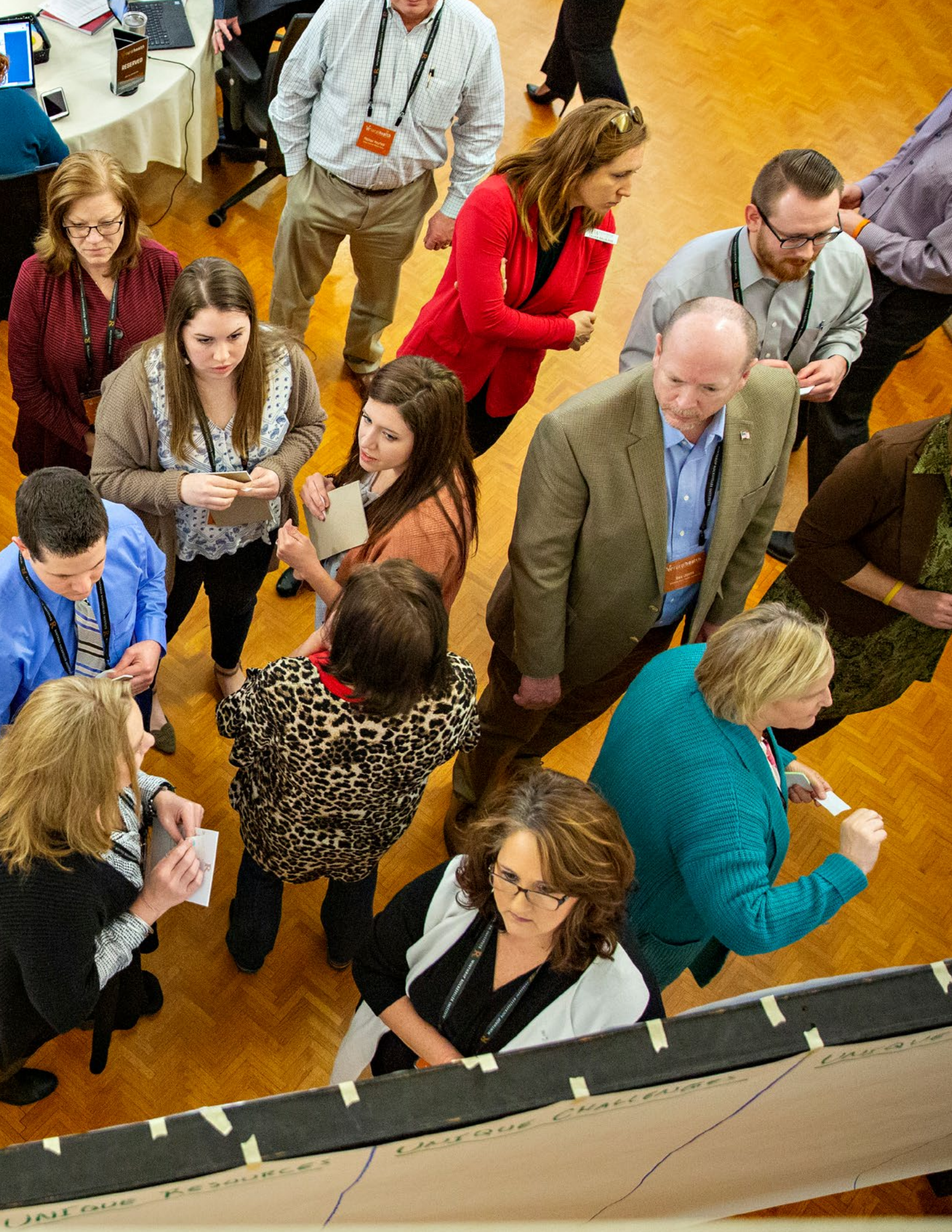
RESERVED
Unique Resources
Unique Challenges

Reach Out

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