FINAL REPORT

Exploring Strategies to Improve Health and Equity in Rural Communities

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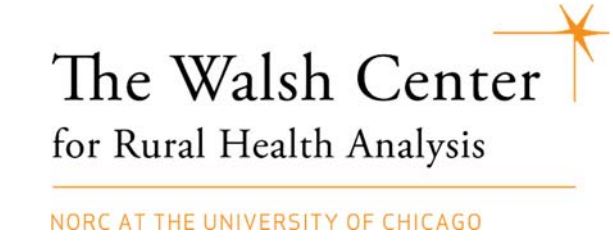
PREPARED BY:
NORC Walsh Center for Rural Health Analysis



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- National Association of Social Workers
- National Association of State EMS Officials
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- National Community Pharmacists Association
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- National Council on Aging
- National Head Start Association
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- National Recreation and Park Association
- National Rural Education Association
- National Rural Health Resource Center
- National Rural Transit Assistance Program
- NTCA-The Rural Broadband Association
- Public Library Association
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Executive Summary

The NORC Walsh Center for Rural Health Analysis conducted formative research to enhance understanding of strengths and assets in rural places, identify key partners and change agents, and identify opportunities to leverage assets to improve rural health and equity. Following a literature synthesis, we engaged over 400 national and regional cross-sector stakeholders through a national discussion forum, key informant interviews, regional community forums, regional vetting sessions, formal partnerships, and feedback sessions at national conferences.

Background

Much of the research exploring rural health and equity in the U.S. focuses on disparities, with limited attention to the strengths and assets present in many communities and opportunities to leverage these capacities for improving health and equity. As documented by many researchers,[1,2,3,4] rural residents experience increased health risks related to geographic, socioeconomic, environmental and other factors unique to rural communities.

While it is important to acknowledge and address these inequities and their root causes, it is essential to understand and leverage the strengths and assets of rural places that serve as protective factors and could fundamentally improve health and equity. This research was motivated by the Robert Wood Johnson Foundation's vision for building a Culture of Health[5] where everyone in America has the opportunity for health and well-being. Our goal was to identify assets that are commonly present in rural communities and to understand how these assets can accelerate changes to improve health and equity. While our work identified many common strengths and assets in rural communities, we found that there is variation in terms of how these strengths and assets are operationalized in different communities. Based on our findings, we offer recommendations for funders—including philanthropies and government agencies—and other community partners to engage with and support rural communities to improve health and equity in ways that build upon their inherent strengths and assets.

[1] Meit, M., Knudson, A., Gilbert, T., Tzy-Chyi Yu, A., Tanenbaum, E., Ormson, E., … Popat, S. (2014). *The 2014 update of the rural-urban chartbook*. Retrieved from https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf

[2] Knudson, A., Meit, M., Brady, J., & Tanenbaum, E. (2013). *Exploring rural and urban mortality differences.* Retrieved from http://www.norc.org/Research/Projects/Pages/exploring-rural-and-urban-mortality-differences.aspx

[3] University of Wisconsin Population Health Institute. (2017). County Health Rankings *Key Findings 2017.* Retrieved from http://www.countyhealthrankings.org/reports/2017-county-health-rankings-key-findings-report

[4] Moy, E. M., Garcia, M.C., Bastian, B., Rossen, L.M., Ingram, D.D., Faul, M., ... Iademarco, M. F. (2017). Leading causes of death in nonmetropolitan and metropolitan areas — United States, 1999–2014. *MMWR Surveillance Summary;66(No. SS-1):*1–8. http://dx.doi.org/10.15585/mmwr.ss6601a1

[5] Robert Wood Johnson Foundation. (2017). *Building a culture of health.* Retrieved from https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html

Findings

This project used a capacity-oriented approach to identify the strengths and assets of rural communities—exploring capacities found in communities that can be leveraged for positive change, rather than focusing on needs and deficiencies. Adapting an asset-based community development framework,[6] we organized our findings into four categories: individual assets; organizational assets; community assets; and cultural assets (see the Rural Asset Map developed to guide this project in Exhibit 1 on page 44).

Individual Assets

Individual assets include the knowledge, skills, attributes, abilities, and actions of people, which are powerful drivers of change in communities. Individual assets are the foundation of a community. Our research highlighted that rural communities' "greatest assets are [its] people."[7] Commonly reported individual assets include civic and community engagement in the form of volunteerism, strong entrepreneurship, and the resilience and adaptive capacities of rural residents.

Literature suggests that participation in community life in rural areas often stems from strong individual relationships and connections that people form with one another; these connections lead people to participate in volunteering, community organizing and coalition building.[8] Several population groups were also described as individual assets, given their unique perspectives, experiences, and other contributions to rural communities—specifically, older adults, veterans, and youth.[9] Findings from our project highlight community resilience, defined as "the ability to prepare and plan for, absorb, recover from or more successfully adapt to actual or potential adverse events,"[10] as a key factor that enables rural communities to respond to economic and social changes. Further, participants described a "strong connectivity across sectors and actors" in rural areas, whereby organizations form partnerships to address issues related to the economy, nutrition, health care, business, and education.

Organizational and Associational Assets

Organizational and associational assets are resources in a community that are primarily controlled at a local level, and include faith-based organizations, community-based organizations, schools, and local

[6] Kretzmann, J.P., & McKnight, J.L. (1993). *Building communities from the inside out: A path toward finding and mobilizing community assets.* Chicago, IL: ACTA Publications.

[7] Kretzmann, J.P., & McKnight, J.L. (1993). *Building communities from the inside out: A path toward finding and mobilizing community assets.* Chicago, IL: ACTA Publications.

[8] Crespo, R., Shrewsberry, M., Cornelius-Averhart, D., & King, H.B. Jr. (2011). Appalachian regional model for organizing and sustaining county-level diabetes coalitions. *Health Promotion Practice, 12(4).* 544-550. http://doi.org/10.1177/1524839910377965

[9] Brennan, M. A., Barnett, R. V, & Baugh, E. (2007). Youth involvement in community development: Implications and possibilities for extension. *Journal of Extension*, *45*(4), 1-14.

[10] The National Academies of Sciences, Engineering, and Medicine. (2012). Disaster resilience: A national imperative. *The National Academies Press*. Retrieved from https://www.nap.edu/download/13457

businesses.[11] Local organizations can serve as anchor institutions, which are trusted organizations grounded in the community that are constant in their presence and resources, despite other changes in the community.[12] Schools are a good example of an anchor institution in many rural communities. Educational institutions across all academic levels were also identified as a strong asset with the potential to bring community members together to address local challenges. Faith-based organizations are an important organizational asset in rural communities, providing social support and a place to gather and discuss topics that impact the community more broadly.

Small businesses can also help rural communities create wealth, which, in turn, may have lasting impacts on quality of life and other outcomes.[13] Research suggests that creating opportunities for entrepreneurship is one of the most effective economic development strategies in rural communities.[14] Small businesses may invest in improvements to the community and donate to important local charitable causes.[15] In addition to small businesses, community-based organizations and nonprofits are important assets in rural communities. These organizations provide direct social services and supports to many residents.

Finally, throughout our project, participants highlighted the power and strength of rural social networks. As one participant described, social networks create a strong sense of community and a "civic bond." They also build social cohesion and collective efficacy.[16] These small, tight-knit networks were described as vehicles that can increase awareness of happenings in the community and build momentum to implement programs, policies, and practices with the potential to improve health and well-being.

Community Assets

Community assets are assets and resources physically located within a community that are often not controlled locally. Some examples include health care system-owned hospitals, corporate-owned businesses, and branched financial institutions. Many rural community assets are tied to natural resources, including water, land, resources used for energy, and timber. While these assets may be controlled by industries such as logging, mining, or agriculture, natural resources can be considered a community asset

[11] Kretzmann, J.P., & McKnight, J.L. (1993). *Building communities from the inside out: A path toward finding and mobilizing community assets.* Chicago, IL: ACTA Publications.

[12] Community-Wealth.Org. (n.d.) *Overview: Anchor institutions*. Retrieved from http://community-wealth.org/strategies/panel/anchors/index.html

[13] Landholm, R. (2017). *Small businesses are the backbone of rural communities.* Retrieved from http://www.cfra.org/news/170421/small-businesses-are-backbone-rural-communities

[14] Landholm, R. (2017). *Small businesses are the backbone of rural communities.* Retrieved from http://www.cfra.org/news/170421/small-businesses-are-backbone-rural-communities

[15] Landholm, R. (2017). *Small businesses are the backbone of rural communities.* Retrieved from http://www.cfra.org/news/170421/small-businesses-are-backbone-rural-communities

[16] Buro, B., Gold, A., Contreras, D., Keim, A. L., Mobley, A. R., Oscarson, R., & Procter, S. (2015). An ecological approach to exploring rural food access and active living for families with preschoolers. *Journal of Nutrition Education and Behavior*, *47*(6), 548–554. https://doi.org/10.1016/j.jneb.2015.08.020

since these resources may be available for economic development, community development, and social benefit.[17]

One integral component of the built environment and an important community asset is the food system, which is directly tied to community well-being. Food systems in rural communities can include small and large retail food stores, as well as farmers' markets, community-supported agriculture, agriculture cooperatives, and other local retailers. In addition, land-grant institutions in each state provide research, education, skill-building, and information to communities through cooperative extension programs.

Cultural Assets and Historical Context

Cultural assets were described as the "connective tissue in rural communities that is more important than anything else and that will ultimately drive the change to improve health status." One participant suggested that, "one of the more predictive factors in terms of well-being [in a community] is the culture of the people around you." Culture and history shape core values that can be considered important assets such as: a close-knit sense of community; strong family support systems and neighborly social ties; religious affiliation; pride in self and family; self-reliance and independence; the importance of justice, loyalty, and faith; and a strong work ethic. Many people in rural areas feel a deep connection to where they grew up and have a strong sense of history and place that may not be as evident in urban areas.

While many rural communities share common strengths and assets, it is also important to recognize and embrace the diversity of rural communities. Each rural community has a unique history that is embedded within the culture and context of a broader region, which shapes rural assets – both what they are and how they can be leveraged.

Major historical patterns and events, such as slavery and the enactment of Jim Crow laws in the South, and the forced movement to reservations, torture, and decimation of American Indian and Alaskan native populations, still have a lasting impact on present day culture of rural regions and subsequent challenges that many communities face in improving health and equity. Findings from our research emphasize that, "history and legacy matter," especially in terms of discrimination and its impact on economic development and progress in certain rural regions.[18]

Cross-Sector Change Agents, Champions, and Partners

Our research emphasized the importance of cross-sector change agents, champions, and partners in improving health and equity in rural communities. Specifically, our findings highlight the value of utilizing existing networks, partnerships, and anchor institutions. Participants also described the variety of change agents that exist in rural communities. From the local minister to the local hairdresser, many

[17] Power, G. J., & Turvey, C. G. (2010). U.S. rural land value bubbles. *Applied Economics Letters*, *17*(7), 649–656. https://doi.org/10.1080/13504850802297970

[18] Crowe, J. (2012). The influence of racial histories on economic development strategies. *Ethnic and Racial Studies*, *35*(11), 1955-1973. https://doi.org/10.1080/01419870.2011.611891

people play important community leadership roles. Integral cross-sector change agents identified include: residents; schools; faith-based organizations; public libraries; cooperative extension offices; planning and development sector; health care sector; employers; community-based organizations; local government and public safety officials; transportation providers; local media; and finance institutions.

Challenges to Improving Health and Equity in Rural Communities

Many rural communities face common challenges to improving health and equity. These tend to center on physical, social and economic factors that impact health outcomes, health behaviors, and health conditions. Participants described behaviors that negatively impact health and equity, such as drug and alcohol use, tobacco use, and sedentary lifestyles. Alleviating poverty and ensuring opportunities for gainful employment were also described as necessary factors to improving health. Participants identified several priority areas for improving health and equity by increasing: access to health care services, transportation and broadband infrastructure, and quality housing and education, among others. It was also noted that in some rural regions, the ongoing effects of discrimination, racism, and marginalization contribute to conditions that do not allow everyone to achieve equal opportunities for a healthy and vibrant quality of life.

Improving Health and Equity in Rural Communities: Opportunities for Action

Our research identified several opportunities to leverage rural communities' strengths and cross-sector partners to improve health and equity in rural America:

1. Leverage and elevate current programs that impact health and equity in rural communities.
2. Integrate rural components into existing programs, policies, and practices.
3. Develop a rural cross-sector advisory panel to plan and structure rural implementation efforts.
4. Build long-term, meaningful relationships and garner trust within rural communities to create positive change.
5. Adapt funding strategies to address rural barriers to participation.
6. Provide funding opportunities for rural communities that are ready for change but may lack capacity to apply for grants.
7. Strengthen individual, organizational and systems-level community implementation capacity.
8. Identify and grow rural leaders by ensuring opportunities for youth engagement and employment.
9. Support economic development efforts through investments in rural economies beyond the health care sector, and support increased collaboration between the health care and development sectors.
10. Consider rural communities as program pilot sites to test interventions on a smaller scale.
11. Build the rural evidence base by documenting innovative efforts to improve health and equity.
12. Foster cross-sector collaborations to improve health and equity.

13. Co-fund, engage, and partner with regional/local intermediaries who serve and work with rural communities.
14. Develop rural-specific communications and messaging that reflect rural cultures and norms.
15. Foster learning across rural communities through forums for shared learning.
16. Continue rural learning to identify and build opportunities to improve health and equity.

Taken together, these recommendations for philanthropies, government agencies, and other stakeholders provide opportunities to engage with and support rural communities to improve health and equity in ways that build upon their inherent strengths and assets.

Introduction

Much of the research exploring rural health and equity in the U.S. focuses on disparities and growing inequities, with limited attention to the strengths and assets present in many rural communities and opportunities to leverage these capacities. As documented by researchers in recent years, rural Americans continue to experience increased health risks related to geographic, socioeconomic, environmental and other factors unique to rural communities. [19,20,21,22] Rural risk factors vary by region of the U.S., and causes of morbidity and mortality also vary. Overall, rural Americans have a higher prevalence of chronic diseases and higher chronic disease mortality rates, as well as higher rates of suicide, injury, and substance use. While it is important to acknowledge and understand inequities and their root causes, it is also essential to understand and leverage the strengths and assets of rural people and places that serve as protective factors and provide opportunities to address these inequities. Building on the momentum of multiple sectors across the country, national, regional, and community organizations are well positioned to take action to leverage rural assets to systematically improve rural health and well-being.

Motivated by the Robert Wood Johnson Foundation's vision for building a Culture of Health[23] where everyone in America has the opportunity for health and well-being, the NORC Walsh Center for Rural Health Analysis conducted formative research to explore opportunities that will accelerate changes to improve health and equity in rural communities. Health equity has been defined as, "having a fair and just opportunity to be healthier, this requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."[24] This work engaged partners from across sectors and disciplines to enhance understanding of assets in rural communities and regions, identify key partners and change agents with the potential to improve health and equity, and provide recommendations regarding opportunities for action for funders—including philanthropies and government agencies— and other community partners to improve health and equity in rural communities. Following an extensive literature synthesis and environmental scan, we engaged over 400 national and regional cross-sector stakeholders through a national discussion forum, key informant interviews, formal partnerships, and feedback sessions at national conferences. In order to enhance understanding of regional similarities and

[19] Meit, M., Knudson, A., Gilbert, T., Tzy-Chyi Yu, A., Tanenbaum, E., Ormson, E., … Popat, S. (2014). *The 2014 update of the rural-urban chartbook*. Retrieved from https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf

[20] Knudson, A., Meit, M., Brady, J., & Tanenbaum, E. (2013). *Exploring rural and urban mortality differences.* Retrieved from http://www.norc.org/Research/Projects/Pages/exploring-rural-and-urban-mortality-differences.aspx

[21] University of Wisconsin Population Health Institute. (2017). *County Health Rankings Key Findings 2017.* Retrieved from http://www.countyhealthrankings.org/reports/2017-county-health-rankings-key-findings-report

[22] Moy, E. M., Garcia, M.C., Bastian, B., Rossen, L.M., Ingram, D.D., Faul, M., ... Iademarco, M. F. (2017). Leading causes of death in nonmetropolitan and metropolitan areas — United States, 1999–2014. *MMWR Surveillance Summary;66(No. SS-1):*1–8. http://dx.doi.org/10.15585/mmwr.ss6601a1

[23] Robert Wood Johnson Foundation. (2017). *Building a culture of health.* Retrieved from https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html

[24] Robert Wood Johnson Foundation. (2017). *What is Health Equity?* Retrieved from https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html

differences in rural assets and experiences, we also conducted community forums in four regions: Deming, New Mexico (U.S. Mexico Border Region), Delhi, Louisiana (Delta Region), Norway, Maine (Northeast Region), and Black River Falls, Wisconsin (Upper Midwest Region). In addition, we conducted six regional vetting sessions across the country, including five with the State Offices of Rural Health and one in the Appalachian Region (See Appendix A for a description of the methodology).

The following sections describe findings from the literature and perspectives from our project participants about assets that are commonly present in rural communities and how these assets can be leveraged to improve health and equity. We also include a discussion of regional differences in assets, a description of cultural and historical experiences, key change agents across sectors that may be engaged, and challenges to improving health and equity in rural communities. The final section offers recommendations for funders–including philanthropies and government agencies–and other stakeholders to engage with and support rural communities to improve health and equity in ways that build upon their inherent strengths and assets.

Assets That Can Be Leveraged to Support Health and Equity in Rural Communities

This work used a capacity-oriented approach to identify strengths of rural communities—exploring capacities and assets in communities that can be leveraged for positive change—rather than focusing on needs and deficiencies. This approach is grounded in principles of community development, recognizing that communities can create change, and that change is driven by the resources and capacities of individuals and organizations working together. Adapting the McKnight and Kretzmann capacity-oriented framework focused on asset-based community development,[25] in the following sections, we organize rural assets and strengths into four categories: individual assets; organizational assets; community assets; and cultural assets. Also guiding this work is the social-ecological model of health, which acknowledges that behavior change and broader community changes are often mediated by the social environment.[26]

In describing assets, we recognize several key assumptions:

- ***Assets are dynamic.*** Assets may change in nature or importance over time, and assets may have a different significance to different people. There is variation in terms of how strengths and assets are operationalized in different communities. The distinction between types of assets may not always be clear and may look different depending on the community.
- ***Assets can be a strength and strategy for change.*** Community strengths and attributes can be considered both an asset that can be leveraged and a mechanism to improve health and equity.
- ***Contextual factors matter.*** The health and equity of individuals and communities are influenced by many factors, some of which include politics, policies, and historical events. Further, contextual factors often shape how rural assets can be leveraged. It is important to consider this broader context, which can facilitate, or in some cases, hinder progress.

Individual Assets

Individual assets include the knowledge, skills, attributes, abilities, and actions of people, which can all be powerful drivers of change in communities. Individual assets are the basis and foundation of a community—our research highlighted that rural communities' "greatest assets are [its] people."[27] Many examples of individual assets are predominant in the literature, and were described by participants throughout. Some of the most commonly mentioned individual assets include the role and importance of

[25] Kretzmann, J.P., & McKnight, J.L. (1993). *Building communities from the inside out: A path toward finding and mobilizing community assets.* Chicago, IL: ACTA Publications.

[26] Centers for Disease Control and Prevention, Division of Cancer Prevention and Control. (2013). *Social Ecological Model.* Retrieved from https://www.cdc.gov/cancer/nbccedp/sem.htm

[27] Kretzmann, J.P., & McKnight, J.L. (1993). *Building communities from the inside out: A path toward finding and mobilizing community assets.* Chicago, IL: ACTA Publications.

civic and community engagement in the form of volunteerism, strong entrepreneurship, and the resilience and adaptive capacities of rural residents.

Civic and community engagement can involve voting, volunteering, community organizing, and general participation in community life. Some of our interview participants noted that residents of smaller rural areas may be more involved in community life since they have the sense that their voice matters more than it would in larger, metro regions. People living in these communities also may be more likely to know their local officials and have a closer connection to the issues. Literature suggests that participation in community life in rural areas often stems from the strong individual relationships and connections that people form with one another that leads them to participate in community organizing and coalition building.[28] Residents of rural areas may also be more likely to volunteer for local causes and organizations because the issues are more tangible and feel closer to them and their families. One example, which is becoming increasingly widespread in rural areas, is emergency medical service (EMS) volunteers and a new model of community paramedicine. One participant emphasized the critical role that rural EMS volunteers provide in areas where there would otherwise be no reliable transport for emergency medical services. Volunteerism can be an asset and a mechanism to improve the quality of life for individuals in rural communities, by providing important social services to those in need as well as by strengthening the social bonds between people.[29,30]

> *"Youth understand that volunteerism is part of their culture. [It] supports the culture that as youth are coming up in the ranks, they are part of different organizations and situations. It is an expectation that you serve your community, not a requirement, but it is just something you do that feeds into the next generation."*
> *– Regional Forum Participant, Upper Midwest Region*

Certain population groups were also described as strengths for rural communities, particularly the presence of adolescents and youth,[31] older adults and seniors, and veterans, as they provide unique perspectives, experiences, and other contributions. Family members play important roles—for example, by caring for children when parents are working—and can serve as a protective factor by creating both economic stability and social connection. Participants also described the value that senior residents bring to their communities. Estimates from the most recent American Community Survey show that in many parts of rural America, older adults, particularly baby boomers, remain a strong segment of the active workforce, with more than 80 percent of rural men aged 50 to 54 and more than 70 percent of men aged 55 to 59 actively participating in the workforce. Overall, the percent distribution of the active workforce aged 50 to mid-70s is higher in rural compared to urban areas, with millions of rural residents working

[28] Crespo, R., Shrewsberry, M., Cornelius-Averhart, D., & King, H.B. Jr. (2011). Appalachian regional model for organizing and sustaining county-level diabetes coalitions. *Health Promotion Practice, 12(4).* 544-550. http://doi.org/10.1177/1524839910377965

[29] Benenson, J., & Stagg, A. (2016). An asset-based approach to volunteering: Exploring benefits for low-income volunteers. *Nonprofit and Voluntary Sector Quarterly, 45,* 131–149. http://doi.org/10.1177/0899764015604739

[30] Butler, S. S., & Eckart, D. (2007). Civic engagement among older adults in a rural community: A case study of the senior companion program. *Journal of Community Practice*, *15*(3), 77–98. http://doi.org/10.1300/J125v15n03_05

[31] Brennan, M. A., Barnett, R. V, & Baugh, E. (2007). Youth involvement in community development: Implications and possibilities for extension. *Journal of Extension*, *45*(4), 1-14.

well into their 70s.[32] Older adults who are no longer working may have time to volunteer and support community programs. Further, in smaller communities, older residents serve as a source of historical knowledge for the area.

Participants also described the strong sense of patriotism that permeates life in many rural areas, highlighting the presence of veterans in communities as a strong asset. Based on 2011-2015 estimates, approximately one quarter of all veterans in the U.S. live in designated rural areas, with the highest concentration of rural veterans living in the South.[33] With an increasing population of veterans in many rural parts of the country, programs are working to help build skills and utilize the talents of these men and women. For example, the United States Department of Agriculture (USDA) has created several programs that offer funding for local food initiatives and help veterans learn how to farm and acquire farmland.[34]

Youth and young adults were also described as an important asset to rural communities, though they were described as decreasing in population in many parts of the country, as young people often leave to seek educational and employment opportunities in urban centers. In rural communities that have found ways to attract and retain youth, there have been noticeable improvements in community life, increased involvement in community development activities, and the development of sustainable cross-generational partnerships. Some literature suggests that involving youth from an early age in community development and activities aimed to improve local well-being can have a lasting impact on the community. These youth are more likely to continue to be involved in local life in the future and to feel more connected to their community.[35,36]

Findings from our research highlight community resilience, defined as "the ability to prepare and plan for, absorb, recover from or more successfully adapt to actual or potential adverse events,"[37] as one of the key factors that enables rural communities to respond to economic and social change in ways that support community well-being. Literature describes that social ties and cross-sector relationships create the adaptive capacities and resilience of rural people and communities, describing individuals', families', and businesses' ability to recover after a disaster, tragedy, or other hardship, which may be one element that determines the community's ability to sustain positive changes.[38] As described by participants, different

[32] U.S. Census Bureau. (2016). *A glance at the age structure and labor force participation of rural America*. Retrieved from https://www.census.gov/newsroom/blogs/random-samplings/2016/12/a_glance_at_the_age.html

[33] U.S. Census Bureau. (2017). *Veterans in rural America: 2011-2015*. Retrieved from https://www.census.gov/content/dam/Census/library/publications/2017/acs/acs-36.pdf

[34] United States Department of Agriculture. (n.d.). *Veterans and military families*. Retrieved from https://www.nal.usda.gov/ric/veterans-and-military-families

[35] Andresen, W., Dallpiazza, M., & Calvert, M. (2013). Engaging young people as a community development strategy in the Wisconsin Northwoods. *New Directions for Youth Development, 138*, 125-140.

[36] Brennan, M.A., Barnett, R.V., & Baugh, E. (2007). Youth involvement in community development: Implications and possibilities for extension. *Journal of Extension*, *45*(4), 1-14.

[37] The National Academies of Sciences, Engineering, and Medicine. (2012). Disaster resilience: A national imperative. *The National Academies Press*. Retrieved from https://www.nap.edu/download/13457

[38] Onstad, P., Danes, S., Hardman, A., Olson, P., Marczak, M., Heins, R., … Coffee, K. (2012). The road to recovery from a natural disaster: Voices from the community. *Community Development, 43(5),* 566-580.

types of organizations work together in ways that are less common in more populated regions to develop innovative solutions and that enable communities to address challenges, often with fewer resources. Further, there is a strong "connectivity across sectors and actors" in rural areas. Organizations form formal and informal partnerships to work on issues related to the economy, nutrition, health care, business, and education, among others. Participants noted that, with limited resources, there is almost no choice but to work together.

Organizational and Associational Assets

Organizational and associational assets can also be leveraged to improve health and equity in rural communities. These are resources in a community that are primarily controlled at a local level, and include faith-based organizations, community-based organizations, schools, and local businesses.[39] These assets also include the formal and informal associations that exist between residents that have the ability to improve community life and well-being. Some organizations also serve as anchor institutions, trusted organizations grounded in the community that often do not move or change location despite changes in the community.[40] Anchor institutions, such as schools, may provide social and/or economic stability within a community that can support implementation of new programs, policies, and initiatives.

> *"Rural community members are tied closely [together] and care about one another. So they take people to the doctor and watch your kid when you take your husband or wife to the hospital." – Interview Participant, Rural Community Development Organization*

Educational institutions ranging from early childhood centers to schools to colleges and universities have been identified as a strong asset with the potential to bring community members together to address local challenges. Throughout our project, schools were frequently described as anchor institutions that exist across rural communities, serving as a central location and gathering place for community life that can be leveraged to drive change. During our Northeast regional meeting, schools were described as inclusive spaces where people gather frequently to talk about community issues. School staff were described as trusted officials who look out for the best interests of families in the community. These participants also described how the importance of schools in many rural areas is related to the pride in place that people feel, noting that sporting events at schools in some towns can draw the majority of the town out to cheer on their team. Schools may also provide essential health services through programs at school-based health centers. Research has shown that access to school space for recreational activities and partnerships between schools and communities can increase physical activity in an area.[41]

[39] Kretzmann, J.P., & McKnight, J.L. (1993). *Building communities from the inside out: A path toward finding and mobilizing community assets.* Chicago, IL: ACTA Publications.

[40] Community-Wealth.Org. (n.d.) *Overview: Anchor institutions*. Retrieved from http://community-wealth.org/strategies/panel/anchors/index.html

[41] Chrisman, M., Nothwehr, F., Yang, G., & Oleson, J. (2015). Environmental influences on physical activity in rural midwestern adults: A qualitative approach. *Health Promotion Practice*, *16*(1), 142–148. https://doi.org/10.1177/1524839914524958

Faith-based organizations are another important organizational asset in rural communities, providing social support and a place to gather and discuss topics that impact the community more broadly. In some faith-based organizations, improving health has become a central focus. Places of worship are often considered a trusted organization in the community, and therefore, health programs promoted by religious leaders may have greater community buy-in.[42] Research exploring the impact of different residential experiences on the quality of life in several rural communities suggests that involvement in a religious community is positively associated with improved emotional well-being.[43] Participants in a meeting in the Delta Region noted that faith-based organizations—while an important partner—do not necessarily reach everyone in rural communities. They viewed the faith community as an important partner, but recognized that community outreach initiatives must engage organizations that reach individuals who are not affiliated with a faith-based organization.

Rural areas were described by many participants as increasingly entrepreneurial, with much of the local economy comprised of small businesses and family-owned shops. Several states with large rural areas continue to have some of the highest rates of self-employment in the country. In 2016, states with the highest rates of self-employment included Montana at 16 percent, Maine at 15 percent, and Vermont and South Dakota both with rates at approximately 14 percent.[44] Research suggests that creating opportunities for entrepreneurship is an effective economic development strategy and a mechanism to attract younger generations to remain in rural towns,[45] while additional research suggests that rural communities have the potential to foster the development of entrepreneurs.[46,47] Small businesses can help rural people create wealth, which, in turn, may have lasting impacts on quality of life and on the outcomes in the community.[48] Local business-owners have an incentive to invest in addressing local issues since it can increase their profits and visibility.[49] Small businesses may invest in improvements to the community, and

[42] Ford, C. (2013). Building from within: Pastoral insights into community resources and assets. *Public Health Nursing, 30(6),* 511-518. https://doi.org/10.1111/phn.12048.

[43] Grimm, J.W., Smith, D. C., Theodori, G.L. & Luloff, A.E. (2013). The effects of residential advantages upon rural residents' self-reported physical health and emotional well-being. *Research in the Sociology of Health Care, 31,* 83-107.

[44] U.S. Bureau of Labor Statistics, Spotlight on Statistics. (2016). *Self-employment in the United States*. Retrieved from https://www.bls.gov/spotlight/2016/self-employment-in-the-united-states/pdf/self-employment-in-the-united-states.pdf

[45] Landholm, R. (2017). *Small businesses are the backbone of rural communities.* Retrieved from http://www.cfra.org/news/170421/small-businesses-are-backbone-rural-communities

[46] Low, S., Henderson, J., & Weiler, S. (2005). Gauging a region's entrepreneurial potential. *Federal Reserve Bank of Kansas City, Economic Review Third Quarter*. Retrieved from https://www.kansascityfed.org/XWYgZ/Publicat/econrev/PDF/3q05low.pdf.

[47] Weiler, S. (2017). *6 charts that illustrate the divide between rural and urban America.* Retrieved from https://www.pbs.org/newshour/nation/six-charts-illustrate-divide-rural-urban-america

[48] Landholm, R. (2017). *Small businesses are the backbone of rural communities.* Retrieved from http://www.cfra.org/news/170421/small-businesses-are-backbone-rural-communities

[49] Blanchard, T. C., Tolbert, C., & Mencken, C. (2012). The health and wealth of US counties: How the small business environment impacts alternative measures of development. *Cambridge Journal of Regions, Economy and Society*, *5*(1), 149–162. https://doi.org/10.1093/cjres/rsr034

have been shown to be philanthropic by donating to important local charitable causes. One Midwestern survey showed that approximately 50 percent of small business-owners contributed to a charity in 2015.[50]

Farmers' markets are organizational assets that are part of the broader food system but locally controlled. The presence of farmers' markets in communities has been shown to improve the availability of fresh produce and decrease barriers to healthy eating. One study of local farmers' markets in the Appalachian Region of Kentucky found that when residents frequented these markets weekly there was a positive association between shopping at the markets and consuming fruits and vegetables. The authors note that farmers' markets may be an important asset in rural regions that have historically relied on farming and have a strong connection to agriculture and the land.[51]

Community-based organizations and nonprofits were described in the literature and by our study participants as another critical organizational asset in rural communities, providing direct social services and other forms of support to many residents. Community-based organizations can connect people with resources and other types of organizations that might not otherwise be as easily accessible. Many nonprofits in underserved rural areas work to improve the lives of community members by functioning as a link to needed services. For example, nonprofit organizations in the Mississippi Delta Region provide home visiting and case management services to pregnant and parenting women to reduce infant mortality rates.[52] Participants described the strong levels of collaboration among rural community-based organizations, noting that this may be more common than in urban communities where similar organizations are larger and have greater internal capacities.

> *"There's a social infrastructure in the region—a nonprofit social infrastructure, in particular, that is really powerful and unique. People are connected to each other in a way that's not common and in a way that allows them to work together and do more than just networking and avoid traps like competition. That's due in large part [to] networks."*
>
> *– Interview Participant, Rural Community Development Organization*

Financial institutions, particularly community development financial institutions, are another important asset, serving to support local investments and develop resources in communities. For example, research suggests that community development credit unions can protect the wealth and assets of rural residents.[53] Community development credit unions are community-centered financial institutions that personalize services to help rural and underserved residents build and protect their financial capital by charging lower rates for products, providing higher dividends, educating about financial options and decisions, and providing alternatives to predatory lending practices. These institutions are often involved directly in the

[50] Landholm, R. (2017). *Small businesses are the backbone of rural communities*. Retrieved from http://www.cfra.org/news/170421/small-businesses-are-backbone-rural-communities

[51] Jilcott Pitts, S., Gustafson, A., Wu, Q., Mayo, M., Ward, R.K., McGuirt, J.T., … Ammerman, A.S. (2014). Farmers' market use is associated with fruit and vegetable consumption in diverse southern rural communities. *Nutrition Journal, 13*(1), https://doi.org/10.1186/1475-2891-13-1

[52] Kerstetter, K.A, Green, J.J.B, Phillips, M.B. (2014). Collective action to improve rural community wellbeing: Opportunities and constraints in the Mississippi Delta. *Rural Society*, *20*(3), 257-269.

[53] Nembhard, J.G. (2013). Community development credit unions: Securing and protecting assets in black communities. *Review of Black Political Economy, 40*:459–490. https://doi.org/10.1007/s12114-013-9166-6

community by providing donations and sponsorship, encouraging employees to volunteer, and investing in employees' career opportunities.[54]

The role of the media in rural communities remains integral in disseminating health information as well as information about initiatives that can improve the quality of life. In particular, local newspapers and local radio serve as a critical source for information that cannot be obtained through national or even regional media outlets. In fact, some research suggests that the majority of rural adults in several areas of the country (one survey looked at adults in Iowa) read a print newspaper once a week,[55] demonstrating that print media remains a strong source of local news and information for rural people. These outlets are viewed as an important resource in rural areas, and one study conducted in a Midwestern state suggests that they may be more likely to publish and broadcast health news stories relevant to local life, especially stories related to aging and chronic diseases such as heart disease and arthritis.[56]

Finally, throughout our study, the power and strength of rural social networks was highlighted, as these small, tight-knit networks work to ensure that people are aware of happenings in the area. Social networks bring people together to implement and disseminate knowledge, programs, and policies with the potential to improve health and well-being. Social networks create a strong sense of community and "civic bond." They also build social cohesion and collective efficacy.[57] One participant reinforced this point: "Once you have someone with a good idea…and based in [a] rural population… they can rally friends and neighbors behind it." Other participants highlighted that as a component of a social network, social media platforms are an important tool for community organizing in rural areas. Further, during a meeting in the Northeast Region, participants noted that, in rural communities, the support programs and services that make up the formal social safety net may be comprised of fewer organizations. This makes the informal connections, voluntary spirit, engagement, and actions of rural neighbors working together so critical.

Community Assets

Community assets are assets and resources physically located within a community that are often not controlled locally. Some examples include system-owned hospitals, corporate-owned businesses, and branches of larger financial institutions, protected natural resources, private or nonprofit organizations, and retail department and food stores.

Many rural community assets are tied to natural resources, including, water, land, resources used for energy, and timber. While these may be controlled by industries such as logging, mining, agriculture, or

[54] Nembhard, J.G. (2013). Community development credit unions: Securing and protecting assets in black communities. *Review of Black Political Economy*, *40*:459–490. https://doi.org/10.1007/s12114-013-9166-6

[55] Young, R., Willis, E., Stemmle, J., & Rodgers, S. (2015). Localized health news releases and community newspapers: A method for rural health promotion. *Health Promotion Practice*, *16*(4), 492–500. https://doi.org/10.1177/1524839915580538

[56] Young, R., Willis, E., Stemmle, J., & Rodgers, S. (2015). Localized health news releases and community newspapers: A method for rural health promotion. *Health Promotion Practice*, *16*(4), 492–500. https://doi.org/10.1177/1524839915580538

[57] Buro, B., Gold, A., Contreras, D., Keim, A. L., Mobley, A. R., Oscarson, R., & Procter, S. (2015). An ecological approach to exploring rural food access and active living for families with preschoolers. *Journal of Nutrition Education and Behavior*, *47*(6), 548–554. https://doi.org/10.1016/j.jneb.2015.08.020

tourism, natural resources can be considered a community asset since these resources may be available for economic development, community development, and social benefit.[58] For example, in some areas where farming, agriculture, and forestry are the main sources of income, the land is considered a financial asset. Several participants noted that rural natural resources contribute to the productivity of the country, highlighting agricultural assets, as well as the importance of other natural resources for tourism. Participants also described social benefits related to living in a rural community; namely, the pace is more relaxed, quiet, and peaceful. Another perk mentioned was access to land and natural resources.

> *"To be able to go into a small town and not have traffic and have starry nights because you don't have the lights from a city is a real asset that people enjoy. They like the quiet; they like the ability to take a walk at night and be safe and let their kids go to school six blocks away and walk because there isn't much traffic."*
>
> *– Interview Participant, Rural Community Development Organization*

One integral component of the built environment and an important community asset is the food system, which is directly tied to community well-being. Food systems in rural communities can include small and large retail food stores, as well as organizational assets such as farmer's markets, community-supported agriculture, agricultural cooperatives, and other local retailers. Retail food stores that stock fresh produce can help to increase access to healthy foods. In 2010, the Healthy Food Financing Initiative began as a joint venture with funding from the USDA, U.S. Department of Treasury, and U.S. Department of Health and Human Services.[59] The goal of this initiative is to improve access to healthy foods by increasing the number of retailers in urban and rural communities that sell healthy foods. This initiative hopes to model the positive outcomes of the Pennsylvania Fresh Food Financing Initiative, which helped open approximately 90 new fresh and healthy food retailers in rural and urban areas across the state and created thousands of employment opportunities.[60] Further, research suggests that the presence of grocery stores and access to healthy foods are associated with positive health outcomes in both rural and urban areas.[61]

In addition, land-grant institutions in each state provide research, education, skill-building, and other resources to communities through cooperative extension programs. Participants described the pivotal role that land-grant institutions play in improving health and equity in rural communities. Many extension programs employ health specialists who develop educational content about health conditions and prevention, and then work with extension agents who conduct outreach in communities. Cooperative extension agents often live within the same community in which they work, making the information they provide to communities even more salient. Their close connections to the community also means that they are more aware of the particular needs of the community and can provide information that will be

[58] Power, G. J., & Turvey, C. G. (2010). U.S. rural land value bubbles. *Applied Economics Letters*, *17*(7), 649–656. https://doi.org/10.1080/13504850802297970

[59] Administration for Children & Families, Office of Community Services. (2017). *Healthy food financing initiative.* Retrieved from https://www.acf.hhs.gov/ocs/programs/community-economic-development/healthy-food-financing

[60] The Food Trust. (2012). *A healthy food financing initiative: An innovative approach to improve health and spark economic development.* Retrieved from http://thefoodtrust.org/uploads/media_items/hffi-one-pager.original.pdf

[61] Ahern, M., Brown, C. & Dukas, S. (2011). A national study of the association between food environments and county-level health outcomes. *The Journal of Rural Health, 27,* 367-379. https://doi.org/10.1111/j.1748-0361.2011.00378.x

useful.[62] In some states, extension offices may partner with other departments within the institution to develop partnerships that can increase their ability to promote change. For example, a partnership in Kentucky between the Cooperative Extension Program, the College of Nursing, and the College of Agriculture, focused on reducing the impact of chronic disease in Kentucky by providing communities targeted health education that focused on prevention.[63]

Broadband infrastructure is another important community asset, though it is not widely available in many rural communities. Several participants described broadband as essential for the future of workforce development. Broadband connectivity and telecommunication offers benefits for improving health care access and is vital for rural communities to stay connected to the rest of the country in an era of increasing connectivity. Access to broadband in communities can support the introduction of telehealth and telemedicine services, and can facilitate teleworking. Project ECHO, which stands for Extension for Community Healthcare Outcomes, is an example of the far-reaching impact of broadband in rural areas. The program is designed to improve access to specialty and primary care services in rural and remote areas of the country using telehealth as a means to deliver provider training. The program has allowed providers in rural areas without specific specialty training to treat patients with a variety of complex conditions.[64]

Cultural Assets and Historical Context

The culture and history in rural communities is particularly important as it shapes if and how assets can be leveraged. One participant described cultural assets as the "connective tissue in rural communities that is more important than anything else and that will ultimately drive the change to improve health status." Another participant suggested that "one of the more predictive factors in terms of well-being [in a community] is the culture of the people around you." Culture and history shape core values that can be considered important assets such as: a close-knit sense of community; strong family support systems and neighborly social ties; religious affiliation; pride in self and family; self-reliance and independence; the importance of justice, loyalty, and faith; and a strong work ethic. According to participants, many people in rural areas feel a deep connection to where they grew up and have a strong sense of history and pride in growing up and living in a rural community that may not be as evident in

> *"Strong sense of history, community, stick togetherness, pulling together when someone's house burns down, there is someone there... Whether faith based, civic, school community that is part of that community, they tend to stick together when someone in that community is in trouble. So that's something you can capitalize on."*
>
> *– Interview Participant, National Philanthropic Organization*

[62] Riley, P. (2008). Collaboration for prevention of chronic disease in Kentucky: The health education through extension leaders (HEEL) program. *Nursing Clinics of North America*, *43*, 329–340. https://doi.org/10.1016/j.cnur.2008.04.007

[63] Riley, P. (2008). Collaboration for prevention of chronic disease in Kentucky: The health education through extension leaders (HEEL) program. *Nursing Clinics of North America, 43*, 329–340. https://doi.org/10.1016/j.cnur.2008.04.007

[64] Salinksy, E. (2015). *Project ECHO*. Retrieved from http://www.gih.org/files/FileDownloads/Project_ECHO_August_2015.pdf

> *"Instead of characterizing Appalachian people as rugged independents, it might be more correct to say they are community-minded people, willing to "lend a hand" or "help out." A tradition of reciprocity learned early in life is honored and demonstrated by families, neighbors, and larger communities. Deep-seated interdependence among families was important historically as they shared similar adversities, hardships, and challenges."*
> *Denham, S. A. (2016). Does a culture of Appalachia truly exist? Journal of Transcultural Nursing, 27(2), 94-102.*

urban areas. The oral tradition in many rural communities contributes to the passing down of a shared history that can be a source of strength and pride, reinforcing a sense of place and demonstrating how communities have overcome challenges in the past. People form strong bonds and attachments to places that they associate with their families and their communities.

Social cohesion has been described as a community's willingness to cooperate with each other to survive and flourish, and has been shown to contribute to improved health and economic prosperity.[65] Similarly, collective efficacy has been described as a community's perceived ability and drive to take action to make improvements together to benefit the community as a whole.[66] In communities with higher collective efficacy, research suggests that community members may be able to emphasize and promote healthy norms, which encourages healthy behaviors and discourages less healthy behaviors. Residents in communities with higher levels of trust and cooperation are more likely to work together to tackle local challenges, which similarly can encourage local businesses to invest in community improvements.[67] The majority research participants described a culture of cooperation and social cohesion that is prevalent in rural communities where people are willing to help one another, and where there is "community spirit" and pride in what happens in the community. This culture of cooperation is even evident among organizations perceived as competitors, where they will come together to work on a grant instead of competing for the same funding.

> *"It's the organizations and your neighbors pulling together to help when you need help, and it's a fundamentally different culture than larger areas. If your neighbor needs help with their plowing or putting up the barn or has a health crisis, people rise to the occasion more so than in other areas, and I go back to it's a part of the small town and rural culture."*
>
> *–Interview Participant, National Community Development Association*

[65] Stanley, D. (2003). What do we know about social cohesion: The research perspective of the federal government's social cohesion research network. *Canadian Journal of Sociology*, *28(1),* 5–17. https://doi.org/10.2307/3341872

[66] Blanchard, T. C., Tolbert, C., & Mencken, C. (2012). The health and wealth of US counties: How the small business environment impacts alternative measures of development. *Cambridge Journal of Regions, Economy and Society, 5(1),* 149–162. https://doi.org/10.1093/cjres/rsr034

[67] Blanchard, T. C., Tolbert, C., & Mencken, C. (2012). The health and wealth of US counties: How the small business environment impacts alternative measures of development. *Cambridge Journal of Regions, Economy and Society, 5(1),* 149–162. https://doi.org/10.1093/cjres/rsr034

Historical context was described as an important factor to improving health and equity in rural communities. Our research highlights that major historical patterns and events have a lasting impact on people and regions and subsequent challenges that many communities face improving health and equity. For example, the Deep South continues to be significantly impacted by slavery, Jim Crow laws, and discrimination.[68] In addition, participants described the impact from the forced movement to reservations, torture, and decimation of American Indian and Alaskan native populations. Many of these populations continue to address the devastating impacts of historical traumas that contribute to health inequities, such as a strong mistrust of outsiders, a collective sense of hopelessness, and high rates of poverty. Findings emphasize that "history and legacy matter," especially in terms of discrimination and its impact on community development, economic development, and progress in rural regions.[69] At the same time, participants noted that ethnic identity can be an asset for community progress, as people are brought together by a sense of common identity, sometimes linked to a common faith or shared cultural beliefs. Ultimately, an asset-based approach to improving health and equity in marginalized communities is needed to help overcome historical traumas.

> *"I think that rural communities are unfortunately used to doing a whole lot with very little. They are used to working collaboratively and working with partners. And you can't avoid it. You are going to run into these people at the [store] or church or school basketball…[People] will talk with one another and talk about common ground and solutions… So, there is tenacity, resiliency, 'we are going to figure it out.' and the neighborliness of it."*
>
> *–Interview Participant, National Philanthropic Organization*

Limited resources in rural communities have created a level of innovation and creativity that is not often recognized by outsiders, but was readily discussed by people living and working within these communities. Since resources are often limited in rural areas, participants highlighted that communities have grown accustomed to doing more with less, and people are used to "fending for themselves and figuring it out."

Regional Perspective of Cultural Assets

While rural communities share common strengths and assets, it is also important to recognize and embrace the diversity of rural communities. Each rural community has a unique history and story that is embedded within the culture and context of a broader region. In order to enhance understanding of regional perspectives on rural assets, we conducted community forums in four regions in the U.S. Mexico Border Region, the Delta Region, the Northeast Region, and the Upper Midwest Region. We also conducted vetting sessions across the country with State Offices of Rural Health, as well as a vetting

> *"Each region is different and has things others don't, so people have a good sense of what their strengths are and that should be built on, whether that is economic development or larger regional strategies."*
>
> *– Interview Participant, Rural Economic Development Organization*

[68] Scott, A. & Wilson, R. (2011). Social determinants of health among African Americans in a rural community in the Deep South: an ecological exploration. *Rural and Remote Health, 11(1).*

[69] Crowe, J. (2012). The influence of racial histories on economic development strategies. *Ethnic and Racial Studies, 35*(11), 1955-1973. https://doi.org/10.1080/01419870.2011.611891

meeting in the Appalachian Region. Participants throughout our project provided insight on regional differences in rural assets.

U.S./Mexico Border Region. Forum participants in the U.S./Mexico Border Region described the proximity to the border as a major factor influencing the region's cultural identity and resident's daily life. Participants described living along the border as "one community, one culture," noting that there is a long history of family members living on each side of the border. While living in the region presents unique challenges, particularly related to policy, coordination of services, and resources, participants describe the proximity to the border as one of their community's greatest assets. They noted that the community embraces the cultural richness of living in a bi-national region. Participants described that there is a lack of infrastructure and resources in Mexico, which they say contributes to their ability to be creative and resourceful when addressing community needs. Further, participants described that this heritage is expressed through local art and music that connects families and communities to one other and to their shared history. The art and music programs are sources of community pride and highly supported, particularly among youth in schools.

Delta Region. Regional forum participants in the Delta Region expressed that the land has played a significant role in the economic and cultural development of the region. They shared that plantations that utilized slave labor were once a prominent feature of the area. Today, family farms remain an important asset in these communities. However, participants described inequalities that exist within the region through the lens of power and land ownership, whereby landowners are perceived as controlling important decisions about programs and services in the community, often to the exclusion of the broader population. Forum participants described their communities as close-knit, loving, well connected, and places where people are willing to help one another, particularly in times of need and hardship. One participant expanded on this, explaining that resiliency is a unique regional asset as a result of historical natural disasters. Participants described community residents as important assets that can help to improve health and equity. Youth were described as having a positive mindset and as willing and ready to work and volunteer in their community. Participants suggested that youth can lead and contribute to health improvement efforts and social and civic engagement activities.

Northeast Region. Participants in the Northeast regional meeting described that state policies around public health systems and infrastructure have had a strong impact on local health improvement efforts, noting that Maine has historically lacked a local public health infrastructure. The Turning Point Initiative, supported by the W.K. Kellogg Foundation and the Robert Wood Johnson Foundation, aimed to develop local and regional public health infrastructure, which included Healthy Maine Partnerships that were codified in statute around 2008. Participants described that recent efforts to restructure and further de-emphasize the state government's role in public health have threatened these gains, making the need to build and sustain community partnerships even more important. Participants also described that people in their communities take care of one another, especially in times of crisis and need. This bond was described as an asset that can be leveraged, and participants noted that these shared values bring people together to support individuals in need. Forum participants described access to natural resources and the

physical environment in the Northeast as an important asset for recreation and economic development. Access to natural resources in the Northeast is directly related to the tourism industry, which serves as a major component of the rural economy and was described as embedded within rural community identity. Another participant expanded on the role of natural resources as an asset, noting that access to the natural environment "heals" and can improve mental health.

Upper Midwest Region. Forum participants from the Upper Midwest described several individual and cultural attributes as important assets that can enhance health and equity. Similar to other regions, participants described their communities as close-knit and interconnected places that foster opportunities for partnership and collaboration. Other participants expanded on this, sharing that there is a Midwestern mentality to "pull yourself up by your bootstraps" in order overcome challenges. Additionally, cultural values that emphasize "doing the right thing" and reliability translate to a strong work ethic. Participants continued to describe that there is a "culture of volunteerism" in the area that is pervasive from generation to generation. This is evidenced by the fact that most youth are involved in volunteer programs, people volunteer their time to support community health programs, and many people volunteer as firefighters and emergency personnel.

Appalachian Region. Although the Appalachian economy is known for specific industries, such as coal mining, participants described increasing efforts in the region to diversify the economy and overcome challenges tied to economic downturns. Vetting session participants described that communities in the region can be viewed as "communities of diverse networks," with a strong history and moral code with elements that could help (or hinder) improvements in health and equity. While this culture prioritizes resourcefulness and self-sufficiency, preservation and autonomy, faith, sense of place, distinct language, avoidance of conflict, kinship, and reciprocity, it can also be insular, resulting in skepticism towards outsiders, and at times, hindering the uptake of new programs. The importance of acknowledging and building on cultural factors was emphasized as a way to produce better health outcomes.[70] Participants spoke about the connectivity of change agents and organizations throughout the region. Specifically, partners at the local, state, and regional levels are connected through "networks of networks," which facilitates collaboration, avoids wasteful competition, and provides opportunities for peer-to-peer learning.

> *"I have come to find that over time, some of the things we have described as being Appalachian traits are maybe more broadly rural, it might be more accurate to say they are rural."*
> *–Interview Participant, Rural Regional Economic Stakeholder*

[70] Keefe, S. (2005). *Appalachian Cultural Competency: A Guide for Medical, Mental Health, and Social Service Professionals,* Knoxville, TN: University of Tennessee Press.

Cross-Sector Change Agents, Champions, and Partners

Our research emphasized the importance of cross-sector change agents, champions, and partners in improving health and equity in rural communities. Specifically, findings highlight the value of engaging existing networks, partnerships, and anchor institutions. Participants also described the variety of change agents that exist in rural communities, who can be identified by connecting with key institutions and asking for key leaders. From the local minister to the local hairdresser, many people play important community leadership roles.

Residents. Participants described residents as the most important "non-traditional partners" in rural communities. They highlighted the importance of engaging and empowering residents to inform solutions and mobilize change in their communities. In particular, this includes beneficiaries whom community-based organizations aim to serve, advocates, and other energetic and engaged community members.

Schools. Throughout our project, schools were described as one of the primary anchor institutions in rural communities, and the education sector was repeatedly described as a critical partner in implementing any type of community change. School leadership and school board members were also described as important change agents. The physical school building was seen as a gathering space for families where people come together and may be more motivated to make healthy changes and discuss important health topics. Schools were also described as a community hub and a place that can provide job and vocational training, as well as direct access to health services through school-based health clinics. One interview participant described programs that link farmers' markets and healthy eating programs with schools to engage a diverse set of residents in the community. Community colleges were also identified as a specific anchor institution in many rural areas that bring together communities around common goals and that understand, from an academic perspective, the social issues impacting a community.

Faith-Based Organizations. Faith-based organizations and places of worship were similarly described by participants as a trusted, communal space where people regularly convene and discuss important issues for the community. Participants in the Delta regional meeting highlighted the important role of churches—noting that it is the foundation of the community's most respected program, and an important place to find and grow talent among youth. Research suggests that religious leaders and congregants who take leadership roles can serve as both champions and change agents.[71] New health programs and initiatives that could improve the well-being of people living in the area can gain momentum from having buy-in

> *"Churches play a critical role in rural culture…. In many of these rural communities, the church will have religious services, host dinners, host bingo parties, host dances, all these things that are events where you create social integration and are creating culture. They play an important role and the opinion of the pastors plays an important role."*
>
> *– Interview Participant, Rural Mental Health Association*

[71] Ford, C. (2013). Building from within: Pastoral insights into community resources and assets. *Public Health Nursing, 30*(6), 511-518. https://doi.org/10.1111/phn.12048.

from these faith-based organizations. Pastors, local clergy, and other religious leaders are important change agents and figures in many rural towns, and may serve direct roles as counselors to people in the community. These leaders sometimes serve as community-activists and can mobilize people to make changes.

> *"Libraries, being that anchor and being responsive to the needs of their community, so when the economy was down, all of a sudden you saw decent programs around jobs in libraries which changed the dynamic in communities."*
>
> *– Interview Participant, National Philanthropic Foundation*

Public Libraries. Public libraries were described by research participants as a convening place for community members. Unlike faith-based organizations or private businesses, public libraries are open to everyone regardless of belief or association, making them a common place for people to congregate and participate in community life. One participant noted that a significant portion of all visits to public libraries is for people to research questions about their health. In general, research also suggests that people visiting public libraries use many of the resources to obtain health information.[72] Librarians provide valuable information to their communities and may offer structured lessons and classes to build skills, including, in some locations, job training.

Cooperative Extension. Extension programs at land grant colleges are located in almost every part of the country and receive federal, state and local dollars. These programs were described by participants as one of the most important partners and change agents impacting rural communities. Although focal points for extension programs are determined at a national and state level, local programs often set their own priorities based on the needs of their population. These programs can provide knowledge-based resources to residents in small towns that might not receive this information otherwise, and are viewed as a trusted resource in many communities.[73] Extension agents who focus on family and consumer sciences can help with health and community development-related issues. Relatedly, agriculture and horticulture programs have helped reintroduce agricultural techniques and skills into communities, and have taught farmers about changing weather and climate patterns and the potential for disease outbreaks in their area. In communities where farming is more prevalent, the extension office also serves as a gathering place for the community. Extension programs develop newsletters, which highlight local community stories and can be another mechanism for community development and transformation. Participants also described the important role of extension programs in providing outreach to the community and conducting research on topics directly connected to local needs. Extension offices in some rural areas are known for conducting community-based participatory research in an effort to involve the community directly in learning and action, and ultimately implementing change.[74]

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[72] Flaherty, M.G. (2013). Consumer health information provision in rural public libraries: A comparison of two library systems. *The Library Quarterly: Information, Community,* Policy, *83*(2), 155-165. https://doi.org/10.1086/669548

[73] Shaklee, H., Wall, M., & Bigbee, J. (2012). Better together: Expanding rural partnerships to support families. *Journal of Family Social Work, 15*(5). https://doi.org/10.1080/10522158.2012.720222

[74] Balassiano, K. and Maldonado, M.M. (2014). Civic spaces in rural new gateway communities. *Community Development Journal, 49*(2), 262-279. https://doi.org/10.1093/cdj/bst029

Planning and Development. The community planning and development sector, or regional development organizations,[75] is another key partner in improving health and equity due to the focus on building sustainable infrastructure and community capacity building. Regional development organizations play several roles in strengthening rural communities, including serving as conveners, resource connectors, backbone network organizations, capacity builders, project managers, and technical assistance providers. The nature of their work requires collaboration with other sectors, so they also help other sectors work together more effectively toward mutually beneficial goals. Regional development organizations have contributed to the overall well-being of rural communities by not only focusing on economic development more broadly, but also by creating an environment where people and businesses will want to locate, such as through the development of trails, water and sewer lines, and housing.

Health Care. Participants noted that hospitals, national and affiliate health associations (e.g., American Medical Association affiliates and American Cancer Society affiliates), and other partners in the health sector can serve as change agents, mobilizing services in communities, providing direct funding for care and community health initiatives, and connecting residents to health and social services and other community partners. Additionally, local health departments, as well as federally qualified health clinics and the staff that work in these agencies were highlighted as providing life-saving and life-improving services. From providing immunizations to conducting school and community health assessments, public health nurses, community health workers, doctors, emergency services personnel, and other health care providers are often embedded in their communities and contribute to improving health and equity. They also provide resources to educate and motivate residents to address health issues.

Employers. Public and private sector employers strengthen the local economy and support the implementation of new programs and initiatives. Our research highlighted how local businesses are a key partner and can be a voice for the community since the people that run these local stores interact with and work with a large proportion of the community. Residents share information about their lives and build a trusting relationship with many of these business owners. Importantly, key sector partners such as hospitals and school systems also serve as large community employers, and can impact the local economy through investments in their workforce. Large employers in rural communities often share health insurance providers, allowing for the opportunity to leverage insurer funding and health promotion resources to benefit the community. In addition, chambers of commerce support employers by connecting businesses in local areas to one another and promote community development activities.

Community-Based Organizations. Community-based organizations can also be important partners since they are actively identifying opportunities to improve health and equity in communities. Housing and social service agencies were also highlighted as key community partners with a keen understanding of community need. According to participants, many of these organizations are beginning to partner with

[75] National Association of Development Organizations Research Foundation. (2015). *Planning for a more resilient future: A guide to regional approaches. What's a regional development organization?* Retrieved from http://www.planningforresilience.com/rdos.html

health care organizations in new and innovative ways, such as sharing office space and staff, as well as sharing grant resources and funding, all for the benefit of the community.

Transportation. Transit agencies and transportation programs can play a role in economic development and supply services that are critical to community life and equity, providing transportation to places of employment, health care facilities and other locations. Some of the key partners in the transportation field mentioned by our interview participants included Department of Transportation regional offices, local transit agencies, and private transit companies, which are making an increasing impact in rural towns.

Local Government and Public Safety. Participants highlighted the critical role of government, elected officials, and other community leaders as change agents in rural communities. Several examples of champions include the mayor, police chief, local county commissioner, city manager, fire officials, and emergency management. Similarly, parks, recreation, and tourism networks in rural communities were highlighted as important partners because they are embedded within the built environment, provide access to physical and social activities, and improve quality of life.

Local Media. Participants also emphasized the continued role of local media, news outlets and newspapers, which continue to educate and inform rural community members about new initiatives and community-based activities. These media outlets were seen as an untapped partner in some locations since many residents continue to receive information from these sources daily.

Finance. Finally, financial institutions locally-owned banks and credit unions, and community development financial institutions (CDFIs) were seen as having a strong sense of the types of initiatives that are most likely to succeed in a given location and directly investing in residents and the local economy. These institutions help meet the financial needs of the community and can provide economic protections for residents by allowing them to avoid predatory lenders and helping people establish bank accounts.

Challenges to Improving Health and Equity in Rural Communities

This project highlights the many strengths and assets that exist in rural communities. Even so, rural communities experience challenges to improving health and equity and many rural communities have not been able to overcome these barriers. While each rural community has specific needs based on their history, region, political context, and other factors, there are a number of common priority areas for improving health and equity across rural communities. These tend to center on physical, social and economic factors that provide everyone a fair and just opportunity for health and well-being.

Rural Priorities

Alleviating poverty was described by national and regional participants as one of the primary priorities in rural areas for improving health and equity. Gainful employment was described as imperative for strong, thriving, and healthy communities. A lack of economic opportunities in rural areas was described by participants as a key reason that youth are leaving rural communities and moving to urban areas.

In addition to economic opportunities, participants reported several priority areas for improving health and equity, including:

- Access to high-quality health care, including behavioral health services, social services, and telehealth; recruiting and retaining high-quality health care professionals; and preventing hospital and health care facility closures;
- Infrastructure and built environment, including access to transportation, community water and waste water services, and nutritious foods and food systems; communication and broadband infrastructure; affordable quality housing; and built environment that supports active living and recreation;
- Environment, including clean air, water, and land; and
- Social conditions, such as high-quality education and access to information to inform health choices; and decreasing social isolation and loneliness and improving social connectedness.

> *"I think that what happened in this last election is indicative of how many rural Americans feel: we are ignored, everyone else is prospering and we are not, and I hope that the national and state governments start recognizing that. The heroin epidemic in rural areas is very real and we need not just money but people, and an overall strategy for what is going on and that's a lack of jobs and good economic opportunity. One industry is going to work in rural Ohio and not going to work in rural Colorado and it's not a one size fits all, it needs to be a targeted approach."*
> *– Interview Participant, National Community Development Organization*

Participants also discussed the increasing number of veterans and older adults in rural communities. While these populations were viewed as an asset, participants noted that there are unique challenges to improving health and equity for veterans and older adults. For instance, participants discussed the need for high-quality health care and behavioral health services in order to address physical and mental health issues associated with military service and aging. Opportunities to socialize, and the ability to seek services, age-in-place, utilize skills, and earn income, are particularly important for veterans and older adults.

Participants described behaviors in rural communities that negatively impact health and equity, such as drug and alcohol use, tobacco use, and sedentary lifestyles. Mental health and substance use issues were almost uniformly described by participants as one of the top health priorities in rural communities, particularly as the opioid epidemic has largely impacted rural communities. Further, it is well documented that rural community members experience health disparities compared to their urban counterparts.[76,77,78] Some of the main health conditions described as priorities within rural communities by participants in the health care and public health sectors include those typically associated with traditional logging and mining economies, such as chronic obstructive pulmonary disease, other respiratory diseases, and chronic pain. Others include conditions such as obesity, diabetes, heart disease, teenage pregnancy, and oral health problems.

Challenges

Despite several efforts at the national, regional, and local levels to improve health and equity in rural communities, participants reported that rural communities continue to face many challenges.

Collecting and analyzing rigorous quantitative data in rural communities is consistently a challenge due to small sample sizes. This also makes it difficult to link health data to data from other sectors to demonstrate to decision makers that social issues and health outcomes are interrelated. Further,

[76] Knudson, A., Meit, M., Brady, J., & Tanenbaum, E. (2013). *Exploring rural and urban mortality differences.* Retrieved from http://www.norc.org/Research/Projects/Pages/exploring-rural-and-urban-mortality-

[77] Meit, M., Knudson, A., Gilbert, T., Tzy-Chyi Yu, A., Tanenbaum, E., Ormson, E., … Popat, S. (2014). *The 2014 update of the rural-urban chartbook*. Retrieved from https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf

[78] Moy, E. M., Garcia, M.C., Bastian, B., Rossen, L.M., Ingram, D.D., Faul, M., ... Iademarco, M. F. (2017). Leading causes of death in nonmetropolitan and metropolitan areas — United States, 1999–2014. *MMWR Surveillance Summary;66(No. SS-1):*1–8. http://dx.doi.org/10.15585/mmwr.ss6601a1

community participants shared that they regularly experience challenges in obtaining local health data that is specific to their community.

Participants described that key organizations that serve rural communities may face barriers to addressing social determinants of health and collaborating with other sectors for several reasons. Due to restrictions on funding streams, organizations may be limited in the types of programs, policies, or practices they can implement; the meetings they can attend for collaboration and networking opportunities; and the outcomes they are working to impact. Further, organizations may not have experience effectively working with other sectors, and may not have the time or resources to collaborate. Organizations that exist within rural communities may not have the skills, knowledge, and capacity to address community health issues, especially if funding tends to be for limited periods of time and does not have a capacity building component.

Discrimination, racism, and marginalization against minority populations, particularly against African Americans, Hispanics, and Native Americans, have created conditions that do not allow everyone to achieve equal opportunities for a healthy and vibrant quality of life. Further, rural communities across the U.S. have seen increased racial and ethnic diversity in recent years.[79] Participants described increased efforts and motivation in certain parts of the country to empower everyone to have a voice in community-level decision making. For instance, one participant described current efforts in a Midwest state, funded by two foundations, to bring together diverse sectors and community members across nine rural counties to discuss race. This participant expressed that "the forums are creating momentum in the community to want to learn more and have a next step."

Although rural culture is often described as an asset that can be leveraged to improve rural communities, a majority of participants also described it as a reason why certain challenges have not been overcome. For instance, negative stereotypes and narratives of rural communities have made it difficult for some places to recover from economic downturns because those perceptions are internalized into feelings of hopelessness and worthlessness at the community level. In addition, regional participants noted that conservative values can impact community leaders' interest in pursuing new approaches to improving health and equity. Further, participants described stigma as a key challenge that prevents people from seeking treatment for illness, particularly for substance use and mental health diseases.

[79] Lee, B. A., & Sharp, G. (2017). Ethnoracial diversity across the rural-urban continuum. *The ANNALS of the American Academy of Political and Social Science*, 672(1), 26-45.

Opportunities for Action: Leveraging Strengths and Assets to Improve Health and Equity in Rural Communities

Our research points to several opportunities to leverage rural communities' strengths and cross-sector partners to improve health and equity in rural America. Opportunities for action for funders—including philanthropies and government agencies—and other community partners reflect common themes from project participants and were generated through the NORC Walsh Center for Rural Health Analysis' interpretation of findings and recommendations. Next, we present these opportunities for action.

1. *Leverage and Elevate Existing Efforts*

Many foundations and federal agencies support rural communities through existing initiatives, but may not fully acknowledge their rural impact. Funders can leverage and elevate existing efforts by highlighting the work of rural grantees and partners.

- Create a rural focus within existing efforts by highlighting the work of rural grantees and partners through briefs, webinars, conference presentations, and other strategies.
- Evaluate rural components of existing efforts, and explore facilitators of and barriers to positive change in rural communities.
- Package and disseminate existing rural work to stimulate replication and adoption of programs and strategies elsewhere.

2. *Integrate "Rural" into Existing Efforts*

In addition to rural specific funding opportunities, funders can integrate rural components into existing programs, policies, and practices to improve health and equity.

- Identify opportunities to add rural components to existing programs.
- Consider rural "carve outs" in funding opportunities.
- Tailor grant programs or interventions to reflect rural priorities and context.
- Partner with associations and organizations that serve rural communities to ensure dissemination and/or adoption of promising strategies to improve health and equity.

3. *Develop Rural Cross-Sector Advisory Panel*

Rural community health efforts should be designed to reflect rural context, assets, and to engage partners across sectors. For example, efforts could account for the transportation and distance barriers in rural areas or use language that resonates with key aspects of rural culture. By recognizing a lack of systematic rural strategies focused on cross-sector partnership, and a lack of policy to support such partnerships, national funders could support the development and facilitation of a cross-sector panel to plan and structure rural implementation efforts. The panel can also develop cross-sector recommendations and policy briefs to advance community-level efforts to improve rural health and equity.

- A cross-sector panel could be comprised of national and regional experts with extensive experience working with and supporting rural communities who represent a broad perspective on community well-being. Members of the expert panel should be able to filter recommendations to regional and local affiliates in order to facilitate local implementation.
- Focus groups, workshops, and feedback sessions could supplement cross-sector panel efforts to design rural implementation efforts and to inform the development of policy briefs for various stakeholder audiences.

4. Build Relationships and Trust

Rural communities must feel ownership over solutions to rural challenges. Further, rural cultures often value long-term, meaningful relationships and garnering trust with funders to ensure progress toward improving health and equity. To build meaningful relationships and garner trust within rural communities, funders can:

- Work with credible, trusted agents to serve as liaisons to understand, show respect for, and ensure that work is driven and relevant to rural communities. A spoke-hub model (similar to the concept of a funding intermediary), with a central rural entity or trusted individual serving as the liaison between rural communities and funders, could be used to foster communication efficiently, build relationships, and establish trust.
- Utilize community-based participatory research (CBPR) approaches to identify local priorities and solutions, the stage of readiness for change, and to empower communities.
- Recognize and respect rural diversity by partnering with regional, state, and/or local organizations that understand the regional and local context, and how that plays an important role in how assets are leveraged and how programs, policies, and practices are developed and implemented.
- Include and represent historically marginalized populations and newly arrived populations in community engagement activities, decision-making processes, and advocacy efforts.

5. Adapt Funding Strategies to Support Rural Communities

Funders can better support rural communities to overcome barriers to participating in grant programs. Strategies to adapt funding and grant structures can include:

- Allowing for longer funding cycles, providing initial support to identify and leverage existing assets, build local capacity, and generate needed buy-in. From there, creating policy, systems, and environmental changes takes time—and demonstrating outcomes for social and intergenerational change takes even longer. Rural challenges have developed over a long period of time and cannot be solved quickly by a single grant opportunity.
- Providing support for operational and indirect expenses. Funding for operational costs and indirect expenses is important support that rural communities need to initiate new programs and build on existing programs, and can be particularly challenging for rural non-profit organizations to obtain and maintain.

- Creating a balance between the need for consistently structured programs and flexibility to address local priorities. While recognizing the need for national funders to implement strategies in a manner that allows for consistent measurement of outcomes, there is also a need for flexibility in foundation and federal funding to address local priorities and implementation to reflect local context and assets. Through good design and use of funding intermediaries, the balance between structure and flexibility can be achieved in a manner that supports strong local implementation.
- Considering alternative monetary matching requirements for communities with limited financial resources. Foundations and federal funders could consider not requiring a cash match, and instead, consider other approaches in which that match can be demonstrated such as through in-kind or partner support.

6. *Provide Opportunities for All Rural Communities*

Funders could consider criteria that would identify rural communities that are ready for change but lack certain capacities, such as grant writing, in addition to funding communities that already have established capacities. Funders can:

- Develop grant criteria that would reward success factors such as having a trusted, local champion, a strong existing network, or other assets that could potentially be mobilized for change.
- Partner with regional and state organizations to identify communities that have historically lacked external resources and support, but can still demonstrate potential to leverage assets to address needs.

7. *Strengthen Community Implementation Capacity*

Funders can strengthen community implementation capacity in rural communities. Opportunities to increase capacity in rural communities are two-fold: (1) enhancing individual-level knowledge and skills that facilitate community action, and (2) fostering organizational and systems-level capacity. Areas of organizational and systems-level capacity building include:

- Engaging in community visioning[80] and strategic planning;
- Building networks and engaging community stakeholders, including peer-to-peer organizational mentorship;
- Writing grants;
- Designing and conducting evaluations;
- Collecting and analyzing qualitative and quantitative data;
- Identifying, documenting, and disseminating best practices;
- Building a shared understanding of an issue among all community members;
- Engaging in local and regional policy advocacy; and
- Utilizing information technology.

[80] Moss, M. L., & Grunkemeyer, W. T. (2010). Building shared visions for sustainable communities. *Community Development, 41*(2), 240-254.

8. Identify and Grow Rural Leaders, including Youth

Youth were identified as an important asset in rural communities. Ensuring employment opportunities for youth and providing opportunities for youth to be engaged in the community should be primary strategies for retaining youth and supporting the next generation of rural leaders. Community engagement activities—such as volunteering, participating in community events, and campaigning for a particular issue —can provide youth with important leadership skills, including networking, management, and interpersonal skills. Further, efforts to support youth in leadership development must be aligned with economic opportunities in rural communities. Specific opportunities to foster leaders include:

- Supporting programs that include a mentoring component. Mentoring within organizations and the community is important to retain knowledge, capacity, and motivate younger generations. Providing opportunities for youth does not necessarily have to be within the context of a formal leadership development program; a strong focus on mentorship and individual skills development may achieve similar results in a more targeted manner.
- Providing tools and resources to build leadership capacities by leveraging partnerships with workforce development, economic development, and education sectors. Funders can design efforts that provide leaders with the tools and resources they need to foster leadership capacities, such as how to be an inclusive and adaptive leader.
- Incorporating "rural" into existing leadership development programs. When leadership development programs are implemented with a rural component, they could be tailored to the specific workforce and economic development needs of rural communities.
- Developing a rural-specific leadership development program. Leadership development programs for youth and underserved populations can have significant impacts on a community's ability to address challenges and retain young people.[81,82]

9. Support Economic Development Efforts

Poverty is a powerful determinant of health and equity, and there is limited access to job opportunities and economic resources in many rural communities. Funders can support rural economic development efforts that will have upstream impacts on the health and well-being of rural communities.

The confluence of health and economic development is complex, with the health care sector serving as both a key economic driver in many rural communities, as well as a factor that influences economic development more broadly. Businesses, for example, may be more likely to locate in areas with access to high-quality health care services, as well as a healthy workforce. Given the importance of health to

[81] Allen, R., & Lachapelle, P. R. (2012). Can leadership development act as a rural poverty alleviation strategy? *Community Development, 43*(1), 95–112. https://doi.org/10.1080/15575330.2011.645046

[82] Andresen, W., Dallapiazza, M., & Calvert, M. (2013). Engaging young people as a community development strategy in the Wisconsin Northwoods. *New Directions for Youth Development, (138),* 13–140. https://doi.org/10.1002/yd.20062

economic development, a strong cross-sector approach is needed to collaborate and invest in rural communities.

- There is a need for investment in rural economies beyond the health care sector. Investments that build infrastructure and support small businesses can have direct impacts on health and equity in rural communities. Research has shown that local businesses are more likely to invest in improving health infrastructure and to develop other assets in communities that can increase collective efficacy.[83]
- Increased collaboration between the health care sector and the community development and economic development sectors is needed to improve health and equity in rural communities. National funders could support efforts to formalize the relationships between the health care and community development sectors at the national and regional level through Memorandums of Understanding (MOU's); sub-contract agreements; co-sponsored meetings, conferences, and events, among other mechanisms.
- Funders can support rural economies by engaging in rural wealth creation, [84] an economic development approach that leverages multiple forms of capital and assets to build prospering communities for all residents.

10. Consider Rural Communities as Program Pilot Sites

Rural communities are well suited to pilot efforts to improve health and equity; specifically, evidence-based programs can be tested on a smaller scale with fewer confounding factors. National funders and other stakeholders can leverage rural communities to test evidence-based efforts:

- Use rural communities to build an evidence base for potential replication and scalability to other communities. If the processes and outcomes of a program are determined to be successful through evaluation, the program can be implemented in other similar communities or "scaled up" to larger communities.
- Leverage rural assets, such as creativity and innovation, to identify new models and strategies for addressing health and equity.
- Pilot grants, seed funding, mini-grants, and demonstration projects are potential strategies to test locally identified strategies and build evidence to inform scalability.

11. Build the Rural Evidence Base

Our research frequently identified examples of rural communities developing and implementing innovative strategies to improve health and equity, despite a lack of financial resources. However, these programs and their outcomes are not well documented. The dearth of rural evidence-based programs primarily comes from a lack of funding for evaluation, a lack of evaluation expertise, and a lack of

[83] Blanchard, T. C., Tolbert, C., & Mencken, C. (2012). The health and wealth of US counties: How the small business environment impacts alternative measures of development. *Cambridge Journal of Regions, Economy and Society, 5*(1), 149–162. https://doi.org/10.1093/cjres/rsr034

[84] WealthWorks. (2016). *Connecting community assets to market demand to build lasting livelihoods*. Retrieved from https://www.wealthworks.org/

funding for dissemination and translation efforts. Foundations and other funders can support the evidence base of what works – and does not work – in rural communities by supporting local program evaluation and data collection strategies, such as:

- Increase research and evaluation capacity, fund evaluations for rural programs, and provide opportunities for technical assistance. As demonstrated by participants, many rural communities are implementing evidence-based programs, though the evidence is often based on the experiences of urban communities, which provides an opportunity to test these interventions in rural settings to help generate more rural evidence.
- Identify measures of success and impact that consider rural context. It is important to consider the definition of success and impact when conducting evaluation in rural settings, where success factors may be just as compelling, but look different; utilizing community-based participatory research strategies to identify potential measures may be one useful approach. Examples of short-term success measures include an increase in important skills, strength of civic leadership, and reduction of stigma among program participants.
- Incorporate qualitative data collection methods in assessments and evaluations to document program processes and outcomes. Qualitative data is a powerful way to document program outcomes and serves as an important complement to quantitative data.
- Utilize developmental evaluation strategies[85] to study and document the way relationships in rural communities form, prior to beginning work and change over time to demonstrate changes in community capacity.

12. Foster Cross-Sector Collaboration

Funders can play an important role in supporting and expanding cross-sector collaboration, which is seen as an existing asset in many rural communities:

- Encourage national associations to work with their regional and state affiliates to serve as cross-sector conveners. Funders can support associations and organizations at all levels (national, regional, local) to work with their affiliates towards these goals.
- Develop a rural cross-sector network development program. A specific opportunity to foster cross-sector collaboration emerged throughout the project from participants who had experience as grantees of one of several network development programs funded through the Federal Office of Rural Health Policy's (FORHP) Community-Based Division. While the FORHP programs are generally (though not exclusively) focused on networks of health care delivery partners, a foundation or other national funder could consider a similar program with the intent of supporting a local cross-sector network that operates on behalf of partners working toward common goals. This network would engage partners from across sectors to address local priorities, strengthen communities' outcomes, and build and document cross-sector capacities such as cross-sector communication and problem solving. A

[85] Patton, M. Q. (2010). *Developmental evaluation: Applying complexity concepts to enhance innovation and use.* New York: Guilford Press.

program of this type could support locally identified solutions to a community priority, addressing social determinants of health and other upstream factors.

13. Co-Fund and Engage with Regional/Local Intermediaries

Funders have the opportunity to engage and partner with regional/local intermediaries such as local funders, universities, nonprofit organizations, and state, county, and regional governments, to support rural communities. Partners from within rural communities tend to have a better understanding of local culture, past experience, assets, and challenges, and can also manage smaller funding amounts.

- Through regional organizations and intermediaries, national funders can support the implementation of innovative and promising rural strategies, develop and administer targeted grant programs, build capacity, and offer technical assistance. A key role that a local/regional intermediary could play would be as a backbone organization to network and align groups and programs working to achieve related missions, while avoiding duplication. Another potential role would be to serve as a rural regional resource hub for cross-sector rural community development—a one-stop-shop for relevant funding opportunities, local data, sharing of best practices, and connecting communities with other local, regional, or national partners.
- Local and regional funders can work with national funders to serve as funding intermediaries to help distribute and manage funds in smaller amounts, and offer technical assistance based on their understanding of local implementation barriers.
- National funders could co-fund and collaborate on initiatives with regional and local foundations, expanding the reach of local investments, bringing an understanding of local history and culture to implementation, and creating new partnerships. The Appalachian Funders Network was highlighted as a potential model for co-funding initiatives.
- A national program office model is a potential approach for working with regional/local partners to support rural communities. Specifically, a national coordinating entity could serve to ensure that grant programs are consistently developed and implemented and high-quality data is collected to support evaluation of process and outcomes, while still allowing for flexibility to address local priorities.

14. Develop Rural-Specific Communications and Messaging

Rural-specific communications and messaging are needed to engage rural stakeholders and residents, and increase knowledge and awareness about local resources to enhance health and equity. In any communications effort, it is critical to consider the audience, choose an appropriate messenger, and tie messages to important rural community assets and characteristics such as independence and resilience. Opportunities to leverage communications and messaging to support rural communities include:

- Local media remains an important asset and reliable news source in rural communities. Leveraging local newspapers and radio is a promising way to disseminate health promotion messages, share information about community events and resources, and highlight health topics in rural communities.

Research suggests that tailoring messages toward the demographics of a community may increase the likelihood that a local newspaper will publish a health story.[86]

- Negative perceptions of rural communities are often part of the national narrative, which has damaging impacts on economic prospects in rural communities. If negative national perceptions create barriers to investing in rural communities, efforts to change perceptions could help overcome those barriers. National funders could support a national initiative to focus on more balanced, solutions-oriented journalism by working with schools of journalism and national media outlets.

15. Foster Learning Across Communities

There is a strong desire among rural communities to learn from other communities and to have a forum for shared learning, especially since it is often the same individuals or organizations that are the most involved in improving health at the local level. Specifically, communities want to know how other rural communities are implementing innovative solutions to community health problems so that they can replicate or expand on their own work. Approaches to fostering learning across communities include:

- Integrating peer-learning into existing programs and efforts. Funders can facilitate opportunities for rural grantees involved in existing programs to connect and network. Participants who have received grants from state or national funders often expressed the benefit of learning how other rural communities are planning, implementing, and evaluating similar efforts because they have a shared understanding of expectations, challenges, and rural contexts. Learning opportunities can include rural-specific grantee meetings, webinars and virtual meetings, and regional grantee convenings.
- Developing a rural peer-learning initiative/learning community. Funders can support an initiative that connects rural, cross-sector community groups with each other. Potentially modeled after existing learning communities,[87,88,89] the purpose of this initiative would be to create a "community of practice" for rural community leaders, coalitions, and groups working to improve health and equity in their communities.[90] Members of the community of practice would have the opportunity to share ideas for addressing common health priorities and overcoming barriers, engage in performance improvement and strategic planning, and build productive relationships with peers. Learning communities could be through in-person interactions, virtual meetings, or a combination thereof.

16. Continued Rural Learning

There is a need for further research to identify and build opportunities to improve health and equity in rural communities. Each research initiative should begin with a literature review to understand what is

[86] Young, R., Willis, E., Stemmle, J., & Rodgers, S. (2015). Localized health news releases and community newspapers: A method for rural health promotion. *Health Promotion Practice*, *16*(4), 492–500. https://doi.org/10.1177/1524839915580538

[87] National Network of Public Health Institutes. (2017). *Open forum for quality improvement.* Retrieved from https://nnphi.org/relatedarticle/open-forum-for-quality-improvement/

[88] Invest Health. (2017). *Strategies for healthier cities.* Retrieved from https://www.investhealth.org/

[89] Institute for Healthcare Improvement. (2016). *SCALE 1.0.* Retrieved from https://www.100mlives.org/initiatives/

[90] Wenger-Trayner, E., Wenger-Trayner, B. (2015). *Introduction to communities of practice*. Retrieved from http://wenger-trayner.com/introduction-to-communities-of-practice/

already published about the topic and to identify specific areas for further investigation. Several areas arose throughout the course of this project, including:

- Social network analysis of informal networks within rural communities. As the demographics of rural communities change, informal networks and relationships between individuals and organizations are likely to change. Social networks and cohesion are primary assets for improving health and equity in rural communities, so a more targeted approach to understanding informal rural networks would be beneficial to understand how these networks can be mobilized for change. Potential research questions include: How do informal networks between individuals and organizations form in rural communities? Who participates in informal networks in rural communities? How do informal networks between individuals and organizations change over time in rural communities? What impacts do informal networks have on health and equity in rural communities? How can informal networks between individuals and organizations be mobilized for change in rural communities?
- International rural development and health improvement models. There is a body of literature on international rural health models and asset-based community development approaches. While exploring these models was beyond the scope of this project, future research could identify approaches to adapt and test in the U.S. Potential research questions include: What international rural health and community development models show evidence of effectiveness? What are the implications for replication, adaptation, and implementation in the U.S.?
- The intersection between race/racism and rurality. Issues of race and racism emerged during our regional meeting discussions in the Delta and along the U.S. Mexico Border Region, and to some extent in other regions. Understanding the impact of growing diversity throughout rural America and potential strategies to overcome issues of structural and institutional racism are of growing importance. Lessons could be learned from areas that have a history of diversity. Potential research questions include: What is the impact of increasing racial diversity throughout rural American on structural and institutional racism? What strategies show evidence of effectiveness for overcoming structural and institutional racism?
- Communications and messaging. Further research is needed to evaluate rural communications strategies and messages that will be compelling among rural residents to build commitment for health equity. There is a general hesitation to using the term “equity” in many rural communities because it has negative connotations. Potential research questions include: What communications strategies and messages are effective for increasing commitment to health equity in rural communities? Are there specific words or messages that resonate well with rural populations?
- Formal analysis of successful partnerships. Cross-sector partnerships are a key mechanism to improve health and equity in rural communities. However, further research on facilitators to developing and maintaining cross-sector partnerships in rural communities would be beneficial to strengthen and sustain mutually beneficial cross-sector engagement. Potential research questions include: What are the barriers and facilitators for effective cross-sector partnerships to improve health equity in rural communities?
- Relationships between rural assets and health outcomes. This project explored assets and strategies that can be leveraged to improve health and equity in rural communities. Further research and

evaluation is needed to demonstrate the relationships between rural strengths and changes in health outcomes, including how changes in these strengths also result in changes in health outcomes. Prospective study designs and randomized controlled trials could measure the relationship between assets and outcomes while controlling for confounding variables. Potential research questions include: What are the causal relationships between specific rural assets and specific health outcomes? What are the mediating variables? What health outcomes are most impacted by rural assets? What health outcomes are least impacted by rural assets?

- Operationalization of rural assets. Further research using a community-based participatory research approach could be used to develop toolkits and other resources to enable rural communities to identify and map strengths and capacities, and to implement strategies to improve health and equity. One potential research question might be: What tools and resources do rural communities need in order to identify and leverage their own strengths and assets to improve health and equity?

Through this project, we identified several recommendations to help guide the efforts of funders and other stakeholders to leverage strengths and assets that already exist in rural America. Funders and other stakeholders may be able to adapt existing program activities to benefit rural communities, and may consider other focused approaches to strengthen and empower rural communities to partner and collaborate on solutions to locally-identified priorities.

Appendix A: Methodology

The NORC Walsh Center for Rural Health Analysis utilized a qualitative design to explore opportunities for national funders to accelerate or fundamentally improve health and equity in rural communities. Research questions were designed in partnership with the Robert Wood Johnson Foundation. Following an extensive literature synthesis, we engaged over 400 national and regional cross-sector stakeholders by conducting a national discussion forum, key informant interviews, regional community forums, regional vetting sessions, and national conferences (see Appendix C for a list of organizations engaged).

Grounded by an asset-based community development framework[91] and the social ecological model,[92] we used a capacity-oriented approach to identify opportunities to improve health and equity in rural communities. This framework focuses on strengths and exploring what is present in communities rather than the needs and deficiencies.

The following research questions guided this project:

1. What assets can be leveraged to support health and equity in rural communities?
2. What assets exist in different rural regions?
    - What are the similarities and differences in assets across rural regions?
    - Are there common assets?
3. What cultural factors exist within and between rural regions that impact health and equity?
4. What types of promising strategies exist to leverage rural assets to improve health and equity?
5. How can specific assets such as culture or social cohesion accelerate improvements in health and equity?
6. Who are the change agents, champions, and partners in different rural sectors that can support a culture of health in rural communities?
7. Why have challenges not been overcome with respect to improving health and equity in rural communities?
8. What are the opportunities for action for RWJF and others to build on current work to leverage assets to improve health and equity? What are the implications of our findings?

The following sections describe our methodology.

Data Collection

Literature Synthesis

In an effort to understand the landscape of rural assets, we reviewed relevant literature from the past ten years. Using a Boolean search strategy, we identified over 320 articles in the literature, and from these

[91] Kretzmann, J.P., & McKnight, J.L. (1993). *Building communities from the inside out: A path toward finding and mobilizing community assets.* Chicago, IL: ACTA Publications.

[92] Centers for Disease Control and Prevention, Division of Cancer Prevention and Control. (2013). *Social Ecological Model.* Retrieved from https://www.cdc.gov/cancer/nbccedp/sem.htm

findings we constructed an asset map highlighting different types of rural assets to develop a framework of capacities in rural communities. We used this asset map to ground the data collection activities and facilitate discussion among project participants. The asset map can be found in Exhibit 1 below.

National Discussion Forum

To build upon this framework, we hosted a three-hour discussion forum at the National Rural Health Association's (NRHA) Policy Institute meeting in Washington, D.C. in early February. The purpose of this forum was to bring together representatives from different sectors at the national level to review our initial work, refine the asset map, and provide a cross-sector networking opportunity. In total, twenty-seven participants attended the forum and represented a diverse set of national stakeholders. Participants were divided into three cross-sector facilitated discussion groups, followed by a large group discussion. We used feedback from this forum to iterate our research approach; namely, we began compiling resources, initiatives, models, and programs that already exist to improve health and equity in rural communities, and we focused the regional forums on a specific community (see Regional Community Forums below). Further, participants provided contacts for future data collection activities.

Key Informant Interviews

We conducted 24 telephone semi-structured key informant interviews to explore topics related to our research questions more in depth. Key informants were selected using a purposeful sampling technique to ensure that a wide range of perspectives from experts working across sectors and geographic scales were included in the analyses. Key informants included local, regional, and national foundations, leaders in rural mental health, aging, and education, rural economic and community development organizations, and experts in food, church, and health care systems. When engaging key informants, a broad definition of rural was used, recognizing that stakeholders may self-identify as serving a rural community without referencing a formal governmental definition or designation.

Regional Community Forums

In order to explore how rural communities leverage assets and partners to improve health and equity with the context of their region, and to identify key recommendations for national funders to support rural communities, we partnered with four organizations around the country to host regional community forums. Forums ranged in size from 34 to 58 people, and included cross-sector stakeholders from the local communities as well as the broader state and region. Each forum opened with a discussion about local history and culture, and included a combination of community panels, full group discussions, and facilitated discussion groups depending on the preference of the partners. Our partners and regions of focus included:

- Southwest Center for Health Innovation: U.S. Mexico Border Region
- Louisiana Public Health Institute: Delta Region
- Maine Rural Health Research Center: Northeast Region

- Wisconsin Office of Rural Health: Upper Midwest Region

Regional Vetting Sessions

We partnered with the National Organization of State Offices of Rural Health (NOSORH) and the East Tennessee State University (ETSU) College of Public Health to vet our preliminary findings around the country and to gain additional feedback on assets, partners, and recommendations. We engaged all 50 State Offices of Rural Health through the annual NOSORH Regional Partnership Meetings. ETSU, in collaboration with the Tennessee Institute of Public Health (TNIPH), co-hosted a forum with over 80 local and regional stakeholders in the Appalachian region.

Non-Health Sector Engagement

In order to reach key stakeholders outside of the health and public health sectors on how they can engage more directly in rural health and equity efforts, we partnered with the National Association of Development Organizations (NADO) Research Foundation and the National Association of Counties (NACo). We conducted a focus group with representatives from six regional development organizations to explore the role the planning and development sectors play in improving health and equity in rural communities and key recommendations. We also engaged in dialogue with the National Association of Counties' Rural Action Caucus at the Rural Action Caucus Fall Symposium to learn more about how county officials engage partners to improve health at the local level.

National Conferences

To ensure a commitment to learning and research dissemination, we presented interim findings and/or sought feedback at the following meetings and conferences:

- Open Forum for Quality Improvement – Community of Practice for Public Health Improvement (COPPHI)
- Lecture at East Tennessee State University (ETSU)
- National Rural Health Association (NRHA) Annual Meeting
- Meeting with United States Department of Agriculture (USDA) NIFA (National Institute of Food and Agriculture) Regional Rural Development Center Directors
- National Association of Counties (NACo) Annual Meeting
- National Organization of State Offices of Rural Health (NOSORH) Annual Meeting
- National Association of Development Organizations (NADO) Annual Meeting
- National Recreation and Parks Association (NRPA) Annual Meeting
- Maryland Rural Health Association (MRHA) Annual Meeting

Research Participants

Over 400 stakeholders across 36 sectors participated in this project. Table 1 provides an overview of the scope of data collection, including the number of stakeholders who participated in each data collection mode.

Table 1. Scope of Data Collection

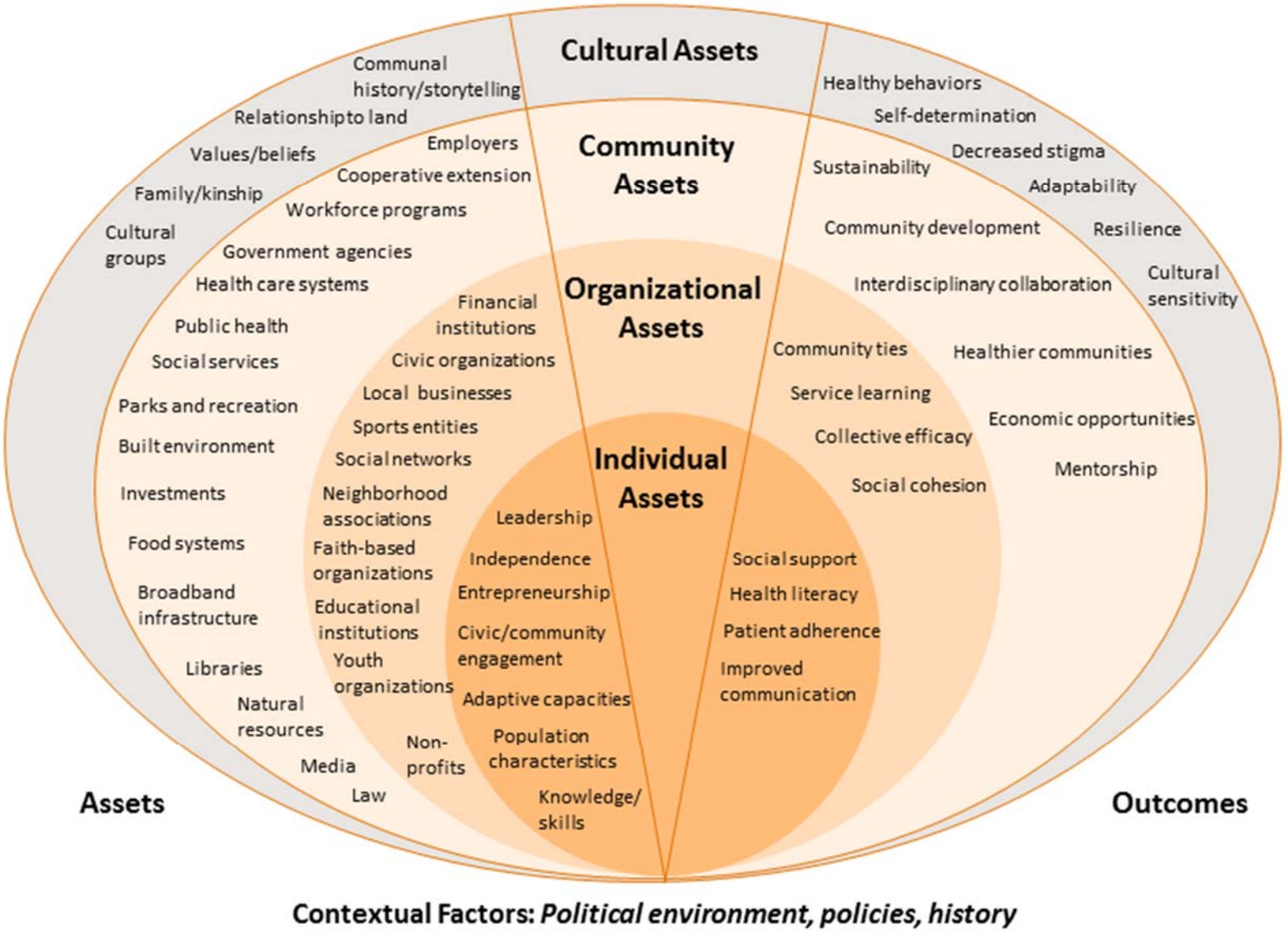
Data Collection Mode	Scope
Literature Synthesis	Over 320 articles
National Discussion Forum	n=27
Key Informant Interviews	n=24
Regional Community Forums	■ U.S. Mexico Border: n=34 ■ Delta: n=48 ■ Northeast: n=58 ■ Upper Midwest: n=43
Regional Vetting Sessions	■ All State Offices of Rural Health and partners ■ Appalachian Region vetting session: n=80+
Non-Health Sector Engagement	■ NADO focus group: n=6 ■ NACo Rural Action Caucus convening: n=40+
National Conferences	Feedback sessions at 9 conferences
Number of Sectors Represented	**36**
Total Participants & Reviewers	**n=400+***

*does not include all participants at national conference feedback sessions

Data Analysis

The project team conducted a thematic analysis of the data using NVivo qualitative analysis software (QSR International Pty Ltd., Melbourne, Australia). A codebook was developed to identify themes and topics of interest, based on the research questions. Themes included rural priorities, assets, cultural context, challenges, partners, change agents, strategies, opportunities and recommendations. We conducted an analysis of the data using the codebook to identify findings. We also identified other findings inductively. The analysis culminated in this written report. (See Appendix B for data collection agendas and protocols.)

Exhibit 1: Rural Asset Map



Appendix B: Data Collection Agendas and Protocols

National Discussion Forum Agenda

Exploring Strategies to Improve Health and Equity in Rural Communities
Discussion Forum Agenda | National Rural Health Association Policy Institute
February 8th, 2017 | 10:30am – 1:30pm
Hampton Room | Omni Shoreham Hotel

The NORC Walsh Center for Rural Health Analysis would like to engage diverse stakeholders in a discussion around exploring strategies and opportunities to improve health and well-being in rural communities. Specifically, we seek to take a strengths-based, multi-disciplinary approach to understanding assets that can be leveraged and key players in this process. Further, we hope this is an opportunity for those contributing to the discussion to learn from and connect with stakeholders across the rural space. The discussions from this meeting will be used to develop recommendations for the Robert Wood Johnson Foundation and others to improve health and equity in rural communities.

10:30 am – 11:00 am	**Opening Presentation – Opportunities for Action by Leveraging Rural Assets** Michael Meit, Walsh Center
11:00 am – 12:00 pm	**Small Group Discussions** Facilitated by: Michael Meit, Alana Knudson, Emily Phillips, Amy Rosenfeld, Tori Nadel, and Molly Powers, Walsh Center
12:00 pm – 12:15 pm	**Break – Grab Lunches**
12:15 pm – 12:45 pm	**Small Group Report-Outs** Facilitated by: Michael Meit, Walsh Center
12:45 pm – 1:15 pm	**Large Group Discussion** Facilitated by: Michael Meit, Walsh Center
1:15 pm – 1:30 pm	**Next Steps** Michael Meit, Walsh Center

National Discussion Forum Discussion Guide

1. FACILITATOR NOTES FOR SMALL GROUP DISCUSSION:

Before starting the discussion:

- Introduce yourself as the facilitator and introduce the note taker.
- Explain that we will be discussing the asset map that was just presented.
- Explain that participation is voluntary and people do not have to answer any question they do not feel comfortable answering.
- Ask everyone to briefly introduce themselves and experience working with rural.

2. SMALL GROUP DISCUSSIONS:

What priorities stand out to you for improving health and well-being in rural communities?

- Priorities among individuals and families
- Priorities among organizations, institutions, and across sectors
- Priorities among policy makers

How does the draft asset map resonate based on your experience in working with rural populations?

- Terms, assets, the organization of asset levels, how assets improve health and well-being
- If it doesn't, why not?

Let's go through by asset type (cultural, community, organizational, individual) --

- What is missing?
- What should be moved/removed?
- Would you describe any assets differently?
- Would you organize any assets differently?

How can assets be leveraged to improve health and well-being?

- What synergies exist between assets?
- How can assets be used? Mobilized?

Based on your experience, how might assets, strengths and resources differ across rural regions?

- What are the implications for rural programs and strategies?

Who are the change agents, champions, and partners across sectors who can work to improve health and well-being in rural communities? Are any sectors or partners missing?

- What types of roles do these change agents play for accelerating change (e.g., funder, researcher, community organizer, community convener, or others)

We are considering the development of a toolkit based on the draft asset map, as it continues to be refined. The tool could be an interactive product with hyperlinks to resources, strategies, and promising practices.

- Is that something that you would find useful? If yes, how? If no, what would be useful?
- What information should be included in this toolkit?

3. LARGE GROUP DISCUSSION (FOLLOWING SMALL GROUP REPORT OUTS):

What are the opportunities for action for RWJF and others to leverage assets to improve health and well-being?

Do you have recommendations for national organizations (philanthropic, governmental, etc.) investing resources to improve health and well-being?

- Are there different roles that different types of organizations can or should play?

What types of tools and resources could be developed to improve health and well-being in rural communities?

What is one thing you wish someone outside your organization/region knew about rural communities?

- Is there anything else we should be considering when thinking about strategies to improve rural health and well-being from a multi-disciplinary and asset-based approach?

Do you have any suggestions for individuals or organizations we can interview to gather additional information on these topics?

Key Informant Interview Protocol

Informed Consent

Good morning/afternoon. My name is **[insert name]** and I work in the Walsh Center for Rural Health Analysis. The Walsh Center has been supported by the Robert Wood Johnson Foundation (RWJF) to explore strategies to improve health and equity in rural communities. The study aims to identify and understand multi-sectoral assets within and across rural regions that can be leveraged to create positive change. We are interested in speaking with you today to learn more about your perspectives on strategies to accelerate change in improving health and equity in rural communities. Findings from our discussion will be incorporated into written materials that will be delivered to RWJF and other materials for dissemination of findings, including presentations and a brief project report that will be publically available. The findings from this study will help identify opportunities for action for a broad range of rural stakeholders to catalyze or accelerate progress for engaging rural populations in adapting a culture of health, and will be available to communities as they consider strategies for implementing programs at the local and regional levels.

Our discussion today will last no longer than one hour. Your participation is voluntary, and you may skip questions, and stop the interview at any time without any adverse consequences. Your answers will only be reported in aggregate form and will not identify you or your organization. While we will not use your name or any others in these reports, and we will attempt to minimize the use of identifiable information, it may be possible to identify you through your position or through other details that you share in your interview.

Do you consent to participate in this interview? **[If "yes" then proceed. If "no" then terminate interview.]**

Do you have any questions before we begin?

NORC would like to record this interview in order to ensure our notes are as accurate and comprehensive as possible. This recording will be deleted at the end of the project. Do you consent to have this interview recorded? **[If indicate "yes" then proceed, and begin to record the interview.]**

Introduction

1. Please describe your background and your role in working with rural populations.

2. What do you consider to be priorities of rural communities in regards to improving health and well-being?

Assets

3. Generally, what do you consider to be assets or strengths within rural communities?
    - *Probe: Individual, Organizational, Community, Cultural*
    - *Probe: Assets common across rural communities*
    - *Probe: Across sectors/population groups*

    3a. Which of these assets are common across rural communities?

    3b. Which of these assets are unique to a particular region or sub-region?

4. How does culture play a role in the overall health and well-being in rural communities?
    - *Probe: culture across rural communities*
    - *Probe: culture within a certain region or sub-region*

Challenges

5. Why have challenges not been overcome with respect to improving health and well-being in rural populations?

    5a. What would it take to overcome these challenges?

Opportunities for Action

6. What efforts, programs, and/or resources are you aware of that aim to improve the quality of life in rural communities?

7. What role do you see for your organization/sector in improving health and well-being in rural communities?

8. Are there specific rural assets that your organization/sector can provide or leverage to improve health and well-being in communities?
    - *Probe: Provide specific examples*
9. Who are the change agents within different sectors who can work to improve health and well-being in rural communities?
    - *Probe: champions, partners, networks*
    - *Probe: what is the role of these change agents*
10. What specific recommendations do you have to improve health and well-being in rural communities?
    - *Probe: funding organizations, government, community groups/civic organizations, residents/individuals*

Conclusion

11. Is there anything else you can tell us about strategies to improve health and well-being in rural communities?

12. Do you have any suggestions for individuals or organizations we can interview to gather additional information on these topics?

Thank you for your time. Can we keep your contact information to share findings from the study with you?

US Mexico Border Regional Forum Agenda

Rural Health and Equity Regional Forum

Mimbres Valley Special Events Center
2300 E. Pine Street, Deming, NM
9:00am - 4:00pm

Purpose: To identify assets, strategies and lessons learned that can inform broader efforts to improve rural health and well-being.

9:00 - 9:30am	**Registration**	
9:30 - 10:00am	**Welcome:** Framing the discussion and goals for the day	Michael Meit and Charlie Alfero
10:00 – 10:20am	**Setting the stage:** Presentation on regional rural culture and history as it relates to health and community well-being	Elizabeth Burr
10:20 – 10:30am	**Break**	
10:30 - 11:15am	**Community Panel #1: Community Assets**: The community story: identifying and leveraging community and regional assets to improve health and well-being	Kenneth Leopold Jessica Jara Cassie Arias Facilitator: Charlie A.
11:15 - 12noon	**Regional Reflection #1**	Michael Meit
12noon – 1:00pm	**Lunch**	
1:00 – 1:45pm	**Community Panel #2: Partnerships**: Cross-sector strategies and opportunities to improve health and well-being	Barbara Rios Brian Reedy Matthew Robinson Facilitator: Alisha H.
1:45 – 2:30pm	**Regional Reflection #2**	Michael Meit
2:30 – 2:45pm	**Break**	
2:45 – 3:30pm	**Key Recommendations for Positive Change**	Michael Meit
3:30 – 4:00pm	**Final Thoughts and Next Steps**	All

Southwest Center for Health Innovation
The Walsh Center for Rural Health Analysis

US Mexico Border Regional Forum Discussion Questions

US Mexico Border Regional Community Forum
Guiding Questions
May 2nd, 2017

Community Panel #1 (Community Assets) Questions:

1. What are the key characteristics of your community that are important to consider when identifying and developing strategies and opportunities to improve health and well-being?
    - Characteristics of residents
    - Cultural characteristics
    - Social and political landscape
    - Health and economic landscape
2. What are the assets and strengths that have served to improve the overall health and quality of life in your community?
    - *Probe: Individual, Organizational, Community, Cultural*
    - *Probe: Across sectors/population groups*
3. What are the community priorities in regards to improving population health and well-being?
    - Priorities among individuals and families
    - Priorities among organizations and institutions across sectors
    - Priorities among policy and decision-makers
4. What assets do you consider to be most influential with respect to improving health and well-being in your community?
5. How do the strengths in your community improve health and well-being?
6. What will it take to overcome the challenges that the community has experienced with respect to improving health and well-being?

Regional Reflection #1 Questions:

1. What are the key characteristics of your region that are important to consider when identifying and developing strategies and opportunities to improve health and well-being?
    - Characteristics of residents
    - Cultural characteristics
    - Social and political landscape

- Health and economic landscape

2. How do regional characteristics play a positive role in health and well-being among communities in your region?

3. What assets do you consider to be most influential with respect to improving health and well-being in your region?

4. Having listened to the community experience, how reflective is it of the broader region?

5. What are the common and unique aspects of the community experience?

Community Panel #2 (Partnerships) questions:

1. What works or could work well within your community to improve health and well-being?

2. Who are the change agents, champions, and partners across sectors who are engaged to improve health and well-being in your community?

3. Are there "non-traditional" partners that have contributed to your success?

Regional/State Reflection #2 questions:

1. Are similar partnerships taking place in other communities within the region?

2. Are there other partners that have been engaged in communities not reflected in this community experience?

3. Which strategies would work in other rural communities in the region? Which would not work as well?

Key Recommendations for Positive Change Questions

1. What types of support are needed in your region to accelerate change?
    - Investments/support from within
    - Outside investment/support

2. How can regional and national efforts help to support and strengthen community efforts?

3. Are there remaining barriers that must be overcome to achieve sustainable outcomes? How can these barriers be addressed?

4. What do regional and national funders ultimately need to know about your community?

Delta Regional Forum Agenda

Delta Regional Community Forum Agenda
May 16th 8:30am-3:30pm
Delhi Civic Center
232 Denver St. Delhi, LA 71232

8:30 am	**Registration**	Louisiana Public Health Institute & Delhi Hospital
9:00 am	**Welcome:** Framing the discussion and goals for the day	Michael Meit
9:15 am	**Introductions**	Michael Meit
9:30 am	**Setting the stage:** regional rural culture and history as it relates to health, resiliency, how to develop a culture of health in rural communities.	Jinger Greer Patrick Cowart
9:50 am	**Break**	
10:00 am	**Community Panel #1: Community Assets:** The community story: identifying and leveraging community and regional assets to improve health and well-being.	Michael Meit
10:45 am	**Regional Reflection #1**	Michael Meit
11:30 am	**Break for Lunch**	
12:30 pm	**Community Panel #2: Partnerships**: Cross-sector strategies and opportunities to improve health and well-being.	Michael Meit
1:00 pm	**Regional Reflection #2**	Michael Meit
1:45 pm	**Break**	
2:00 pm	**Key Recommendations for Positive Change**	Michael Meit
3:00 pm	**Final Thoughts and Next Steps**	Michael Meit

Delta Regional Forum Questions

Delta Regional Community Forum
Guiding Questions
May 16th, 2017

Community Panel #1 (Community Assets) Questions:

1. What are the key characteristics of your community that are important to consider when identifying and developing strategies and opportunities to improve health and well-being?
    - Characteristics of residents
    - Cultural characteristics
    - Social and political landscape
    - Health and economic landscape
2. What has the community done to improve the overall health and quality of life of the community?
3. What are the assets and strengths that have served to improve the overall health and quality of life in your community?
    - *Probe: Individual, Organizational, Community, Cultural*
    - *Probe: Across sectors/population groups*
4. What assets are unique to rural communities compared to urban communities?
5. What would you consider to be anchor institutions within your community?
6. What are the community priorities in regards to improving population health and well-being?
    - Priorities among individuals and families
    - Priorities among organizations and institutions across sectors
    - Priorities among policy and decision-makers
7. What assets do you consider to be most influential with respect to improving health and well-being in your community?
8. How do the strengths in your community improve health and well-being?
9. What will it take to overcome the challenges that the community has experienced with respect to improving health and well-being?

10. In reference to the asset map:
    - Is anything missing?
    - Does it resonate?
    - What would you highlight as particularly important?

Regional Reflection #1 Questions

1. What are the key characteristics of your region that are important to consider when identifying and developing strategies and opportunities to improve health and well-being?
    - Characteristics of residents
    - Cultural characteristics
    - Social and political landscape
    - Health and economic landscape
2. What would you consider to be anchor institutions within your region?
3. How do regional characteristics play a positive role in health and well-being among communities in your region?
4. What assets do you consider to be most influential with respect to improving health and well-being in your region?
5. Having listened to the community experience, how reflective is it of the broader region?
6. What are the common and unique aspects of the community experience?

Community Panel #2 (Partnerships) Questions

1. What works or could work well within your community to improve health and well-being?
2. Who are the change agents, champions, and partners across sectors who are engaged to improve health and well-being in your community?
    - *Probe: public sector vs. private sector*
    - *Probe: networks*
3. Are there "non-traditional" partners that have contributed to your success?

Regional Reflection #2 Questions

1. Are similar partnerships taking place in other communities within the region?
2. Are there other partners that have been engaged in communities not reflected in this community experience?
    - *Probe: public sector vs. private sector*

- *Probe: formal and informal networks*

3. Which strategies would work in other rural communities in the region? Which would not work as well?

Key Recommendations for Positive Change questions

1. What types of support are needed in your region to accelerate change?
    - Investments/support from within
    - Outside investment/support
2. How can regional and national efforts help to support and strengthen community efforts?
3. Are there remaining barriers that must be overcome to achieve sustainable outcomes? How can these barriers be addressed?
4. What do regional and national funders ultimately need to know about your community?

Northeast Regional Forum Agenda

Rural Communities Working Across Sectors to Achieve Better Health: The Experience of the Oxford County Wellness Collaborative

A Meeting of Maine's Community and State Leaders
Harper Conference Center
Norway, Maine
May 22, 2017
8:30am-4:30pm

Agenda

8:30 am	**Registration & light refreshments**	
9:00 am	**Welcome and Goals for the Day**	*Rebecca Boulos,* Maine Rural Health Research Center *Tim Churchill,* Stephen Memorial Hospital *Michael Meit,* NORC Walsh Center for Rural Health Analysis
9:30 am	**Setting the Stage:** Creating a Culture of Health In Rural Communities	*Erika Ziller,* Maine Rural Health Research Center
9:45 am	**Overview of the Oxford County Wellness Collaborative**	*Brendan Schauffler,* Oxford County Wellness Collaborative
10:10 am	**Break**	
10:20 am	**Panel #1: Community Assets:** Identifying and leveraging community and regional assets to improve health and well-being.	***Panelists:*** Gabe Perkins (Mahoosuc Pathways) *& Stephanie LeBlanc* (Oxford County Mental Health Services) ***Respondents:*** *Doug Michael* (Eastern Maine Healthcare Systems) *& Steven Johndro* (Western Maine Community Action)
11:05 am	Small group discussions about Panel #1	
11:35 am	Small groups report to the larger group	

11:55 am	Break for lunch	
12:40 pm	**Panel #2: Partnerships.** Cross-sector strategies and opportunities to improve rural health and well-being	***Panelists:*** Katey Branch (Halls Pond Healing Arts) & Amy Scott (Bethel Area Nonprofit Collaborative) ***Respondents:*** Sue Mackey Andrews (Maine Resilience Building Network) & Maria Donahue (Healthy Acadia)
1:25 pm	Small group discussions about Panel #2	
1:55 pm	Small groups report to the larger group	
2:15 pm	Break	
2:25 pm	**Panel #3: Recommendations.** Key recommendations for positive change, including recommendations for funders	***Panelists:*** Jim Douglas (Healthy Oxford Hills) & Robin Zinchuk (Bethel Chamber of Commerce) ***Respondents:*** Barbara Leonard (Maine Health Access Foundation), Lisa Miller (The Bingham Program), & Carolyn Wollen (Betterment Fund)
3:30 pm	Small group discussions about Panel #3	
4:00 pm	Small group report to the larger group	
4:20 pm	Next steps and final thoughts	
4:30 pm	Adjourn	

Northeast Regional Forum Discussion Questions

Rural Communities Working Across Sectors to Achieve Better Health: The Experience of the Oxford County Wellness Collaborative

Guiding Questions

Community Panel #1 (Community Assets) Questions:

Panelists

1. How did you identify community priorities for improving population health and well-being?
    - Probe: Priorities among individuals and families
    - Probe: Priorities among organizations and institutions across sectors
    - Probe: Priorities among policy and decision-makers
2. What assets and strengths did you identify in your community?
    - Probe: Individual, Organizational, Community, Cultural
    - Probe: Across sectors/population groups
3. What are barriers to leveraging those assets in your community?
4. How did you leverage those assets & strengths to overcome barriers?
5. Are there assets that make rural communities unique, when compared with urban communities?
6. What is the role of anchor institutions (hospitals, place-based employers) in your community?

Respondents

1. From a broader, statewide perspective, what stands out to you in the panelists' responses?
2. Do you think the identified priorities, assets and barriers are shared by other rural regions in Maine?
3. From what you know, how have other rural areas approached improving population health?

Small Group Discussions

1. Given the panel discussion and your own experience, are there other strategies for:
    - Identifying public health priorities;
    - Community assets; and
    - Approaches for improving health outcomes in rural communities that weren't already discussed?

Community Panel #2 (Partnerships) Questions:

Panelists

1. Who are your partners?
2. How have you aligned priorities across sectors to advance your work?
3. What is one example of a surprising successful partnership?
4. How do you see the role of the public sector?

Respondents

1. From a broader, statewide perspective, are there other types of partnerships or major supporters of rural health that weren't mentioned already?
2. From what you know, how have other rural areas approached multi-sector partnerships to promote rural health?

Small Group Discussion questions

1. What ideas for creative engagement of multi-sector partners do you have to improve rural health?

Panel #3 (Recommendations) Questions:

Panelists

1. How are you engaging your funders in sustainable investment in your work?
2. What, specifically, do you need from funders? What kinds of investments and support are needed to accelerate change?
3. Is your funding model sustainable?
4. How can regional and national efforts help to support and strengthen community efforts?
5. Are there remaining barriers that must be overcome to achieve sustainable outcomes? How can these barriers be addressed?
6. What do regional and national funders ultimately need to know about your community?

Respondents

1. How does your funding model support sustainability for the organizations you fund?
    - If it doesn't, how can you change your approach to increase sustainability?
    - Which barriers exist to sustainable funding investments?
2. How do you work, if at all, with other foundation funders?

Small Group Discussion questions

1. Do you have any ideas for how to improve sustainable financial investments in rural health? From foundation funders, government agencies, business?

Upper Midwest Regional Forum Agenda

Agenda
May 31st, 2017

8:30 am	**Registration**	
9:00 am	**Welcome:** Framing the discussion and goals for the day	*John Eich* *Michael Meit*
9:15 am	**Introductions**	*Group*
9:30 am	**Setting the stage:** regional rural culture and history as it relates to health, resiliency, how to develop a culture of health in rural communities.	*Michael Perry*
9:50 am	**Break**	
10:00 am	**Community Panel #1: Community Assets:** identifying and leveraging community and regional assets to improve health and well-being**.**	*Panel + John Eich*
10:45 am	**Regional Reflection #1**	*Michael Meit*
11:30 am	**Break for Lunch**	
12:30 pm	**Community Panel #2: Partnerships**: Cross-sector strategies and opportunities to improve health and well-being.	*Panel + John Eich*
1:15 pm	**Regional Reflection #2**	*Group + Michael Meit*
2:00 pm	**Break**	
2:15 pm	**Key Recommendations for Positive Change**	*Group + Michael Meit*
3:15 pm	**Final Thoughts and Next Steps**	*Michael Meit*

Upper Midwest Regional Forum Discussion Questions

Upper Midwest Regional Community Forum
Guiding Questions
May 31st, 2017

Community Panel #1 (Community Assets) Questions:

1. What are the key characteristics of your community that are important to consider when identifying and developing strategies and opportunities to improve health and well-being?
    - Characteristics of residents
    - Cultural characteristics
    - Social and political landscape
    - Health and economic landscape
2. What has the community done to improve the overall health and quality of life of the community?
3. What are the assets and strengths that have served to improve the overall health and quality of life in your community?
    - *Probe: Individual, Organizational, Community, Cultural*
    - *Probe: Across sectors/population groups*
4. What assets are unique to rural communities compared to urban communities?
5. What would you consider to be anchor institutions within your community?
6. What are the community priorities in regards to improving population health and well-being?
    - Priorities among individuals and families
    - Priorities among organizations and institutions across sectors
    - Priorities among policy and decision-makers
7. What assets do you consider to be most influential with respect to improving health and well-being in your community?
8. How do the strengths in your community improve health and well-being?
9. What will it take to overcome the challenges that the community has experienced with respect to improving health and well-being?

Regional Reflection #1 Questions:

1. What are the key characteristics of your region that are important to consider when identifying and developing strategies and opportunities to improve health and well-being?
    - Characteristics of residents
    - Cultural characteristics
    - Social and political landscape
    - Health and economic landscape
2. What would you consider to be anchor institutions within your region?
3. How do regional characteristics play a positive role in health and well-being among communities in your region?
4. What assets do you consider to be most influential with respect to improving health and well-being in your region?
5. Having listened to the community experience, how reflective is it of the broader region?
6. What are the common and unique aspects of the community experience?

Community Panel #2 (Partnerships) Questions:

1. What works or could work well within your community to improve health and well-being?
2. Who are the change agents, champions, and partners across sectors who are engaged to improve health and well-being in your community?
    - *Probe: public sector vs. private sector*
    - *Probe: networks*
3. Are there "non-traditional" partners that have contributed to your success?

Regional Reflection #2 Questions:

1. Are similar partnerships taking place in other communities within the region?
2. Are there other partners that have been engaged in communities not reflected in this community experience?
    - *Probe: public sector vs. private sector*
    - *Probe: formal and informal networks*
3. Which strategies would work in other rural communities in the region? Which would not work as well?

Key Recommendations for Positive Change Questions:

1. What types of support are needed in your region to accelerate change?
    - Investments/support from within
    - Outside investment/support
2. How can regional and national efforts help to support and strengthen community efforts?
3. Are there remaining barriers that must be overcome to achieve sustainable outcomes? How can these barriers be addressed?
4. What do regional and national funders ultimately need to know about your community?

State Offices of Rural Health Regional Vetting Sessions

Discussion Questions

Recommendations for National Organizations and Funders:

1. What experiences have you had with funding from the Robert Wood Johnson Foundation?
2. What do national organizations and funders need to know about rural communities? About your region?
    - Demographic trends?
    - How do systems work differently in rural areas?
3. What specific recommendations do you have for national organizations and funders to invest in rural communities?
    - How can these recommendations be implemented?
4. How can national organizations and funders ensure a 'return on investment' when supporting rural communities?
5. What is your pitch to national organizations and funders to make them want to invest in rural communities and regions?
    - What is your counter-argument for hesitation to invest in rural communities and regions?
6. What would make the recommendations most useful to national organizations? How can they be organized and presented?

Opportunities for Action:

1. What types of support are needed in your region to accelerate change?
2. Are there remaining barriers that must be overcome to positively impact rural communities? How can they be addressed?
3. What are the starting points? What are the leverage points?
4. Who are they key influencers, partners, and networks that must be engaged? Who are the facilitators of change?
5. How do we build bridges across different population groups?
6. What are the opportunities to address social determinants of health and systems-level priorities in rural communities?
7. What are key promising strategies for improving health and equity in rural communities?

Appalachian Region Vetting Session Agenda

Exploring Strategies to Improve Health and Equity in Rural Communities: Appalachian Region Vetting Session Agenda Wednesday, August 30th, 2017 – 8:15am-12:00pm Millennium Center, Johnson City, TN

With funding from the Robert Wood Johnson Foundation (RWJF), the NORC Walsh Center for Rural Health Analysis (NORC Walsh Center) is conducting a one-year formative research study to explore opportunities for leveraging rural community assets and strengths to fundamentally improve health and equity in rural communities. The project has focused on enhanced understanding of culture and history, priorities, assets, partners, and promising strategies unique to and common across rural communities and regions. The NORC Walsh Center team has engaged partners across sectors to explore how community assets can be leveraged to strengthen rural communities and to create conditions that promote overall community well-being.

The main objectives of this meeting are to:

- Determine whether the preliminary project findings and recommendations resonate with stakeholders from the Appalachian region
- Gather additional input and recommendations for strengthening rural communities in Appalachia
- Provide a cross-sector and cross-discipline networking opportunity for Appalachian regional stakeholders

8:15 am	**Registration and Breakfast**
9:00 am	**Welcoming Remarks** *Dr. Brian Nolan, President of East Tennessee State University* *Introduced by: Dr. Randy Wykoff, Dean, College of Public Health, East Tennessee State University*
9:15 am	**Project Background and Community Experiences** *Michael Meit, MA, MPH, Co-Director, NORC Walsh Center for Rural Health Analysis* The NORC Walsh Center will provide the purpose and motivation behind the current work and share how four rural communities within four distinct regions across the country leveraged their assets and capacities to address community health priorities.

9:35 am	**Culture and History of Appalachia and Health** *Dr. Melissa Schrift, Professor of Anthropology, East Tennessee State University* An Anthropologist will provide a brief overview of the culture and history of the Appalachian region to set the stage for the community partnership presentations.
9:40 am	**East Tennessee State University's Community Partnership Presentations** *Ginny Kidwell, Executive Director, Tennessee Institute of Public Health* *Paula Masters, Assistant Dean, College of Public Health* *Kim Gass, Career Counselor, Greene Technology Center* *Miranda Russell, Founder and Owner of Hancock County Arts* Community partners from the Appalachian region will share how they have leveraged assets to address community health priorities.
10:15 am	**Break**
10:30 am	**Preliminary Recommendations** *Michael Meit* The NORC Walsh Center will present preliminary recommendations for national funders to strengthen rural communities and improve health and equity.
10:50 am	**Facilitated Breakout Sessions** Participants will join smaller groups to discuss the preliminary recommendations and opportunities for action, including how the recommendations could be developed, implemented and evaluated, additional recommendations to be considered, and what the recommendations mean for the Appalachian region.
11:30 am	**Report Out** A designated speaker from each breakout group will describe the key points from the facilitated discussion.
11:55 am	**Closing Remarks** *Michael Meit* The NORC Walsh Center will summarize the main themes from the vetting session and how they will be integrated into the final project steps.
12:00 pm	**Lunch and Adjourn**

Appalachian Region Vetting Session Small Group Questions

To start, can we have everyone share their name and organization?

Recommendation Category #1 (Strengthening Community Implementation Capacity) Questions:

1. How do these community capacity recommendations resonate with your work and your understanding of rural communities in Appalachia?
    - *Probe: Are there additional areas of community capacity building that should be included?*
    - *Probe: Would these recommendations work here? Why or why not?*
2. Think about one of the strategies or recommendations presented around community capacity building - How would you develop and implement it within Appalachia?
    - *Probe: Program structures, models, planning processes, priority populations, evaluation*
    - *Probe: Who are the key partners or networks that need to be engaged to make it successful? Are they local, regional, national?*
    - *Probe: How would a national funder support this effort? What is the first step?*
3. What additional recommendations do you have for building community capacity in Appalachian communities?
    - *Probe: Are there specific capacity building strategies that have worked in your region to improve the quality of life and health of rural communities?*

Recommendation Category #2 (Fostering Cross-Sector Collaboration) Questions:

1. How do these recommendations resonate with your work and your understanding of rural communities in Appalachia?
    - *Probe: Is anything missing?*
    - *Probe: Would these recommendations work here? Why or why not?*
2. Think about one of the strategies or recommendations presented around fostering cross-sector collaboration - How would you develop and implement it within Appalachia?
    - *Probe: Program structures, models, planning processes, priority populations, evaluation*
    - *Probe: Who are the key partners or networks that need to be engaged to make it successful? Are they local, regional, national?*
    - *Probe: How would a national funder support this effort? What is the first step?*
3. What additional recommendations do you have around fostering cross-sector collaboration?

- *Probe: Are there specific cross-sector collaboration strategies that have worked in your region to improve the quality of life and health of rural communities?*

Recommendation Category #3 (Co-Funding and Utilizing Regional/Local Intermediaries) Questions:

1. How do these recommendations resonate with your work and your understanding of rural communities in Appalachia?
    - *Probe: Are there other ways that national organizations can work with regional or local organizations?*
    - *Probe: Would these recommendations work here? Why or why not?*
2. Think about one of the strategies or recommendations presented in this category - How would you develop and implement it within Appalachia?
    - *Probe: Program structures, models, planning processes, priority populations, evaluation*
    - *Probe: Provide examples of local and regional partner organizations that could help to administer grant programs in Appalachia.*
    - *Probe: How would a national funder support this effort? What is the first step?*
3. What additional recommendations do you have around co-funding and working with regional/local intermediaries to support rural communities?
    - *Probe: Are there specific strategies that have worked in your region to improve the quality of life and health of rural communities?*

*IF your group finishes the above discussion points, please pose the following recommendation ideas and ask for feedback:

Additional Recommendation #1 (Support a peer-learning community/opportunity for rural community coalitions working to improve health and equity in their communities)

1. How should this idea be developed and implemented? Who are the key partners?

2. What should the primary goals of the peer-learning community be? How would these goals be evaluated?

3. Are there examples of efforts where rural community coalitions share ideas and best practices with other coalitions in Appalachia? What do those efforts look like?

Additional Recommendation #2 (Support rural leadership development efforts in tandem with economic development efforts):

1. How should this idea be developed and implemented? Who are the key partners?

2. Are there examples of economic development efforts with a strong focus on leadership development in rural communities within Appalachia? What do those efforts look like?

National Association of Development Organizations Focus Group Protocol

Thursday, July 20th 2017
3:00-4:00pm EST

Informed Consent

The NORC Walsh Center for Rural Health Analysis has been supported by the Robert Wood Johnson Foundation (RWJF) to explore opportunities to improve health and equity in rural communities through consideration of rural assets and capacities, priorities, regional culture and history, and partners. By rural health and equity, we are referring to population-level health and the conditions that promote healthy, thriving communities for everyone.

This project specifically aims to work across sectors, and we have identified regional development organizations as a key partner in strengthening communities and addressing social determinants of health. The purpose of our discussion today is to hear from you about what opportunities you see to fundamentally improve health and equity in rural communities, and what supports your organizations and NADO may need to further engage in rural health and equity related issues. This information will be used in our final products for RWJF and other stakeholders working in this space.

Our discussion today will last no longer than one hour. Your participation is voluntary, and you may choose to skip any question or leave the discussion at any time. In addition, would like to record this discussion in order to ensure our notes are as accurate and comprehensive as possible. This recording will be deleted at the end of the project. Does anyone NOT consent to having this discussion recorded?

Introduction

1. To start, can we have everyone say your name and organization, and briefly share your experience in addressing health related in rural communities?

2. What connections or synergies do you see between the planning and development and health sectors in rural communities?

3. What would you consider to be the top priorities to strengthen rural communities and improve well-being?

Opportunities and Recommendations

4. What specific recommendations do you have to strengthen and improve the health of rural communities? What is the role of the planning and development sector in achieving those outcomes?

5. What strategies have worked in your region to improve the quality of life and health of rural communities?

6. What are the remaining barriers that must be overcome to achieve sustainable outcomes? How can these barriers be addressed?

7. What types of support are needed in your region to accelerate change?

8. How can national efforts help to support and strengthen your efforts in rural communities?

Conclusion

9. Is there anything else you can share about opportunities or strategies to improve health and equity in rural communities?

Thank you for your time and insights today. We will present findings and additional information at the annual training meeting in September. We will also share the final brief when it is available.

National Association of Counties (NACo) Rural Action Caucus (RAC) Fall Symposium Questions

October 6th, 2017
Discussion Questions

1. What connections or synergies do you see between county officials and the health/public health sectors in rural communities?
2. How can national efforts help support you in improving health and strengthening rural communities in your county?
3. What additional recommendations do you have for improving the quality of life and vitality of rural communities?

Appendix C: Participating Organizations

The following organizations participated in the project through either the national discussion forum, key informant interviews, regional community forums, regional vetting sessions, or feedback sessions.

3RNet

AARP Foundation

AcademyHealth

Access Medcare

Active Living By Design

Advertiser-Democrat (newspaper)

Alabama Department of Public Health/Office of Primary Care & Rural Health

Alaska Department of Health and Social Services

American Association for State and Local History

American Farm Bureau Federation

American Hospital Association

American Planning Association

American School Health Association

Androscoggin Valley Council of Governments

Appalachian Regional Commission

Appalachian Service Project

Appalachian State University

Appalachian Sustainable Development

Arcare

Area Health Education Center for Western Washington at Whatcom Community College

Arkansas Department of Health, Office of Rural Health and Primary Care

Ascend at the Aspen Institute

Association of Public Health Nurses

Association of State and Territorial Health Officials

Aurora BayCare Medical Center

Ben Archer Health Center

Benedum Foundation

Bethel Area Nonprofit Collaborative

Bethel Chamber of Commerce

Betterment Fund

Bingham Program

Black River Memorial Hospital

Boys and Girls Club

Bureau of Rural Health & Primary Care

Burrell Institute of Health Policy and Research Independent Contractor

Business Journal

California Department of Health Care Services

Campbell University

Center for Medicare and Medicaid Services

Center for Rural Affairs

Center for Rural Health Development

Center for Rural Strategies

Centers for Disease Control and Prevention

Central Louisiana Area Health Education Center

CHI St. Joseph's Children

Children's Special Health Services

City of Deming

City of Deming Economic Development

Clark County Health Department

CMS Dallas Regional Office

Coastal Enterprises, Inc.

Colorado Rural Health Center

Columbus Community Hospital

Communities of Color

Community Concepts

Community Health Options

Connecticut Office of Rural Health

Consultant at New Mexico Department of Health

Dartmouth Medical School

data2insight

Delaware State Office of Rural Health

Delhi Hospital

Deming Headlight (local newspaper)

Deming Helping Hand

Deming High School

Deming Luna County Commission on Aging

Deming Public Schools

Deming Women's Center

Dona Ana County

East Tennessee State University

East Tennessee State University College of Public Health

East Tennessee State University Department of Sociology and Anthropology

East Tennessee State University Family Medicine

East Tennessee State University Quillen College of Medicine

Eastern Maine Healthcare System

Editorial and Project Manager, Community Organizer, and Grant Writer

Family Health Center/Marshfield Clinic

Family Health La Clinica

Federal Office of Rural Health Policy

Federal Reserve Bank of Richmond

Florida Department of Health

Franklin Community Health Network

Georgia State Office of Rural Health

Gillette Children's Specialty Healthcare

GoCare

Governor's Foundation for Health & Wellness

Grant Regional Health Center Foundation

GrantMakers in Aging

GrantMakers in Health

Greater Clark Foundation

Greater Wisconsin Agency on Aging Resources

Greene County Sheriff's Department

Gundersen Health System

Halls Pond Healing Arts

Hancock County Arts

Hawaii State Office of Primary Care & Rural Health

Healthy Acadia

Healthy Appalachia Institute

Healthy Kingsport

Healthy Northern Kennebec

Healthy Oxford Hills

Ho-Chunk Nation

Ho-Chunk Nation Health and Wellness

Holston Valley Medical Center

Housing Assistance Council

Human Resources and Services Administration

Illinois Department of Public Health

Illinois Public Health Institute

Indiana State Department of Health

Indianhead Community Action Agency

Institute for Rural Journalism and Community Issues

Iowa Department of Public Health

Jackson County Public Health

Jackson In Action

Kansas Department of Health and Environment

Kansas Department of Primary Care and Rural Health

Kate B. Reynolds Charitable Trust

Kentucky Office of Rural Health

Keystone Dental

Louisiana Cancer & Cervical Health Program

Louisiana Delta Community College

Louisiana Department of Health - Region 8 Office of Public Health

Louisiana Health Care Connections

Louisiana Health Care Quality Forum & TEXLA Telehealth Resource Center

Louisiana Office of Rural Health

Louisiana Public Health Institute

Louisiana State University AgCenter

Luna County Health Council

Luna County Juvenile Probation

Luna County Media Director

Madison Parish School Board

Mahoosuc Pathways

Maine Area Health Education Center

Maine Center for Disease Control and Prevention

Maine Health Access Foundation

Maine Resilience Building Network

Maine Rural Health and Primary Care

Maine Rural Health Research Center

MaineHealth

Maryland State Office of Rural Health

Massachusetts Department of Public Health

Massachusetts State Office of Rural Health

Mayo Clinic Health System

Memorial Medical Center

Michigan Center for Rural Health

Mid-Atlantic Telehealth Resource Center

Mimbres Memorial Hospital

Minneapolis Heart Institute Foundation

Minnesota Department of Health

Minnesota Department of Health, Office of Rural Health

Mississippi Office of Rural Health & Primary Care

Mississippi State Department of Health

Missouri Department of Health and Senior Services

Montana Hospital Association

Montana Office of Rural Health/AHEC

Montana State University

Mountain States Health Alliance

National Association of Area Agencies on Aging (n4a)

National Association of Counties

National Association of County and City Health Officials

National Association of Development Organizations Research Foundation

National Association of Rural Mental Health

National Association of Social Workers

National Association of State EMS Officials

National Center for Rural Health Works

National Center for the Analysis of Healthcare Data

National Community Pharmacists Association

National Council of Churches

National Council on Aging

National Head Start Association

National Organization of State Offices of Rural Health

National Recreation and Park Association

National Rural Education Association

National Rural Health Association

National Rural Health Resource Center

National Rural Transit Assistance Program

Nebraska Department of Health and Human Services

Nebraska Office of Rural Health

Nevada State Office of Rural Health

New Hampshire Division of Public Health Services-Rural Health and Primary Care

New Hampshire Office of Rural Health and Primary Care

New Jersey State Office of Primary Care/Rural Health

New Mexico Department of Health

New Mexico Workforce Connection

New York State Office of Rural Health

Non-profit Prevention Coalition Unicoi County

North Carolina Department of Commerce

North Carolina Office of Rural Health

North Central Regional Center for Rural Development

Northeast Delta Human Service Authority

Northeast Louisiana Economic Alliance

Northeast Regional Center for Rural Development

NTCA-The Rural Broadband Association

Office of Regional Operations, Health Resources and Services Administration

Office of Senator Angus King

Ohio Department of Health

Ohio Department of Mental Health & Addiction Services

Ohio Office of Health Policy & Performance Improvement

Oklahoma Office of Rural Health

Oregon Office of Rural Health

Oxford Advent Christian Church

Oxford County Mental Health Services

Oxford County Wellness Collaborative

Partners in Prevention

Pennsylvania Office of Rural Health

Piscataquis Health Community

Presbyterian Medical Services, Marketing and Community Relations

Public Library Association

Red Legacy

Rhode Island Department of Health

Richardson Medical Center

Richland Council on Aging

Richland Parish School Board

Roan Scholars

Rural Community Assistance Partnership

Rural Health Information Hub

Rural Local Initiatives Support Corporation

Rural Support Partners

S.E. Foster Associates

Save the Children

SBIRT Training Institute

Scenic Bluffs Community Health Centers

School Superintendents Association

Seacoast Mission

Second Harvest Food Bank

Senator Francis Thompson's Office

Sewall Foundation

Small Urban and Rural Transit Center

South Carolina Office of Rural Health

South Central Telehealth Resource Center

South Dakota Department of Health

South Dakota Office of Rural Health

Southern Rural Development Center

Southwest Center for Health Innovation

Stephens Memorial Hospital

Stone Mountain Health Services

Stoughton Hospital

Stratis Health

Substance Abuse and Mental Health Services Administration

Sullivan County Anti-Drug Coalition

Teach for America

Tennessee Department of Economic and Community Development

Tennessee Department of Health

Tennessee Institute of Public Health

Tennessee Office of Rural Health

Texas Department of Agriculture

The American Legion

The Center for Children & Families

The Wellspring

Tobacco Free Louisiana

Together for Hope Louisiana

Together for Jackson County Kids

Tri-Area Community Health

U-ACT (Union Parish Alliance for Community Transformation)

Union General Hospital

United Way of Greater Kingsport

United Way of Oxford County

University Health - Conway

University New Mexico Health Extension Rural Offices

University of Arizona College of Public Health, AZ Center for Rural Health

University of Kentucky

University of Louisiana-Monroe

University of Maine Cooperative Extension

University of Nevada, Reno

University of North Dakota Center for Rural Health

University of North Dakota School of Medicine and Health Sciences

University of Wisconsin School of Medicine and Public Health

University of Wisconsin-Extension

University of Wisconsin-Madison School of Nursing

USDA National Institute of Food and Agriculture

USDA Rural Development

Utah Department of Health

Utah Department of Health, Office of Primary Care and Rural Health

Varela Consulting Group

Vermont Department of Health

Vernon Memorial Healthcare

Virginia Department of Health

Virginia Department of Health, Office of Equity

Washington State Department of Health

West Virginia State Office of Rural Health

Western Maine Community Action

Western Maine Health

Western Maine Pediatrics

Western New Mexico School of Nursing

Western Rural Development Center

Winona Health

Wisconsin Association of Free and Charitable Clinics

Wisconsin Head Start Association

Wisconsin Office of Rural Health

WK Kellogg Foundation

WWAMI Rural Health Research Center

Wyoming Office of Rural Health

YMCA of USA

YMCA-Kingsport