



# ruralhealth

A WINTHROP ROCKEFELLER INSTITUTE PROGRAM

A collaborative plan for a healthier rural Arkansas



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WINTHROP ROCKEFELLER INSTITUTE  
UNIVERSITY OF ARKANSAS SYSTEM

Dear Rural Health Supporter,

Thank you for taking up this report from the 2018 Rural Health Summit. Within these pages you will find not only a report on past actions, but plans and commitments to grow those actions well into the future.

The 2018 Rural Health Summit is a continuation of over a year of work, starting with the catalyzing fact that rural demographics in the state are rapidly aging while at the same time general practitioners in rural areas are in rapid decline. The current situation is so dire that Perry County is without any doctors at all. Other rural counties aren't fairing much better, with several having only one practicing physician per several hundred thousand residents.

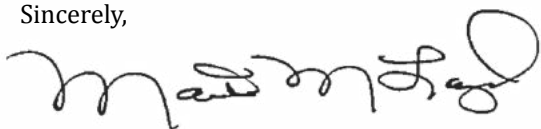
To help address that situation, the Winthrop Rockefeller Institute and Dr. Mark T. Jansen, the Arkansas Blue Cross and Blue Shield, George K. Mitchell, M.D., Endowed Chair in Primary Care, worked collaboratively to call together some of the leading stakeholders in Arkansas health care to examine the current health ecosystem in rural Arkansas and identify areas we might be able to improve. That group formed the first Rural Health Summit in March of 2017.

More than just looking for blanket problems, however, we tasked the 2017 Summit with finding challenges that they thought could be addressed in 1-2 years' time by collaborative effort, filling an existing gap in rural health care delivery. We knew there would be no silver bullet solution, but through a collaborative look at the ways the health care community could work together, we also knew we could help improve the rural health ecosystem in the state.

We invite you to use this report as more than a reference tool for what has been done so far, but also as a springboard to think about the future you would like to see in rural Arkansas health care. The dedicated members of the Summit are currently hard at work making the plans laid out in the document a reality. If you are driven to help, you'll find contact information within that will let you do just that. Likewise, if you think we've missed a major opportunity, mark your calendar for March 7-8, 2019, and contact the Winthrop Rockefeller Institute staff to be added to the waitlist for the next Rural Health Summit.

Thank you for taking the time to consider the information provided in this report and for all that you do to help improve the health of Arkansans every day.

Sincerely,



Marta M. Loyd, Ed.D  
Executive Director/CEO  
Winthrop Rockefeller Institute





## A LOOK FORWARD: AUDACIOUS 10-YEAR GOALS

If a patient finds themselves in need of medical care in rural Arkansas in 2028, they'll have plenty of options. At least, they will if the four Rural Health Summit Working Groups have anything to say about it.

The Working Groups envision a future where rural kids are exposed to health care careers of all types throughout their education, with chances to meet with and shadow the professions they are most interested in. By removing the barrier to knowledge and providing a clear pathway to working in health care, the working groups hope to encourage more homegrown health workers in rural areas. Beyond just doctors and nurses, they will encourage students to look at all of the possible health careers, such as Community Health Workers.

Liaisons between community members and the health services available to them, Community Health Workers (CHWs) are often the frontline to positive health outcomes. The Working Groups see a 2028 where CHWs are not only more widely available, but where the CHWs in a community are household names with ample certification opportunities at their disposal. Those future CHWs will be community leaders, the first option to turn to when a community member is ready to make the most of their community health offerings.

One such offering will be readily available, non-emergent medical transport if our Working Groups

are successful. While there are Medicaid-covered options for non-emergency transports today, for appointments like routine check-ups or physical therapy visits, there are still a lot of people doing without. The shortages are especially hard in rural areas, where many are outside the operating ranges of the few transit options they may qualify for. In contrast, our Working Groups want a 2028 where a phone call or the press of a button in an app guarantees a trip to a doctor's office within 24 hours.

The doctor they take patients to will likely come from one of the three medical schools operating in Arkansas: The University of Arkansas for Medical Sciences (UAMS), the Arkansas College of Osteopathic Medicine (ARCOM) and the New York Institute for Technology College of Osteopathic Medicine at Arkansas State University (NYITCOM). Under Working Group facilitation, by 2028 the three schools will have formed a consortium to double the number of residency slots in the state, especially in rural areas. Historically, where a student performs their residency is where they are more likely to end up practicing medicine in the future. With the three medical schools in the state collaborating like never before, the breadth and depth of available residencies in rural areas will dramatically improve.

These scenarios are all part of our Rural Health Summit Working Groups' 10-year goals. In other words, the above is what our groups would like to see happen in the future because of their actions in





the present, but on an audacious scale. There is more about the facilitation process we use at the Winthrop Rockefeller Institute later in this report, but for their 10-year goals we encouraged the 2018 Rural Health Summit attendees to dream big and aim high.

With a year of work from our Rural Health COMMITtee as their starting point, our 2018 cohort settled into the following Working Groups with the following 10-year goals:

- *Community Health Working Group - 10-year Goal:* An adequate number of appropriately trained Community Health Workers employed around the state according to the needs of the population.
- *Non-Emergent Transport Working Group - 10-year Goal:* Rural Arkansans have reliable non-emergent medical transport within 24 hours of the initial request.
- *Medical School Consortium Working Group - 10-year Goal:* Double the provider population ratio in rural areas.
- *Student Exposure Working Group - 10-year Goal:* A statewide education program for grades K-12 which delivers comprehensive exposure and opportunity for jobs/careers/certification in healthcare.

Getting to the above goals was a long process, one that started well before 2018 Summit. To better

understand the above goals and the work over the past year and a half, it will be helpful to look at the original call to action and the coming crisis in rural health care we are working against.

## HISTORY

We are on the dawn of a crisis in rural Arkansas health care. With a rapid decline in rural health practitioners and a rapidly aging population, soon there will be grievous gaps in health service delivery. This problem was first brought to the Winthrop Rockefeller Institute by Dr. Mark T. Jansen, director of regional programs at the University of Arkansas for Medical Sciences. He saw, as we did, that unless a concentrated, collaborative effort was called forth to improve health care delivery in rural Arkansas, the current situation would only get worse.

To that end, in partnership with Dr. Jansen, we called together an informal planning group and settled on the Rural Health Summit structure. The first Summit was convened in March of 2017 (an attendee list can be found at [rockefellerinstitute.org/ruralhealth2019](http://rockefellerinstitute.org/ruralhealth2019)) and sought to identify as many challenges in rural health care as possible that might be acted upon in 1-2 years if tackled collaboratively. From that meeting came a list of over 140 pressing challenges to rural health from around the state. To help sift through those issues and better define a course of action, the 2017 Summit empowered a small group, dubbed



the COMMITtee, to represent the group as a whole (current COMMITtee member list can be found at [rockefellerinstitute.org/ruralhealth2019](http://rockefellerinstitute.org/ruralhealth2019)).

The COMMITtee's work began at the close of the 2017 Rural Health Summit, further refining the issues into concise focus areas and recommendations. The overall goal was not to find a silver bullet for all the challenges in the state, but rather to create a network of collaborators able to take action together and leave rural Arkansas health care incrementally better, year after year. After nearly a year of refinement, the COMMITtee presented four recommendations to the 2018 Rural Health Summit. At the 2018 Summit, the Institute worked with summit members to further refine the recommendations of the COMMITtee and work from the 10-year goals above to 2-year goals with action plans. Where the 10-year goal is an ambitious target, the 2-year goal is something obtainable that sets the foundation for the more audacious goals in the future.

#### THE FACILITATED PROCESS: NARROWING IT DOWN

At the Winthrop Rockefeller Institute, we foster Gov. Rockefeller's legacy by supporting the "Rockefeller Ethic". Simply put, the Rockefeller Ethic is a methodology that brings together the foremost experts in a field and invites them to collaborate on solutions to seemingly insolvable problems. Gov. Rockefeller applied the Ethic to everything

from creating pastureland on top of a mountain to boosting the economy of Arkansas with new industry. Today we use the Ethic in conjunction with several different facilitation models to help Arkansas leaders like the Summit members and COMMITtee do their best work in the most concise way possible.

In order to help the Summit members and the COMMITtee work from over 140 pressing issues to arrive at four concrete working groups, the Winthrop Rockefeller Institute facilitated both Summits and the year of COMMITtee meetings. Institute staff helped the Summit and COMMITtee members stay concentrated on the solution criteria laid out at the beginning of the first Summit, which is that the areas of focus must:

- Be actionable in 1-2 years
- Be best addressed by collaborative effort
- Address a true, rather than perceived, service gap in rural Arkansas

Following those criteria, the COMMITtee spent time narrowing down the list of 140 issues to 16 and eventually to four recommendations. Those four recommendations laid the foundation for the 2018 Summit and were the ties back to the first Summit meeting and Dr. Jansen's original call-to-action. With a number of facilitated exercises over two days, the 2018 Summit members started with those recommendations and worked them into their 10-year and 2-year goals, as can be seen in the following chart:

STARTING RECOMMENDATION	10-YEAR GOAL	2-YEAR GOAL
Increase public and professional recognition and utilization of Community Health Workers. Lead: Anna Huff Davis	An adequate number of appropriately trained Community Health Workers employed around the state according to the needs of the population.	In two years we have funded and completed a pilot of the Community Health Worker certificate program and developed and funded a marketing/communications/education plan.
Demonstrate the value of non-emergent transport and care for better patient outcomes and overall cost savings. Lead: Ed Gilbertson	Rural Arkansans have reliable non-emergent medical transport within 24 hours of the initial request.	In two years we have an engaged committee, a completed needs assessment, draft legislation and committed legislative sponsors.
Create a provider and community recruitment and retention resource, including best practices, examples, and available services. Lead: Melanie Meyer	Double the provider to population ratio in rural areas.	In two years we have a consortium of MDs and DOs to facilitate adequate residency slots, identified hospitals without residency programs and quality residency options across specialties.
Create an outreach program to expose rural K-12 students to Arkansas health care professions. Lead: Stephanie Williams	A statewide education program for grades K-12 which delivers comprehensive exposure and opportunity for jobs/careers/certification in health care.	In two years we have stakeholder buy-in, a working group assessing existing programs, a developed curriculum within a health education framework, and identified pilot schools.

While their 10-year is obviously well outside the 1-2 years in criteria set forth by Dr. Jansen, starting from a big, audacious goal and working back to the present was an important part of the process. By anchoring each working group on a large future goal that addressed rural health availability and delivery, it ensured that their more immediate 2-year goals would do the same. And by starting with an audacious goal, it set up the groups to create the most impactful yet practical short-term goals they could.

Another benefit of the facilitation process is that it allowed for the natural formation of the working groups. During the exercises, the Summit members were encouraged to move between the recommendations as they felt called to. By the end of the Summit, there were a core group of attendees that had remained fixated on one of the four areas over the others and offered their time and energy to carrying the action plans forward. Structuring it in this way allowed each participant to add important

input to any of the four areas while also opening up the opportunity for them to find the area about which they were most passionate.

## 2-YEAR GOALS: A CLOSER LOOK

### Community Health Working Group:

In two years we have funded and completed a pilot of the certificate program and developed and funded a marketing/communications/education plan for community health workers

Community Health Workers (CHWs) play a pivotal role in health care delivery by being a knowledgeable liaison between the health services offered in a community and the people living in that community. As identified by County Health Rankings & Roadmaps, a Robert Wood Johnson Foundation program, CHWs play a pivotal role in the overall health ecosystem, especially in rural areas. Arkansas is no different,





where many CHWs are longtime members of the communities in which they serve.

A standardized certificate training program is needed in Arkansas to support CHWs and to increase their uptake by potential employers. Therefore, the current approach is twofold: fund and support a pilot certificate program being developed by the Arkansas Community Health Worker Association (ARCHWA) and the University of Arkansas for Medical Sciences (UAMS) College of Public Health (COPH), and develop a marketing and communications plan for CHWs in the state. By investing in certificate programming, CHWs can have a more widely recognized training available to them, as well as community recognition of the common skills and knowledge shared by CHWs across the state. Such a certificate program will help further develop the CHW workforce statewide. A marketing and communications effort will raise the awareness of CHWs among potential employers and create a sustainable funding stream for CHW employment. It may also help those interested in helping their communities recognize becoming a CHW is one way to give back.

In May 2018, the Arkansas Department of Health invited ARCHWA, and the UAMS COPH to partner on their CHW infrastructure strategies for the chronic disease grant application to the Centers for Disease Control. If funded, this grant will support

achievement of these 2-year goals. In addition, progress on these goals since the Summit includes allocation of funding from the UAMS Arkansas Prevention Research Center to support the ARCHWA chair in obtaining CHW Instructor certification.

#### Non-Emergent Transport Working Group:

In two years we have an engaged committee, a completed needs assessment, draft legislation and committed legislative sponsors

It's no stretch of the imagination that seeing a health care professional regularly and taking part in necessary follow-up appointments has a positive effect on a person's health. The sad truth is that not everyone has that ability. Whether it is a lack of personal mobility, lack of a working vehicle, or lack of a support group, many Arkansans are without a way to get to their doctor for checkups. Many wait until a problem arises that requires an ambulance ride to the emergency room. Even then, most lack the ability to attend any follow-up appointments or make it to the pharmacy to pick up medications. That's where a system supporting non-emergent transport options could come in.

Starting by developing a committee of those knowledgeable in the current transportation options in the state, as well as the payer systems



and restrictions, this working group can begin looking closely at the gaps and shortcomings present in rural Arkansas. That committee has its base in the working group itself, with room for expansion. One known challenge is the funding and reimbursement structure for current non-emergent transport being largely affiliated with Medicaid. Looking at the benefits to both patient health and long-term cost savings, this working group hopes to find legislative backers and peruse draft legislation as one possible avenue to wider funding support. They are also looking into various grants and pilot efforts to further prove the value of readily available non-emergent transport for patients and rural communities.

#### Medical School Consortium Working Group:

In two years we have a consortium of MDs and DOs to facilitate adequate residency slots, identified hospitals without residency programs and quality residency options across specialties

The prevailing wisdom is that young doctors are more likely to practice medicine in places similar to where they complete their residencies. The challenge is finding enough residency slots in rural areas of need, with ample training opportunities for specialization, to support the interest coming from





current medical students. There is no easy solution to this challenge, as the roadblocks and factors are numerous and different for each area of the state. To take the first step, however, will require the three medical schools operating in the state working together as one.

The foundation for such a collaboration was laid during the 2018 Rural Health Summit, with representatives from the Arkansas College of Osteopathic Medicine (ARCOM), the New York Institute for Technology College of Osteopathic Medicine at Arkansas State University (NYITCOM) and the University of Arkansas for Medical Sciences (UAMS) agreeing they can do more together for such an effort than they can independently. The task of the working group now is to assemble a consortium of representatives from each school and begin their deep dive investigation into the possibilities across the state, especially those in rural Arkansas.

Such a consortium would be the first time all three schools have come together to address a challenge facing the state and their graduates. With both osteopathic programs and the allopathic program working together with their varied expertise and regional focuses, their efforts are sure to make impactful changes and improve the quality and availability of care to rural Arkansans.





#### Student Exposure Working Group:

In two years we have stakeholder buy-in, a working group assessing existing programs, a developed curriculum within a health education framework and identified rural pilot schools

The most passionate health advocates and professionals in a community are most frequently born and raised in that community. Beyond having a stake in improving health as part of their profession, those with a community tie have an additional drive to help their neighbors, friends and loved ones. This can be especially true in a rural area where health outcomes are worse and there are few services available. The opportunity to make a difference is a big one.

It is hard to make that difference if students aren't aware of the pathways available to them to medical professions, even those in rural areas. From community health workers to pharmacists to non-emergent transport drivers to general practice doctors and the entire spectrum of health professions, the path starts early, but it is one that any Arkansan can follow. Knowing that, the Student Exposure working group aims to develop a curriculum program and find rural pilot schools to partner with to further develop it.

With buy-in from organizations like the Arkansas Department of Health, NYITCOM, University of Central Arkansas, Bespoke Media and various departments at UAMS for the beginning working group, with plans to expand to include other resource holders, this group hopes to present not only health related careers to rural kids, but also the resources available to help them fulfill those career goals. This includes plans to showcase what opportunities are available and provide in-person visits from various professions and provide online learning support. The hope is to find interested students early and provide them with all the tools necessary to move from public school to vocational training, certificate programs or medical schools in the state before they come back and improve the health of their hometown communities.

#### ADDITIONAL SUMMIT TAKEAWAYS

As with any meeting of diverse, passionate minds, there were some ideas presented at the 2018 Rural Health Summit that didn't quite fit with any of the recommendations set forth by the COMMITtee but were important nonetheless. Based on support of the 2018 Summit group, the two additional actions resulting from the Summit will be:

- The creation of an umbrella organization to support all the efforts of the working groups collectively and serve as a voice for rural health in Arkansas, something currently lacking in the state. The COMMITtee will continue meeting to support the progress of the working groups and to plan for Summit activities going forward. In addition, they will also consider creating such an umbrella organization.

This suggestion was borne out of recognition that while working in differing areas, all four working groups will have crossover for seeking funding, appeals for legislative support, research and more. Given the existing structure of the COMMITtee and the wide range of contacts in the Summit groups from both 2017 and 2018, it was suggested that such an umbrella organization could possibly form from the COMMITtee and current working groups.

- An independent meeting of medical students from all three Arkansas medical schools with an interest in rural health. This suggestion was put forth by students from the Arkansas College of Osteopathic Medicine, in attendance as both participants and facilitation support. As leadership of the rural health research club on campus, they were particularly interested in the Summit, especially after being engaged with a

literature review for the COMMITtee members. Eight students attended the Summit and played an important role in the meeting by assisting the Winthrop Rockefeller Institute and taking an active role in the proceedings.

The Institute is working with those ARCOM students in attendance at the 2018 Summit and faculty and student representatives from the other two schools to begin planning a student summit. The goal is to increase collaboration and connections between the rural doctors of tomorrow and create a platform for their voices to be heard, both by the COMMITtee and working groups and the rest of the state. Meeting plans and designs are still in their infancy, but the meeting has enthusiastic support from all three medical schools. This will mark the first time that rural health focused students from all three schools will come together to work collaboratively.

## WHAT'S NEXT?

In the time since the second Rural Health Summit, the working groups have been hard at work to reach their 2-year goals. One thing that will help them succeed is a robust list of willing collaborators. If you have a stake in rural health care and an interest in one of the working groups, please reach out to:

Anna Huff Davis	Community Health Working Group Leader	<a href="mailto:annamdavis59@yahoo.com">annamdavis59@yahoo.com</a>
Ed Gilbertson	Non-emergent Transport Working Group Leader	<a href="mailto:Edward.Gilbertson@metroems.org">Edward.Gilbertson@metroems.org</a>
Melanie Meyer	Medical School Consortium Working Group Leader	<a href="mailto:MeyerMelaniem@uams.edu">MeyerMelaniem@uams.edu</a>
Stephanie Williams	Student Exposure Working Group Leader	<a href="mailto:Stephanie.Williams@arkansas.gov">Stephanie.Williams@arkansas.gov</a>
Payton Christenberry	Winthrop Rockefeller Institute Program Officer	<a href="mailto:PChristenberry@uawri.org">PChristenberry@uawri.org</a>

In addition to the working group efforts, the third Rural Health Summit will be held at the Winthrop Rockefeller Institute on March 7-8, 2019. This third Summit will be a chance to check in on the progress of the Working Groups as well as an opportunity to

revisit other pressing matters that have emerged in rural health care in the intervening years.

Look for more details about the current activities of the RHS Working Groups and the 2019 Rural Health Summit at [rockefellerinstitute.com/ruralhealth2019](http://rockefellerinstitute.com/ruralhealth2019).





A collaborative plan for a healthier rural Arkansas



## RURAL ARKANSAS NEEDS YOU

Gov. Winthrop Rockefeller believed access to health care was a vital component to increasing the quality of life in Arkansas. It is in that spirit that we present this report and solicit your input and assistance in increasing rural Arkansans access to care.

The Winthrop Rockefeller Institute perpetuates the legacy of Gov. Rockefeller by engaging citizens in the “Rockefeller Ethic.” The Rockefeller Ethic is a worldview that believes valuing diversity of opinion, practicing collaborative problem solving and engaging in respectful dialogue combine to create positive change and leave lasting impact.

We hope you'll help us continue that effort for rural health.



WINTHROP ROCKEFELLER INSTITUTE  
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Petit Jean Mountain  
1 Rockefeller Drive  
Morrilton, AR 72110  
501-727-5435

rockefellerinstitute.org

