
2019

Rural Health Summit Report





At A Glance

- Special Thanks 1**
- The Road to Now 2**
- Halfway There: Working Group Progress 4**

- Community Health Workers..... 6**
- Non-Emergent Transport 8**
- Medical School Consortium..... 10**
- Student Exposure..... 12**

- Going Far Together 14**
- The Next Generation 16**
- Looking Forward 17**

- Working Group Leaders 17**

- Attendee List 18**
- Rural Arkansas Needs You 20**

Special Thanks

The progress made by the Rural Health Summit members, their working groups, and several side efforts bolstering the collaboration across the rural Arkansas health ecosystem would not have been possible without outside support. For that we owe a special thanks to our premier funder: The Blue & You Foundation for a Healthier Arkansas.

The Blue & You Foundation has kept annual Rural Health Summits affordable for participants and supported the outreach and recording you'll find in these pages.

To be selected by the Blue & You Foundation for funding underscores the importance of our collaborative effort.

It says that we are not alone in our belief that by coming together and setting aside our differences, our sense of competition or fear of change, we can do something far greater than we could alone.



The Road to Now

In the spring of 2016, Dr. Mark T. Jansen, Chief Medical Officer UAMS Regional Programs, approached the Winthrop Rockefeller Institute with an urgent problem: rural doctors, already caring for more people per capita than those in urban areas, are retiring in record numbers with fewer young doctors choosing to practice in those areas. In addition, many rural populations are increasing in age, thus increasing their needed level of care.

Such wide-ranging, system-level challenges require collaborative action. So, together with Dr. Jansen, the Institute called on leaders from across the health care ecosystem in Arkansas to convene around the future of rural health delivery across the state. Together at the first Rural Health Summit (RHS) in 2017, they created a list of over 140 distinct issues that they felt met the following criteria:

- ☑ **Could be acted on in 1-2 years**
- ☑ **Necessitated collaborative effort**
- ☑ **Addressed a true, rather than perceived, service gap in the state**

To comb through that mountain of data, the first Summit group selected a 10-person panel, dubbed the COMMITtee, to narrow down the list of issues to three to five focus areas for the Summit group to work on together. The COMMITtee dedicated a year to that analysis and came back to the 2018 Rural Health Summit with four focus areas with assigned working groups. The summit attendees outlined two, five- and 10-year goals for each area. The complete breakdown of that conference can be found on the [Institute website](http://bit.ly/2Gr5Maa) (bit.ly/2Gr5Maa), but the most immediate, two-year goals and working groups were defined as follows:

Two Year Goals			
Community Health Workers Working Group	Non-Emergent Transport Working Group	Medical School Consortium Working Group	Student Exposure Working Group
Fund and complete a pilot of the community health worker certificate program and develop and fund a marketing/communications/education plan for community health workers.	Engage committee, complete a needs assessment, draft legislation and engage committed legislative sponsors.	Establish a consortium of MDs and DOs to facilitate adequate residency slots, identify hospitals without residency programs and develop quality residency options across specialties.	Obtain stakeholder buy-in, support a working group assessing existing programs, develop curriculum within a health education framework and identify rural pilot schools.

The above goals were the focus of the 2019 Rural Health Summit. After a year of progress, learning, and the occasional roadblock, this year's Summit brought together new and existing stakeholders to brainstorm around challenges facing the working groups and help take some of the goals in new directions after more information was brought to the table.

The 2019 Summit was also a chance to envision the next steps for the collaborative network that has come together around this effort over the last three years.

With a mid-way evaluation of our working groups and a brainstorm of what could be for the larger Summit group, this year's meeting set the stage for continued impact and growth.



Halfway There: Working Group Progress

Since forming at the 2018 Summit, the working groups have been diligent in their tasks. While there have been some roadblocks and some necessary adjustments over the past year, each twist and turn is the result of intense study and collaborative research by a group of people already dedicated to improving health delivery and access in the regular jobs. Led by members of the COMMITtee and staffed by big-spirited volunteers, these working groups are well on their way to having an impactful two years. Adding in the help and support of the larger Summit, they are sure to have continued positive results.

In This Section

- ☑ Community Health Workers Working Group
- ☑ Non-Emergent Transport Working Group
- ☑ Medical School Consortium Working Group
- ☑ Student Exposure Working Group





Community Health Workers Working Group

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



Community health workers (CHW) play an important role in health care delivery by being a trusted source of information and connection to available health services. CHWs know not only what challenges and needs their community faces, but they also know the best services and organizations to help address those needs. That role of connecting and providing their community members with the right services is especially critical in rural areas where having a CHW as part of a primary care team greatly improves health outcomes and delivery in both directions, for patients and providers¹.

Despite their important role, recognition of CHWs is slow to build, both among those that could be considered CHWs and those that could work with them in health care delivery. That is why the Community Health Working Group has been hard at work on a pilot certificate program for CHWs and a marketing/communications/education plan. By increasing the recognition of common skills shared by CHWs and spreading the word about how they can help, there will be more opportunities for CHWs to self-identify and an increase in CHW inclusion in rural health efforts.



The working group has made good progress toward their first goal over the last year. Through a partnership among the Arkansas Community Health Workers Association (ARCHWA)², UAMS College of Public Health's Arkansas Prevention Research Center (ARPRC) and Tri-County Rural Health Network, the first of three rounds of voluntary training began in April of 2019. This pilot certificate program's first round was held in Helena-West Helena, AR, where 8 CHWs received their certificates of completion. Comprising classroom hours, fieldwork hours and exams and presentations, the remaining two rounds of the pilot program will follow a similar model in other areas of the state.



This working group addressed the challenges of how to turn the certificate program into a full certification credentialing program, how to develop a standard curricula, and how to secure funding to more broadly support CHW work in the state. With suggestions from Summit attendees ranging from oral, mental, and behavioral health training for added course considerations to possible existing coding structures that might see insurers cover some of the cost for CHW involvement, the working group will have a lot to consider as it finishes out the final year of its two-year goals.

¹bit.ly/2M9yzmZ
² www.archwa.org

If you think you can help further the training and recognition of CHWs, or if you want more information about the final two rounds of the pilot certificate program, please reach out to working group leader Anna Huff Davis, Chair of the ARCHWA board of directors, at annamdavis59@yahoo.com.

Non-Emergent Transport Working Group

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

Access to care in rural areas is a big challenge. Follow-up appointments, routine check-ups, and trips into town to pick up medicine from the pharmacy are a challenge for many in rural areas whose lack of consistent, reliable transportation sometimes causes those people to do without. This increases emergency room visits and negative health outcomes³. Having reliable, affordable non-emergency transport for rural areas would go a long way toward reversing that trend.

Finding a funding model that works for rural areas, though, has been a challenge for this working group. Most lines of funding or other programs for non-emergent transportation either rely heavily on medicaid-only funding, are restricted to urban areas or are otherwise inaccessible to large portions of rural Arkansas. There are also questions of volume versus initial investment, little broadband access for telehealth solutions, and overall distances required to cover for most appointments. While understanding the importance of the issue, it was a surprise to the group how far-reaching the problem actually was as they explored it.

Recognition that there may be no immediate model to follow has caused a few adjustments to their original two-year goals. Without a viable model to point to, it did not make sense to seek out a legislative champion at this time. Instead, the working group has focused their efforts on building up their other two-year goal: a completed needs assessment. In the absence of a working program to also draw data from, the importance of highlighting the need and potential impact non-emergent transportation could have has become paramount.

To that end, the working group sought feedback from the larger Summit group on their patient survey, a year-long work plan, and general thoughts on overcoming the unexpected obstacles uncovered during their year of work. The group received some fresh ideas and instructional feedback on their transportation survey.

*If you think you can help, please reach out to **Ed Gilbertson** (edward.gilbertson@metroems.org) of MEMS or **Joey Miller** (joey.miller@arcare.net) of ARcare.*

³ bit.ly/2uRtkOI





Halfway There: Working Group Progress

Medical School Consortium Working Group

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



The conventional wisdom is that where a student doctor learns and trains sets the stage for where they will ultimately end up practicing medicine. A doctor with a residency in a rural area is much more likely to then practice in a rural area, often near their residency town. The challenge in Arkansas is that with three medical schools and few rural hospitals, there is soon to be double the number of students seeking residency slots than there are residencies available in the state. Fostering the creation of more is no easy task.

Recognizing the inherent challenges involved in the creation of new residency slots, this working group's first task was to create a consortium of representatives from each of the three medical schools in Arkansas: Arkansas College of Osteopathic Medicine (ARCOM), New York Institute of Technology College of Osteopathic Medicine at Arkansas State University (NYITCOM@ASU), and the University of Arkansas for Medical Sciences (UAMS).

Coming together for such a partnership presented a natural challenge for three organizations that could rightly see each other as “the competition.” However, leadership at each school has embraced collaboration and seen beyond the areas in which they are competitive to those areas where they share an interest. With that in mind, a regular group of representatives over each school's graduate medical education (GME) and placement programs has met regularly to better define their collaborative goals. To build momentum, the group plans a shared “week of wellness” aimed at students and faculty alike, culminating in a small summit to be held at the Institute. Tentative dates have been chosen and the plan continues to develop.



In addition, the group is working on collaborative field trips for students to rural Arkansas communities, an initiative started by UAMS Regional Programs as part of this working group. UAMS students interested in rural medicine participated in a pilot field trip in November 2018 to visit the towns of Lake Village and Dumas, AR. The next field trip is being scheduled for Fall of 2019, likely to Fordyce and Crossett, AR. The 2019 trip will include groups from all three schools and their spouses and will include visits to local leaders, health care providers, and businesses. The goal is to continue building a strong, tri-school network of students and to expose them to the many different rural communities in the state. The visits are also largely possible thanks to partnerships within the community looking to recruit doctors in the future.

During the Summit, the working group polled the rest of the attendees on ways to increase student involvement, find more communities willing to host the field trips, provide best practices in recruitment and discover overlooked avenues for professional development for students to incorporate into the group's collaborative efforts.

*If you have an interest in helping pave the way for more residency slots in the state or connecting student doctors with rural communities, please reach out to **Melanie Meyer** (meyermelaniem@uams.edu) of UAMS Physician Relations.*



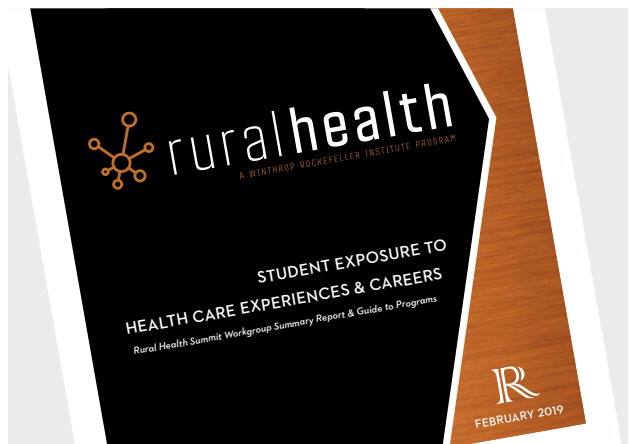
Student Exposure Working Group

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

The path to becoming a health care professional is a long one. In order to help school-age children in rural areas of Arkansas better find that path, this working group began by looking at all available programs in the state with a goal of applying best practices to the creation of a new program. However, through their research they found that there are already many great programs operating in the state. From there, the challenge came into better focus around how to increase collaboration and visibility of such programs.

The group recognized that while there were many options for early health care training and interaction, many of the programs were not well known, even among members of the working groups operating in the health care and education spaces. This indicated that while there might be a desire by rural schools to participate in some of the programs, the two groups might never actually connect. As a solution, the working group began developing a resource guide of all existing health care exposure and training programs for all education levels in the state.

After their first year of work, the group presented their resource guide at the 2019 Summit and began making digital and limited physical copies available to the public. You can see their completed guide [here](https://bit.ly/2y68w88) (bit.ly/2y68w88). One of the Summit's largest working groups, the report represents the concentrated work of over 30 individuals. Their time researching identified nearly 40 existing programs in the state with examples for students aged 5 and up, all the way up to programs specializing in undergraduate exposure to health careers.



The Student Resource Guide Represents

- **the work of over 30 individuals**
- **nearly 40 existing programs in the state**
- **examples for students aged 5 and up, all the way up to programs specializing in undergraduate exposure to health careers**



In addition to sharing their work, the group also approached the 2019 RHS with the question of what to do next in bringing visibility and connections to the existing opportunities for health care exposure in the state. They created a list of 15 possible next steps and invited the Summit group to vote on what they believed would be the best way to move forward. The concrete next steps chosen were to:

- ☑ Create a searchable website as a central repository for all of the resources found
- ☑ Develop and implement a statewide information dissemination plan
- ☑ Pursue funding to build on and expand the existing resources and programs



After the new direction was set, the Summit group helped to brainstorm ways the working group could tackle those next steps, including volunteering connections and personal help.

*If you think you can help expand the resource guide or help connect rural Arkansas students to future careers in the medical field, please reach out to **Stephanie Williams** (stephanie.williams@arkansas.gov) of the Arkansas Department of Health.*

Going Far Together

When talking about collaboration, one maxim is

“If you want to go fast, go alone; if you want to go far, go together.”

In fact, the saying could be found on a sheet of chart paper at the very first Rural Health Summit back in 2017. Since that time our Summit group and the COMMITtee representing them has proven the adage true, moving a little more slowly than the speed at which any single organization has the liberty to operate, but gaining traction and insight that only comes from multiple perspectives.

With their progress over the last year and the continued collaborative planning efforts of the RHS COMMITtee, it became clear that there is a sustaining appetite in Arkansas to continue working together to improve rural health care delivery and lessen the blow of the worsening physician shortage. To help support that and give the Rural Health Summit initiative its own life outside of a yearly meeting, the decision was made to create a standalone organization to help carry these efforts forward.

Such an organization would be a central connecting point for collaborative efforts and information sharing regarding rural health improvement efforts. It would also operate in concert with other organizations in the state, much in the spirit of the Summit efforts so far, always seeking to fill gaps and be supportive, rather than duplicative.

At the 2019 Summit, attendees were brought into the early planning phase for the organization by helping create an updated list of challenges and opportunities to make a difference in rural health. Together, they generated a list of over 150 individual ideas over several broad categories. Some of the top categories included looking at deeper community involvement in health improvement; increased education efforts for health care workers; a special rural focus on mental and behavioral health, including substance abuse; and building up of rural infrastructure to support more care options, including telehealth solutions.

Top Categories

- ▢ **looking at deeper community involvement in health improvement**
- ▢ **increased education efforts for health care workers**
- ▢ **a special rural focus on mental and behavioral health**
- ▢ **building up of rural infrastructure to support more care options**



Summit members were also asked to create a list of contacts and subject matter experts they could connect the COMMITtee to as they plan and develop the standalone organization. This included suggestions of organizations to keep informed, as well as individuals who should be part of the eventual transition team to help the COMMITtee evolve from a planning committee to a non-profit board.

This master list of suggestions is being worked on by the COMMITtee with a goal to select 10-15 people to add to their ranks as they move forward.

As the COMMITtee and transition team work together, they will give shape to the collaborative organization and answer some lingering questions raised by the Summit members. Forming bylaws, selecting the first staff members, recruiting a board, and deciding whether or not to become a branch of the National Rural Health Association will be the responsibility of the COMMITtee and transition team. Those meetings have started and will continue through the year, looking toward the next Rural Health Summit in 2020 to make some exciting announcements.

The Next Generation

A cornerstone to the efforts of the Rural Health Summits has been the inclusion of student doctors from the three medical schools operating in the state of Arkansas: Arkansas College of Osteopathic Medicine (ARCOM), New York Institute of Technology College of Osteopathic Medicine at Arkansas State University (NYITCOM@ASU), and the University of Arkansas for Medical Sciences (UAMS). Beyond the school collaborations mentioned as part of the working groups, student participation in the Summits sparked interest in those students participating in their own convening.

The first Student Summit on Rural Health brought together 31 students from all three medical schools. The students were drawn together based on their interest in rural medicine and their desire to one day serve in a rural community. Together they shared their collective thoughts and perceived challenges about going into rural health care and developed a burgeoning network of future doctors being trained in the state. The full report from their first meeting can be found [here](https://bit.ly/2MbOq4L) (bit.ly/2MbOq4L).

From that group of future physicians and specialists, we had seven volunteers to help facilitate and participate in the 2019 Summit. Those volunteers were:

- ✧ **Joseph Bennett | NYITCOM@ASU**
- ✧ **Shad Francis | NYITCOM@ASU**
- ✧ **Elizabeth Hutson | UAMS**
- ✧ **Meghan Gibson | ARCOM**
- ✧ **Tyler Knapp | NYITCOM@ASU**
- ✧ **Michael Page | ARCOM**
- ✧ **Madelyn Strickling | ARCOM**



It is because of their work scribing charts, serving as discussion leaders, and providing general support that this report, the suggestions passed on to the working groups, and the information on issues and ideal leaders created at the Summit exist. Their work capturing the thoughts and ideas over a day and a half was invaluable to the efforts of the Summit.

In addition to helping facilitate the meeting, the student volunteers also seated a panel where they shared their experiences at the Student Summit as well as their lives as student doctors. The panel also allowed them to ask questions of the varied health professionals present and to have questions asked of themselves. It is our hope that continued dialogues and connections between current medical practitioners and the next generation will help build a pipeline of expertise and a strong mentorship network.

Looking Forward

With four working groups, a Student Summit on Rural Health and a COMMITtee working toward creating a brand new organization, there is a lot of work ahead before the 2020 Rural Health Summit. Tentatively scheduled for March 5-6, 2020 at the Winthrop Rockefeller Institute, the next Summit will be a chance to see the conclusion of two years of investment by our working groups and to launch the RHS initiative into a new phase.

The COMMITtee and transition team will be hard at work to create a new organization focused on rural health collaborations in the state. Their efforts are aided by a one-year, \$100,000 grant from the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services.

If you are interested in joining any of the working group efforts or want to keep up with the progress, please visit rockefellerinstitute.org/ruralhealth. With that URL, you will be directed to the latest Rural Health Summit page and information. For any additional questions, please reach out to the working group leaders (*listed to the right*) or Payton Christenberry with the Winthrop Rockefeller Institute (pchristenberry@uawri.org).



Working Group Leaders

➤ **Anna Huff Davis | Community Health Workers**

✉ annamdavis59@yahoo.com

➤ **Ed Gilbertson | Non-emergent Transport**

✉ edward.gilbertson@metroems.org

➤ **Melanie Meyer | Medical School Consortium**

✉ meyermelaniem@uams.edu

➤ **Stephanie Williams | Student Exposure**

✉ stephanie.williams@arkansas.gov

Attendee List

Cemeka Agugbuem Smith

Arkansas FAITH Network
cagugbuemsmith@gmail.com

Bubba Arnold

CHI St Vincent Morrilton
learnold@stvincenthealth.com

H. Marks Attwood

UAMS Regional Programs
mdattwood05@gmail.com

Tamara Baker

Arkansas Department of Health
tamara.baker@arkansas.gov

Scott Barrilleaux

Drew Memorial Health System
sbarrilleaux@drewmemorial.org

Joseph Bennett

NYITCOM- Student
jbenne05@nyit.edu

Tina Benton

UAMS Digital Health Institute
bentontinal@uams.edu

Lindy Bollen

Arkansas Department of Health
lindy.bollen@arkansas.gov

Mellie Bridewell

Arkansas Rural Health Partnership
mbbridewell@uams.edu

Keneshia Bryant-Moore

UAMS
kjbryant@uams.edu

Chrissy Chatham

Delta Dental of Arkansas
Foundation
cchatham@deltadentalar.com

Cassie Cochran

Arkansas Department of Health
cassie.cochran@arkansas.gov

Naomi Cottoms

Tri County Rural Health Network
ncottoms@aol.com

Mark C. Deal

UAMS South Central Regional
Campus, Pine Bluff, AR
mdeal@uams.edu

Alan Faulkner

UAMS
akfaulkner@uams.edu

Shady Francis

NYITCOM- Student
sfranc14@nyit.edu

Daphne Gaulden

AFMC
daphne.gaulden@afmc.org

Meghan Gibson

ARCOM
mgibson@arcomedu.org

Ed Gilbertson

Metropolitan EMS
edward.gilbertson@metroems.org

Phillip Gilmore

Ashley County Medical Center
phillip.gilmore@acmconline.org

Becky Hall

UAMS East Regional
hallbeckyg@uams.edu

Ray Hanley

AFMC
purchasing@afmc.org

Lynn Hawkins

Arkansas Rural Health Partnership
lynnhawkins@arruralhealth.org

Michael Heald

Bespoke Media Group, LLC
mheald@bespokemg.com

Danny Heidelberg

ARDOT
daniel.heidelberg@ardot.gov

Tammy Henson

Arkansas Rural Practice Program
tahenson@uams.edu

Robin Howell

Regional Programs
abboone@uams.edu

Anna Huff Davis

Arkansas Community Health
Worker Association
huffannam@uams.edu

Elizabeth Hutson

UAMS
earlinehutson@gmail.com

Mark Jansen

UAMS Regional Programs
mtjansen@uams.edu

Jeremy Jeffery

Jefferson Regional Medical Center
jefferyj@jrmc.org

Sherry Johnson

Arkansas Department of Health
sherry.johnson@arkansas.gov

Robert King

VHA
robert.king16@va.gov

Tyler Knapp

NYITCOM- Student
tknapp@nyit.edu

ShaRhonda Love

Arkansas Minority
Health Commission
sharhonda.love@arkansas.gov

Curtis Lowery

UAMS
lowerycurtis@uams.edu

Renee Mallory
Arkansas Department of Health
renee.mallory@arkansas.gov

Amber Marshall
Regional Programs
abboone@uams.edu

Michael Mayfield
Chicot Memorial Medical Center
mayfieldb@chicotmemorial.com

Crystal McCray-Lewis
Regional Programs
abboone@uams.edu

Connie Melton
Arkansas Department of Health
connie.melton@arkansas.gov

Melanie Meyer
UAMS
melanie@uams.edu

Joey Miller
ARcare
joey.miller@arcare.net

Miranda Morris
Arkansas Center for
Health Improvement
sylvia@achi.net

Dina Newman
Area Agency on Aging of
Western Arkansas
dnewman@agingwest.org

Patrick O'Sullivan
Blue & You Foundation for
a Healthier Arkansas
posullivan@arkbluecross.com

Tracy Owens
NYIT College of Osteopathic
Medicine at ASTATE
miyah.washington@nyit.edu

Michael Page
Arkansas College of
Osteopathic Medicine
mpage@arcomedu.org

Billie Reed
North Arkansas Partnership
for Health Education, Inc.
billie.reed@northark.edu

Robin Reed, MD
UAMS
rreed@uams.edu

Andrea Ridgway
Arkansas Department of Health
andrea.ridgway@arkansas.gov

Christy Sellers
Arkansas Department of Health
christy.sellers@arkansas.gov

Michelle Sharp
AFMC
msharp@afmc.org

Wanda Shull
Veterans Health Care
System of the Ozarks
wandashull@yahoo.com

Dianne Skaggs
Mental Health Council of AR
dskaggs@mhca.org

Janet Stallings
NYIT College of Osteopathic
Medicine at Arkansas
State University
janet.stallings@nyit.edu

Kate Stewart
UAMS
stewartmaryk@uams.edu

Madelyn Strickling
ARCOM - Arkansas College
of Osteopathic Medicine
mstrickling@arcomedu.org

Matthew Stripling
American Heart Association
matthew.stripling@heart.org

Lydia Trauth, M.D.
CHI St Vincent Morrilton
lydiatrauth@gmail.com

Nikki Wallace
Arkansas Hospital Association
nwallace@arkhospitals.org

Cheryl Watson
Arkansas School Nurses
association
cwatson@bentonschools.org

Stephanie Williams
Arkansas Department of Health
rachel.ashe@arkansas.gov

Addie Wilson
University of Arkansas
Cooperative Extension Service
awilson@uaex.edu

Rural Arkansas Needs You

Gov. Winthrop Rockefeller believed access to health care was a vital component to increasing the quality of life in Arkansas. It is in that spirit that we present this report and solicit your input and assistance in increasing rural Arkansans access to care. The Winthrop Rockefeller Institute perpetuates the legacy of Gov. Rockefeller by engaging citizens in the “Rockefeller Ethic.” The Rockefeller Ethic is a worldview that believes valuing diversity of opinion, practicing collaborative problem solving and engaging in respectful dialogue combine to create positive change and leave lasting impact. We hope you’ll help us continue that effort for rural health.

The Winthrop Rockefeller Institute thanks the Blue & You Foundation for their support in printing and distributing this report.

Reach Out

Petit Jean Mountain
1 Rockefeller Drive
Morrilton, AR 72110

501-727-5455 // rockefellerinstitute.org

Be Social

 [rockefeller.institute](https://www.facebook.com/rockefeller.institute)

 [rockefellerinstitute](https://www.instagram.com/rockefellerinstitute)

 [rockefeller](https://twitter.com/rockefeller)

