

National Center for Frontier Communities

**Frontier and Rural Expert Panel
Annual Meeting
Westin Grand, Washington, D.C.
May 31, 2007**

**Meeting Summary
Meeting the Challenge: Creating Frontier Wellness Programs
that Overcome Social and Geographic Disparities**



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EXECUTIVE SUMMARY

2007 Annual Meeting Frontier and Rural Expert Panel

The Frontier and Rural Expert Panel, advisory committee to the National Center for Frontier Communities, held its 2007 annual meeting on May 31st in Washington, D.C. The topic of the meeting was *Meeting the Challenge: Creating Frontier Wellness Programs that Overcome Social and Geographic Disparities*. The goal of the topic is to move the discussion of wellness beyond individual choices to look at demographic and geographic factors that make individual and community wellness opportunities difficult. The format consisted of presentations by leading experts followed by a group discussion.

The meeting opened with remarks by Marcia Brand, PhD, Director of the Office of Rural Health Policy and Associate Administrator for Health Professions, Health Resources and Services Administration (HRSA), Department of Health and Human Services. Dr. Brand introduced wellness as "the active lifelong process of becoming aware of choices and making decisions toward a more balanced and fulfilling life." She noted the importance of increasing opportunities for physical activity and access to healthy foods throughout rural America. Brand shared the understanding that rural challenges are often overcome through the collaborative spirit found in rural communities.

The first presenter was Cynthia M. Duncan, PhD, Director of the Carsey Institute at the University of New Hampshire. Duncan, nationally recognized as one of the leading experts on rural poverty in the United States, provided an overview of rural demographics and cited the necessity of strong civic institutions for communities to overcome poverty. Maya Rockeymoore, PhD, Director of Leadership for Healthy Communities, a national program of the Robert Wood Johnson Foundation, was the second presenter. Rockeymoore spoke about challenges to active living in frontier communities as well as helping them recognize their natural assets.

The invited Discussants were Martin Harris, Director, Center for Sustainable Communities at the National Association of Counties (NACo) and Louis LaRose, three-term, former Chairman of the Winnebago Nation, Nebraska.

Presentation Highlights

• Duncan: Fundamental Need for Strong Community Institutions

Duncan defined poverty as "the lack of adequate resources to participate in the accepted ways of society." She described three types of rural communities; those that are amenity rich and attract wealthy individuals and retirees, those that have relatively strong community institutions, and those that are chronically poor, suffer from long term under investment, low levels of education and "broken" institutions. Current data shows dramatic movement in and out of rural places with youth moving out and migrants and retirees moving in.

Duncan's research documents the importance of both "civic culture" and a middle class as the

catalysts for creating and sustaining civic institutions. Impoverished people are unable to focus beyond family to community institutions, yet without strong local institutions, communities are unable to prosper. Healthy communities require trust, participation and investment.

- **Rockeymoore: Increasing Active Living Principles in Rural Areas**

Rockeymoore described active living as the integration of physical activity into everyday life. Active living and healthy eating are the two essential components of a healthy lifestyle. The current emphasis on healthy lifestyles in the United States stems from skyrocketing rates of obesity and concern about diseases caused by obesity. One-third of children in the United States are overweight or obese. Increasing exercise and improving diet are essential to reverse this.

Changes in rural lifestyles, such as the reduction in family farming, the increase in mechanized agriculture, and a reliance on television for entertainment, have reduced the amount of physical activity by rural residents.

Environments that encourage or require activity are key to increasing the numbers of people who participate in active living on a daily basis. Some conditions found in frontier and rural areas make activity difficult - such as unsafe roads, a lack of bike paths and sidewalks. While many school districts do not provide public access to running tracks and fitness facilities, there is an increasing trend to make school facilities available to the public. Rocky Moore noted that the natural environment of many frontier areas provide wonderful opportunities for physical activity but require creative thinking to encourage their use.

Policy makers from public health, transportation, planning, and law enforcement must begin joint planning to make their communities activity friendly. Active Living professionals are finally recognizing that rural and frontier areas have different needs than urban and suburban communities, which has been their focus to date. A suggestion for bridging these gaps was the creation of community wellness commissions to examine and propose opportunities for health and fitness programs, as well as implementing policies for acquiring and maintaining open space. Rocky Moore commented on the need for policies to also promote healthier food options, including sustainable family based agriculture, funding the farm-to-school program and encouraging healthy food at schools.

Discussion: Addressing Challenges to Wellness

Discussants pointed to current efforts to address some of the challenges identified. The Center for Sustainable Communities at the NACo works with communities to understand rural challenges and highlight their assets. Harris urges policy makers to work with institutions that people are already engaged with; such as workplaces, schools, churches, health care providers, and shopping centers. It is also important to create a variety of physical activities and understand that not everyone plays sports. LaRose spoke of working with communities from a position of understanding their values. He reiterated Rocky Moore 's comments about nature as a gymnasium and urged that policy makers listen to children and youth, who naturally think “outside the box.”

Participants shared information about successful programs in frontier communities. For example, in Alaska the loss of traditional diet and reduction in physical activity has had a huge

effect on health. The community of Sitka recently held a health summit and set the goal of becoming certified as a "wellness community" by Wellness Councils of America.

Panelists recommend that public use activities be incorporated in all new school planning. The group recognized frontier issues such as the higher unit cost of providing services to small populations, but stressed that these should be balanced by the fact that frontier areas provide vital services for the rest of the nation, such as food and natural resources.

NCFC Poverty Study

Research Director, Jill Sherman, and Executive Director, Carol Miller, have been analyzing several different measures and risk factors for poverty. Sherman led a discussion with the Frontier and Rural Expert Panel on this analysis and also presented a number of maps illustrating how the various poverty measures impact frontier areas. Interestingly – and sadly - frontier residence is a significant risk factor for poverty, no matter which measure was used. The poverty paper will be finalized in the summer of 2007 and posted online at www.frontierus.org.

This meeting served as a planning and feedback session for a paper to be prepared for the Office of Rural Health Policy on *Meeting the Challenge: Creating Frontier Wellness Programs that Overcome Social and Geographic Disparities*. It is anticipated that this paper will be available by the end of 2007.

Meeting the Challenge: Creating Frontier Wellness Programs that Overcome Social and Geographic Disparities

Background

In 2004 the Federal Office of Rural Health Policy (ORHP) solicited proposals for a Frontier Rural Health Care Information Project and the National Center for Frontier Communities (NCFC) was the successful bidder. Among the tasks in the contract was the establishment of a frontier and rural leadership group to meet annually to provide policy guidance to the National Center for Frontier Communities. The Frontier and Rural Expert Panel was established in 2005 and has held three annual meetings. A list of panel members is included as Attachment A. Established in 2005, the Frontier and Rural Expert Panel consists of seven experts in the field committed to providing guidance to the National Center for Frontier Communities as the organization addresses frontier and rural health issues for ORHP. Panel members possess diverse expertise in frontier and rural health care and represent an array of geographical areas. The first annual meeting of the Frontier and Expert Panel took place in Santa Fe on April 14, 2005, the second meeting was in Tucson, Arizona on March 8 - 9, 2006 and the third meeting was in Washington, D.C. on May 31, 2007.

2007 Annual Meeting - Attendees May 31, 2007		
Frontier and Rural Expert Panel Members		Members absent
Martin Bernstein, Maine		Peter Beeson, Nebraska
Patricia Carr, Alaska		Rebecca Slifkin, North Carolina
Gar Elison, Utah		
Caroline Ford, Nevada		
Leadership Participants		
Marcia Brand, PhD, Director, Office of Rural Health Policy and Associate Administrator for Health Professions, HRSA		
Mark Gorman, Alaska		
Cynthia M. Duncan – Presenter		
Maya Rockey Moore - Presenter		
Martin Harris – Discussant		
Louis LaRose - Discussant		
NCFC Staff and Consultants		
Carol Miller, Executive Director		
Jill Sherman, Research Director		
Karen Sweeney, Administrative Director		
Betty King, Meeting Planner and Board Secretary		

Two national experts were invited to speak; Cynthia "Mil" Duncan, PhD, Director of the Carsey Institute at the University of New Hampshire and Maya Rockey Moore, PhD, Director of

Leadership for Health Communities and two additional experts were invited to participate as discussants. Invited discussants with expertise on wellness programs were Martin Harris, Director, National Association of Counties' Center for Sustainable Communities and Louis LaRose, former Chairman of the Winnebago Tribe of Nebraska and board member of the National Center for Frontier Communities. The discussants shared their comments and impressions after both Duncan and Rockeymoore's presentations.

Contact information for the Expert Panel members and attendees is found in Attachment A and the Agenda of the Meeting is Attachment B.

Introductions

Gar Elison, NCFC Board President and Carol Miller, Executive Director, welcomed the Panel members and invited participants to the meeting.

Each participant gave an introduction:

- Mark Gorman, Vice President for Community Health Services, South East Alaska Regional Health Consortium (SEARHC), a large tribal health care system, described both wellness efforts within SEARHC and in the community of Sitka.
- Marty Bernstein, CEO of the Northern Maine Medical Center in Fort Kent, Maine noted that his hospital is very involved with wellness and has a corporate wellness program.
- Pat Carr, Director of the Alaska Office of Rural Health and Director, Health Planning and Systems Development Unit, explained that blending of wellness activities with medical care has been a long-standing interest of hers. She oversees a number of Health Resources and Services Administration programs including the State Office of Rural Health, Medicare Rural Hospital Flexibility Program (Flex) as well as community based planning activities. For example, a comprehensive integrated mental health plan in Alaska focuses on the risks and lifestyle issues that leave its populations very vulnerable. Suicide and violence are significant issues in Alaska. Carr had recommended that Mark Gorman attend this meeting because tribal corporations in Alaska have a broader mission in terms of wellness and health promotion and seem to write wellness into their strategic planning more than most other community or state based programs. Alaska often looks to the tribal corporations for leadership in this area.
- Gar Elison announced that he had retired after nearly 40 years of working on rural and frontier issues. Elison worked with clinics and hospitals in the Western states as well as with refugee relocation programs and minority health issues in Utah.
- Carol Miller noted that working with frontier is a commitment to the smallest and most isolated communities. She lives in a frontier community in New Mexico and has been managing a demonstration of a new kind of wellness and outreach program through a Rural Health Outreach grant - a freestanding social services center. Miller approaches this work through both a national policy focus and on the ground community organizing and noted that the community work is more difficult.

- Betty King has had a long career in public health including Director of the Cochise County Health Department, Assistant Executive Director of the National Rural Health Association, and the University of Arizona Rural Health Office. King, Secretary of the NCFC Board, assisted with the meeting planning.
- Karen Sweeney works in the Santa Fe National Center for Frontier Communities and has lived in frontier communities in several of the Rocky Mountain states.
- Marcia Brand directs the Federal Office of Rural Health Policy and is Associate Administrator for Health Professions. The Office of Rural Health Policy supports programs to increase access to health services for rural and frontier communities and strengthen their infrastructure. The Office provides counsel to the Secretary and Congress on issues related to rural health. The Office makes about \$168 million worth of program funds available to states and communities. Some of these grants support chronic disease and wellness programs.
- Caroline Ford directs the Center for Education and Health Services Outreach at the University of Nevada Reno School of Medicine. The Center operates twenty-five different programs including the State Office of Rural Health and the Area Health Education Center. About 89,000 of Nevada's 110,000 square miles are frontier. Her office is working to start a rural training track in a frontier community, which includes an inter-professional track and a community environmental and occupational health component. The community of Fallon, Nevada, has a significant cancer cluster in its children, which appears caused by jet fuel from an air base that is leaching into the water system.
- Mil Duncan is the Director of the Carsey Institute at the University of New Hampshire. The Center does research on families and communities in New England and also nationally on rural issues.
- Louis LaRose is from Winnebago, Nebraska. LaRose grew up in frontier communities and has worked with his tribe on numerous issues including special diabetes programs. Recognizing diabetes as an epidemic among the Winnebagos, since the 1990's he has been working to use traditional ways to combat this and other diseases. These have become the foundation for tribal wellness programs today. Frontier is really about helping each other survive by sharing.
- Maya Rockeymoore, PhD. is CEO of Global Policy Solutions and directs Leadership for Healthy Communities, a project of the Robert Wood Johnson Foundation.

King reviewed the background materials available at the meeting as well as those in the pre-meeting packet. These are only a sampling of information available on wellness issues. They included Web resources and descriptions of model wellness programs. She also summarized the articles that were included with the background materials. One illustrated how food stamps do not provide enough funds for healthy eating. Another article talked about research about "food deserts," places without access to healthy food. The final article discussed how past Farm Bills

affect healthy eating and noted that the Farm Bill is scheduled for reauthorization in September 2007. These materials are listed in Attachments C and D.

Opening Remarks - Marcia Brand

Miller introduced Marcia Brand, stating that she embodies wellness role modeling and makes it a high priority. The numbers of outreach grants going to fund innovative community wellness programs are directly attributable to the interests that Dr. Brand brings to the Office of Rural Health Policy. Miller invited Dr. Brand to share some ideas and guidance for the meeting with the Expert Panel.

Dr. Brand complimented the meeting format. Often at meetings, presentations are made and one reflects on the information independently. In this venue there is an opportunity to with talk about the presentations and their meaning. She welcomed participation by representatives from the Carsey Institute, the Robert Wood Johnson Foundation and the National Association of Counties.

Dr. Brand highlighted one definition of wellness, “Wellness is an active lifelong process of becoming aware of choices and making decisions toward a more balanced and fulfilling life.” She expressed concern that wellness may be one of those things out of reach for rural communities. Is wellness an activity to drive to? Another concern from the Federal perspective is how to make services sustainable when there are such low numbers of participants, recognizing this as a challenge.

A number of well known facts about rural people clearly illustrate the challenges. Rural people have higher rates of preventable diseases. Rural residents participate more aggressively in risky behavior. Rural people have poorer food selection, often because of fewer choices. Rural people exercise less. Rural residents watch more television because that is what is done for entertainment. Rural students have less physical education in schools, and the infrastructure is not there. It will take a concerted effort to address these challenges.

Last year the Office of Rural Health Policy worked on a project on women's health with the Office of the Secretary of the Department of Health and Human Services to produce a calendar on wellness for rural women. Initial suggestions for rural and frontier women included suggestions to join the YMCA or develop a walking program, but these options were either unavailable or not realistic. Often rural roads are two cars wide with no room to walk with a partner. It requires a more thoughtful approach to the kinds of wellness activities that work in rural areas. Another set of recommendations said to set aside time for exercise and stretching in the workplace. For small mom-and-pop places that exist in a lot of our rural communities, the opportunities for setting aside time for stretching and going for a walk are just not there. We need to be thinking about models that work for rural communities.

Rural America has three things going for it. First, everyone agrees that wellness is important and that we need to engage in wellness because of the incidence of illness in the populations that live in rural communities. Second, there is an opportunity in the Farm Bill to improve access to high quality food. The third thing is personal relationships. When people live in a small community

they care for each other, because there are few people there. It is particularly endearing about rural communities that people are nice to each other because they see these people tomorrow.

If we are going to see them tomorrow, we want them to be healthy. There is a collaborative spirit in a small rural community that is different from urban areas. Brand was pleased that the National Center for Frontier Communities decided this was an important issue to study. Office of Rural Health Policy supports about sixty to seventy wellness projects, some in larger communities and others in smaller communities. A large number of these address diabetes management.

Presentation One – Cynthia M. Duncan

"Rural America at a New Crossroads: The Importance of Strong Community Institutions"

At the conclusion of Dr. Brand's remarks, King reviewed the meeting format, a presentation followed by discussants' reactions followed by clarifying questions. The general discussion would follow the two presentations and discussants' comments. King then introduced the first presenter, Cynthia M. Duncan, PhD.

Duncan is the founding Director of the Carsey Institute at the University of New Hampshire. The Institute supports interdisciplinary policy research covering areas such as children, youth and families in rural communities. (NOTE: The Powerpoint accompanying this presentation is Attachment E.)

Demographics of Rural America

Dr. Duncan stated that she would begin by presenting demographics documenting the ways rural America is changing right now and then tie those changes to the importance of community institutions. Strong health and other institutions in rural communities are key.

Today 50 million people are living in rural America, which is 17 percent of the population on 80 percent of the land. Rural America is changing in fundamental ways. Duncan used maps to show the constancy of rural America as urban populations have increased. To frame the changes that are facing rural America, Dr. Duncan described three kinds of rural America.

- First, there are amenity rich areas. These are growing quickly as baby boomers get ready to retire; three out of five baby boomers say they want to live in a small town. A number of footloose professionals are choosing places that are amenity rich, and those are the places that are showing a gain in population in recent years.
- There are also a large number of communities that have relatively healthy strong community institutions such as schools. They have good strong social capital and civic infrastructure but even these have seen changes in their economy with significant outmigration.
- There are chronically poor communities where the challenges are enormous. These are mostly places with a majority of people of color with the exception of Appalachia and the

Ozarks. These areas suffer from long-term underinvestment, a legacy of poverty and low education, and broken civic institutions that prevent positive change.

Young adults have always left rural America. Duncan showed a chart that illustrated that the “20 somethings” are the most likely to out migrate, even in the 1990’s when rural areas saw an increase in older residents. The most remote rural communities are most likely to have the biggest challenges; population loss, high rates of persistent poverty, and not only an unskilled labor force but also a high number of high school dropouts. In the global economy, this is an extreme disadvantage.

A map prepared by Calvin Beale, senior demographer with the U.S. Department of Agriculture Economic Research Service, shows the many amenity rich, recreation and retirement places. These sometimes overlap with frontier communities, but not always. These are the places that are increasing in population and face challenges of both growth and equitable development. Another map showed growth in population by different types of amenity communities including national forest.

A third map showed rural areas that despite being distressed have relatively strong institutions, such as Fort Kent, Maine. The Carsey Institute did a study that showed a disproportionate number of rural soldiers dying in Iraq and Afghanistan. Duncan hypothesized that a lot of those soldiers are coming from areas where people are patriotic, but which have few opportunities for higher education or jobs that provide upward mobility.

Globalization Impact on Rural America

Another map showed rural manufacturing counties. This is the sector that is losing jobs dramatically. Low skilled manufacturing jobs first moved to rural communities from the cities in the industrial Midwest and Northeast. Due to globalization, these jobs can be thought of as having just passed through on their way to China, India and other developing countries. What is left for these communities is high poverty.

Rural Poverty

A map illustrated communities of color where poverty has been over 20 percent for a long time. Another dramatic map revealed where over a quarter of the working population has not graduated from high school. Dropping out of school, having a child out of wedlock or as a teen are high risk factors for a future of poverty.

Rural Development

As a part of a very large study examining rural poverty, the Carsey Institute interviewed development practitioners working across rural America. Over and over, they said that the challenges and forces shaping change in their communities were loss of traditional industries, disappearance of low skilled jobs, and a traditional mindset that stays even as the traditional jobs leave. There is a lot to do to revitalize rural communities, their institutions and leadership. Often local government is set up to deal with the old traditional industries whether it is paper and pulp, manufacturing or even agriculture.

Rural America is diverse. It is remarkable that a third of the rural population increase since 2000 has been Hispanic. As the nation discusses immigration, this is a big factor.

Migration into and out of rural places is dramatic. There are population increases in amenity rich areas. There are also Hispanics moving into rural communities, providing a real potential force for development. Rural areas suffer from chronic underinvestment resulting in high poverty, low education and broken government and community institutions. These communities not only have a lack of capacity, but also experience corruption and patronage that is especially hard on low income residents.

Four New Rural Development Strategies

The development practitioners surveyed identified four new recommended strategies:

- Integrate economic development with environmental stewardship.
- Incorporate culture and heritage in development efforts. Build on the link between ties to the land and cultural traditions. Leadership on this by Native Americans, in African American communities in the Deep South and in other places has been enormous.
- Try to build on what has been holding people together; building a more inclusive civic culture. In the South and in many other places this means diversity in including people that for a long time were excluded. It also means bringing in more young people. A lot of people say that the “old folks” do not allow room for new voices.
- Become active in policy development. People who saw themselves as just business developers now recognize the importance of paying attention to policies that are affecting them. S-CHIP (State Children's Health Insurance Program) is a prime example of a policy making a difference for rural children.

Community Institutions and a Rural Middle Class

Community institutions are important whether an area is amenity rich, resource dependent or chronically poor. Poverty research can help understanding of these issues. Poverty researchers have looked at how the workings of a community influence the ability of people to get out of poverty.

Poverty is the lack of adequate resources to participate in the accepted ways of society. “Participate” is key. Katrina lifted the roof off the poverty in the Ninth Ward. For communities in the Mississippi Delta or Appalachia, it is not that people are blamed for their poverty or that they have a culture that is apathetic. It is that they do not have the resources to participate. There are whole communities where nobody is participating so there is not the vibrancy necessary to build a community.

Poor places often lack a middle class. It can be a blue-collar middle class, but if there is no middle class at all then people lack the resources to participate in the economy, to participate in the 4-H, or to participate in the school and other programs. Few people in poor places have the skills or resources to hold institutions accountable, whether it is local government or employers. Those institutions then become a source of patronage rather than a source of opportunity for young people.

The concept of collective efficacy is powerful. It is very much like civic culture. Urban researchers who study crime say that it is not so much many poor people concentrated together but it is lack of low and moderate income people who have the resources to take collective action for the common good. There is no trust of one another.

Duncan talked briefly about research presented in her book about rural poverty, *Worlds Apart: Why Poverty Persists in Rural America*. Dr. Duncan's work was in the Mississippi Delta, Appalachian coalfields and the northern New England paper mill area.

Civic Culture

Duncan calls her concept, "civic culture." It has three elements. It is culture. Just as individuals know what to do in their society, culture for a community is about how things are done in a community and to what extent people trust one another. To what extent do people from all walks of life participate in decision-making and to what extent do people invest in the community, not just in their family. In the coalfields, poor communities tend to have just two classes, the haves and the have-nots. Even people who were middle income allied themselves with the elite and the people doing well. Those who are doing poorly are dismissed and set aside. In Appalachia, they talk a lot about how family name matters. If you hear someone's last name, before you even met him or her, you have an idea whether he or she is a good person or as sorry as can be. These are small communities where everybody knows everybody. Someone knows that if they are from the wrong side of the tracks or have a family where the daddy never did anything, they have more to overcome.

Strong community institutions are needed. There are places in Appalachia where segregation is not by race but by county seat. Towns have different school systems. One low income parent said to me that low income families emphasize sports, and higher income families are more interested in academic, country club type things. This was a telling comment. In these poor coalfield communities when families and churches are separated by social class, the poor are among people who have limited resources. They are not benefiting from the investment role that the middle class can play. A minister summed it up by saying that he sees people very concerned about their own families, doing anything for their families, but not beyond the family. That is a real problem for a community.

People would say that poverty persisted in Appalachia because of coal exploitation, and poverty persisted in the Delta and the Deep South because of racism. Both of those are true historically, but there are also similarities in both places having only two classes. There was not a middle-class that would build common institutions that are crucial, whether building better schools or wellness efforts. The haves and have-nots in the Delta are just like those in Appalachia. Shopkeepers and people would say there are only us. Middle class black leaders in interviews say their middle-class is those who left. There are black leaders now returning in many cases and they are a real force for this change in community investment.

Dr. Duncan stated that although this research was done a decade ago, things have not changed that much. There are still deep divisions. A white woman who works in a restaurant even now talked about a black plantation worker as "a boy." A lot of really strong African-American leaders in these rural communities, who at one time were putting their life on the line, now are

putting their children's jobs on the line trying to bring about change. They would talk about how long it takes to change when people are used to the old way of doing things. In contrast, in the northern mill towns the paper mill worked as an industry that needed educated workers and invested in the community and the workers. There was not the fear that if workers had the opportunity to participate in community life they would form a union and make problems for the industry. There was not the same sense in a mill community of the haves and have-nots or the importance of a family name. There was middle-class trust, participation and investment in the community. Without that, people look out for their own families and institutions; they are not really interested in working for the public good. Work on wellness issues will be most effective in places where there is an investment in collective institutions.

Duncan discussed what this means for the different types of communities. Frontier communities probably fit in all three categories. Amenity rich communities have the opportunities to combine stewardship of those natural resources (the amenity) with the development of cultural and historical heritage. The challenges are ensuring that as newcomers arrive they invest in collective institutions that benefit the whole community, not just long-term residents but also new foreign-born residents. Rural gated communities will end up creating two rural Americas living in one community. Newcomers need to be engaged. Lessons can be gained from what urban areas have learned about livable wages and affordable housing; policies that ensure that people working in low skilled jobs can make a living.

In declining resource-dependent and low-wage manufacturing areas, strong human capital is an advantage. The challenge is identifying new economic opportunities and niches that can be attractive to young adults and other working age adults and their families. There may be new opportunities in rural America with the increased interest in regional energy and locally grown healthy food. Food security issues are going to become bigger and these communities could capitalize on that.

New Homestead Act of 2007

The New Homestead Act (S. 1093, 110th Congress) is unlikely to be passed but raises interesting issues. It would support people with assets for home buying, education or business start up in places that are losing population, in the same analogous way to the old Homestead Act. Some places that are seeing declines right now can easily revitalize. The legislation would offer incentives for investment. Again, community institution investment is huge. Chronically poor communities face enormous challenges and have been victimized by underinvestment, whether they are urban or rural.

Education

A rural education underinvestment does not just affect poorly educated working age adults; schools that are broken condemn children to a lifetime of limited opportunities.

There is a consensus that early childhood education works. Study after study shows that the most important way to impact problems like dropping out, teen births and out of wedlock births is participation in strong early education programs. A commitment to early childhood education in remote rural communities can make a huge difference. Youth development is important. One of the key things that happens in urban and rural poor places is that young people are isolated and

limited in their ideas of what they can become. National Service and opportunities to be involved in such programs can make a big difference. Radically addressing the problem of workforce training and work support is needed. There is good research that shows that can make a difference.

Some communities have great environmental stewardship. But in many poor places like West Virginia and Kentucky, there are enormous environmental problems. Over and over again, it is proven that good stewardship of natural resources brings benefits to all rural communities.

Conclusion

Duncan concluded by emphasizing the importance of community institutions for people and places and the definition of poverty as lack of participation or the inability to participate. The development economist, Albert Hirsch, talks about when people are stuck in a place that is stagnant, undeveloped or full of problems they have three choices: exit, loyalty, or voice.

- Exit means those who can get up and leave. Often that is the only alternative to take care of one's children or family. Certainly, that was the case for many in the rural South, especially African-Americans.
- Loyalty means going on with the status quo, the safe thing to do. Loyalty is kind of an odd word, but it means loyalty to what one has. For many it is hard to make change, and it is oftentimes dangerous to speak out and say what is not fair. Duncan sees a lot of that in Appalachia and the Delta.
- Voice is about the kind of work that those present are trying to do. It is about participation and about being politically active. It is about standing up, not alone, but together, and saying, "We can make a difference here." That kind of voice, participation and investment at the community level needs to be facilitated at the Federal level so that communities have the outside resources that they need to build a better community.

Discussion

Elison asked if Duncan had done any research that suggests what the timeline is from starting an intervention until seeing some outcomes.

Duncan replied that it depends on the dimension being looked at. For example in a poor place where immigration occurs, is there a deliberate effort to make those newcomers welcome. With the gentrification and good policies that you find in urban places, community institutions start to work better within a five to ten year period. There is not good research on communitywide change, but there is good research on early childhood education benefits. Long-term research shows that investments in language development, and opportunities to help young children learn and expand at that crucial stage, have an immediate effect. Investment in education is a cost-benefit pure and simple compared to paying for those children's bad outcomes when they might drop out, get in trouble with the law, or go on welfare. There is not good research that shows how long it takes to have an effect after an intervention.

Gorman asked if there are exceptions to his observation that unless there is meaningful economic development, there is a limited ability for health promotion and wellness programs to move

forward. He noted decay in the civic institutions in small villages in Alaska that does not seem likely to turn around.

Dr. Duncan stated that the middle class is important. The middle class is a stable economic sector. Native American groups have shown the power of looking to culture and heritage as a way not only to instill a sense of hope but also actual economic activity.

Rural communities, especially frontier communities, have to recognize that the old rural is gone. Rural is not going to be a booming mill town, coalfield or farming community in the future. One can not have community independent of economic activity. That said, one can have public activity. A small community college in a remote place can be a source of vitality, not only in attracting footloose professionals but also being a place where there is energy and people come together. It is not entirely economic and it is certainly not entirely a private sector engine.

Bernstein noted that in northern Maine, the Franco-American population has a deep sense of pride in their institutions: their churches, their schools and, of course, their hospital. The per capita income is quite low but the reason they have that sense of pride lies in institutions. There is a lot of extended family, and people respect and want to be part of a small college or small hospital. Pride in an institution is very important.

Dr. Duncan noted that the community she studied in the Northeast had a rich ethnically diverse history where there had been a lot of institutions. There was the Italian Catholic church and the French-Canadian Catholic church, but then as the population declined there was only one Catholic Church. There is the ability to come together and share pride in that one church. Community conversion foundations that are focused on health end up being an enormous resource in some of these communities and, to the extent that they are investing in exactly the institutions we are talking about, become a force for building a whole community fabric. That is not just about the hospital; the hospital becomes a community resource.

Miller described living in a high corruption community where, because of a lack of civic culture, there is very little role modeling for good civic behavior. People come in as reformers but they do not have good models of what that reform should look like. Miller noted that in most surveys over 80 percent of people call themselves middle class when asked. Miller wondered how community leaders or others respond to the information that you need a middle class when most people think they are in the middle class.

Dr. Duncan was surprised to learn that in the poor communities she studied in Appalachia and the Delta there was awareness that there were just two groups. The lack of the middle class was a serious problem. She agreed that people mostly think of themselves as middle class, but she uses the term as an analytical frame for understanding what makes a community strong. During the war on poverty, health clinics played the role of creating a new institution where people could behave differently, where low income people on the board learned to participate. During her work for 12 years in Appalachia, people often described a turn around opportunity was to be on a board, to be welcomed and not shamed no matter what your family name was. When trying to do school reform in Appalachia, people said they do not get involved in schools because that is politics and it is dirty. This was the middle class ceding that to the factions and the patronage

system. There were people who were supporters of the local public television station or the public radio or trying to make a change in Rotary.

Dr. Duncan and others created a new organization called, “Forward in the Fifth,” in the fifth Congressional District of Kentucky. The goal is to have a new strong institution that did not rely on the old *Patron* model. New organizations like this may be relevant for rural health. For example where the institutions can be a new venue, like the hospital in Fort Kent; where people can flex their participation muscles, bring new people in and establish new habits of civic involvement. Rural communities have habits like other communities but where everybody knows everybody, it is harder to break those habits. Since an institution is basically a relationship, new relationships can form. It is hard to start new institutions and it is generally better to reform old organizations if possible, but it is possible to create new ways of doing things.

Miller noted that ORHP Rural Health Outreach grants require communities to have coalitions to apply and receive the grants. This requirement has the potential to bring communities together, reduce antagonism, and form new, helpful institutions.

Duncan described how, in the northern New England community she studied, newcomers did not like some aspects of the hospital and the hospital was not doing any outreach. The newcomers started an alternative institution, a clinic that modeled a different way of providing healthcare. The new organization did a lot of outreach and worked with families. Over time, the hospital adopted that way of operating, partly out of self-preservation but partly because people "got religion" about the new model. There are different models of ways institutional priorities can change. One voice becomes a collection of voices saying, “This is how we are going to do things here,” or “We are going to do things together.” One person saying that children are getting cancer from jet fuel is just going to be dismissed, but a group of people saying it becomes a powerful source of change.

Discussant Observations

- Martin Harris, National Association of Counties

Martin Harris is the Director of the Center for Sustainable Communities at the National Association of Counties (NACo), the national organization representing about 85 percent of U.S. County governments. Of 3,066 County governments, NACo membership includes 2,400. About two out of three of all the Counties in the country may be classified as rural. Five to six hundred of Counties are metropolitan but historically they been classified as rural. NACo is the strongest voice for rural counties.

A Rural Action Caucus was formed inside NACo about seven years ago to create a place where approximately one thousand rural counties come together around rural issues. NACo does lobbying, programs and technical assistance to help Counties do their jobs. The NACo Center works on a number of issues that were brought up in the presentation. For the last three to four years, the Center has been working on a sustainable business development initiative. The entire purpose of the initiative is to work with rural counties in what are known as secondary and tertiary markets, in the business vernacular, to understand what their potential assets are in a very

competitive business world. This would be both the communities that have the amenities Dr. Duncan mentioned and also those that are distressed and without amenities.

Globalization

Harris noted that globalization is having a particularly devastating effect on rural communities that have a manufacturing sector. There are a lot of these struggling communities. A lot of smaller counties that no longer have either manufacturing, farming or agricultural type work still see themselves the way they were five to seven years ago, and from a cultural standpoint they still hold onto a lot of the cultural ideas that go along with that sort of self perception. Some communities have begun to move toward tourism. Many communities are starting to recognize they are no longer agricultural and they are struggling with attracting manufacturing and other businesses.

Community Assets

What are a community's true assets? Center staff is working with communities to understand how to position the attributes they do have in terms of community culture, in terms of a slower pace, and in terms of educational tools. NACo plans to release a book about this work in about six weeks. Harris was struck by quotes throughout Dr. Duncan's presentation of different ethnic and cultural perceptions that really do underlie how a community does or does not grow.

Harris stated that the fascination or over reliance on things like sports for minorities and poor communities versus education also occurs in urban communities. Increasing immigration will have significant ramifications in terms of how these communities see themselves and also how minority communities see themselves.

People think of themselves as middle class because they compare themselves to the person who is next to them or the community that they see. The idea of comparing themselves beyond their borders and being open to the potential to go to other areas is something that is really hard for a lot of small and rural isolated communities. This underlies a lot of the challenges.

• Louis LaRose, Winnebago Nation

LaRose commented that successful programs in the tribal community are based on tribal values. Tribal people do not want to assimilate so they can be middle class.

Some of the Native American health problems started back in the 1850s during treaty negotiations and as a result of treaties. Historically the nomadic tribes knew that if the tribes moved, Mother Nature would cleanse herself. Tribes became stationary under treaties and were given beef and pork instead of native animals. Elders said Native Americans did not have diabetes until the USDA started the food distribution program. Indian elders were seen as critical and not thankful for what the government was giving them.

More recently, the Winnebago Nation has experienced many problems trying to add buffalo to the commodity food distribution system. The USDA required that three to five percent beef or pork had go into the buffalo product which, was totally at odds with the purpose of adding buffalo to the tribal diet. Validating tribal values meant going back to an understanding of how the tribe used to cook and prepare foods.

To illustrate the importance of understanding the community you work with and helping them understand their own values, La Rose described a positive experience using traditional tribal discipline with youth. He explained that traditional tribal discipline is based on shame rather than punishment. Tribal youth were warned that misbehavior would be reported to an "uncle" or respected male. That was enough to encourage good behavior. Duncan noted that LaRose's example fit with collective efficacy or civic culture by taking responsibility for the whole group of children and reminding them that they were part of a larger entity. This is the reinstatement of the sense of collective responsibility.

Harris described forums held with African-American and Latino elected leaders on the youth obesity crisis to identify the messages that resonate in distressed communities and who youth listen to and which partners should be engaged.

Although there is a significant breakdown of family structure, church institutions are still strong and central for many communities. Churches are still respected. A lot of times even in broken families there is still a very strong tie to the church. The NACo Center began a program to bring county leaders and city leaders together with faith based institutions to collectively leverage reaching impacted communities. Sports teams are good, but they only capture a certain number of people, and children are not spending a lot of time at the library. The question is how do you touch them where they are, even if they do not necessarily want to be there? A lot of children are still going to church. The message to get out is that there is more to religious practice than getting ready for the afterlife. There is living here as well.

Presentation Two – Maya Rockeymoore "Exploring Obstacles and Opportunities for Active Living"

Dr. Maya Rockeymoore, Director of Leadership for Health Communities, began her presentation (incorporated as Attachment F) by describing her heritage as very rural. Her parents are from a very small frontier community in the Panhandle of West Texas to which she frequently returned as a child to visit her grandparents. Pollack County, Texas is a combination of both chronically poor and resource dependent. She remembers "long telephone lines, miles, miles, and miles of fences, and miles and miles and miles of roads to make it home."

Active Living

Active living is the integration of physical activity into everyday life. Active living and healthy eating are two essential components of a healthy lifestyle. The places where we live, where we learn, where we work and where we play, have a strong influence on our ability to engage in regular physical exercise and to maintain a healthy diet.

Why is active living important to health and wellness? One third of American children of adolescence are either overweight or obese. Over the past 20 years, childhood obesity rates have tripled in this country. Among adults, 47 percent were overweight in 1980, 56 percent in 1994 and 66 percent in 2004. Consider what that projection would be in 2050 without an intervention. Given the rise of obesity rates among children and adults, a lack of physical activity not only

contributes to obesity but also to related health conditions such as high blood pressure, heart disease, stroke, Type 2 diabetes, asthma and some cancers. For children born in the United States in 2000, a lifetime risk of being diagnosed with Type 2 diabetes is estimated to be 30 percent for boys and 40 percent for girls. For African-Americans or Latinos, it is a one in two chance or 50 percent, which is striking. This country is in danger of raising the first generation of children who will live shorter lives than their parents will. From a cost perspective, the estimated direct and indirect costs associated with obesity are estimated to be \$117 billion per year, and that is a conservative estimate.

How does active living make a difference? There are many benefits from daily physical activity. One can reduce the rate of risk of obesity and heart disease. One can maintain a healthy weight to prevent chronic diseases that reduce quality of life. The Surgeon General recommended that children engage in at least sixty minutes of physical or moderate activity each day and adults should get 30 minutes a day. There is a growing body of evidence that people in activity friendly environments are more likely to be physically active. Rockey Moore stated that people living in neighborhoods where they have shops and businesses within easy walking distance to their homes have a 35 percent risk of obesity. People with access to a variety of built and natural facilities were 43 per cent more likely to exercise 30 minutes on most days. Research also shows that children walk to school when the schools are located close to home and where there are sidewalks. In addition to reducing healthcare costs, active friendly environments can also spur economic growth. Open spaces such as parks and greenways stimulate economic growth by increasing property values.

What is it about the design of our communities that makes it difficult to engage in active living? Rockey Moore showed a photograph of a community where people obviously were not walking to get groceries, go to the cleaners or walking to do any of the things that need to be done on a daily basis. Even where sidewalks are connected which makes bicycling easier, it is difficult to meet everyday life needs by foot or bicycle. The way communities are constructed matters.

Land use is a major tenet of traditional active living, which is usually discussed through the lens of urbanized-suburbanized town settings, not rural settings. Active living promotes physical activity by increasing proximity to routine destinations and the accessibility of green spaces. In the urban or suburban context, disconnected and sprawling land use patterns make walking as key transit and other forms of active living very difficult. Too many land use patterns promote automobile dependency and increase the health and safety risks for those who are active.

Solutions include mixed-use development that is more supportive of active transportation and recreational parks and green spaces to make healthy levels of physical activity more attainable for people on a daily basis. In the suburban context, people talk about what should change to get more people physically active on a daily basis including street layout, block patterns, street hierarchy, and how streets feed into major arteries. Another consideration includes the width of streets and whether or not buildings and houses are facing the street, so that children playing on the street or on the sidewalks can be seen by watchful neighbors. These factors combine to create safe spaces.

Sidewalks

Do sidewalks exist? Are sidewalks connected? There are some neighborhoods where a sidewalk stands in isolation; there will be a stretch with no sidewalk and then it reappears again. That discourages active living.

Bike Paths

Availability of bike paths is important. Washington, D.C. has been building additional bike paths. Building trails that access amenities are components of traditional active living. Zoning laws in many cities and towns encourage the separation of activities. There are disconnected spaces and places that were really designed for cars, not designed to promote active living. Zoning can also be a tool to change these old patterns.

School Siting and Public Spaces

Another issue is school siting. Are schools sited where children can walk to school? Are school recreation facilities available to the public? Are parks available? What about the location and design of public buildings? Buildings are designed to engineer out active living on a daily basis by making elevators prominent and stairs difficult to locate or use. Elevators contribute to a lack of active physical exercise.

Collaboration for Active Living – Suburban Context

In the suburban context, what can policymakers do? There is a lot of talk in the active living community about getting public health, transportation, planning, and law enforcement talking. Professional silos need to be bridged, with all sectors coming together to build communities that adhere to the principles of smart growth and are integrated in all these aspects so that livable communities can promote active living and healthy lifestyles. Policymakers need to be encouraged to support school facility policies that support active living, such as making sure that facilities have indoor gym space, playing fields, and school wellness policies; improving streets, sidewalks and street crossings for safer routes to school and supporting safe pedestrian oriented transportation. Active living needs to be supported by land-use planning. Funding sources for parks, trails, incentives for employers to promote active living among their employees and their families, and developing and funding an active living policy public education campaign need to be implemented to move to active living communities.

Frontier and Rural Challenges

Does active living in the suburbanized context make sense in frontier and rural communities? When you think about what is facing frontier communities and then look at the discourse that is taking place in the active living professional arena, you understand that there is a major disconnect. Active living professionals are now beginning to understand this disconnect. The frontier and rural contexts do not fit into the traditional discussion about active living. There is a lot of rethinking and understanding that context matters.

What are the challenges in frontier communities? There are both structural factors and geographic isolation. Locations and destinations are very distant depending on where one lives. Frontier communities lack municipal infrastructure and readily accessible built environments. “Built environments” is a common term that is used in the active living dialogue. Frontier residents need automobiles to get anywhere, so that makes it difficult to walk or bike to

destinations unlike the suburban context. Mass transit is not readily available for daily living. A bus or a train that comes into town is not for daily living but rather to pass through or take riders on long trips. These are structural factors that frame this issue in a different way.

There are also cultural and economic factors. Often rural areas are dependent on the farm. Dr. Rockey Moore's parents are from a small western Texas town where cotton was king for a long time. All industry was built around cotton farming. With globalization, trade and cheap cotton exported from other areas of the world, cotton is no longer king in West Texas. The industry has declined dramatically and without that industry, the population has exited quickly. With the decline of small farms as well, families no longer engage in everyday activities that promote active living in the rural context. Going out and lifting bales of hay is no longer common. Big agribusiness relies heavily on technology, and so the whole notion of people being active in the context of farming is not necessarily the case.

Studies show that in rural communities, there is a greater reliance on television for entertainment because of the isolation. Without amenities in the nearest town, television often becomes king in the household. With activities organized around television comes the problem of being too sedentary. There is less daily exercise and often people are not following healthy eating guidelines. What happens is a perfect storm. Exercise is not happening because everything is too far away, and obesity rates are skyrocketing in rural areas. In the rural context where people drive miles to work and where students are bused miles to school, it is necessary to offset inactivity with integrated physical activity and healthy eating opportunities at destination points.

School Based Wellness Policies

Children are required to attend school, so school wellness policies become vitally important. Mandatory physical activity in schools is a key strategy for helping children overcome the obstacles to exercise they experience because of their environments. School nutrition standards and access to fresh healthy foods can help as well. A workplace that has a significant number of employees has the ability to promote workplace wellness opportunities and incentives within their context. Entertainment that is physically oriented is also a good idea.

While frontier and rural areas may lack built environments that facilitate active living, they enjoy an abundance of open space and natural resources. Frontier communities should consider greater use of the outdoors as a way to promote active living. Everything that is available at the urban YMCA is available in the greater outdoors, nature's gymnasium so to speak. Rockey Moore showed outdoor landscapes that can provide the same benefits as treadmills, stair climbers, rock walls and Olympic pools. There are opportunities in natural open spaces to promote active recreational activities that promote physical activity.

What can policymakers do in the frontier context?

- Promote policies that preserve and maintain open spaces.
- Support policies and programs that promote the use of natural resources for sports and recreation.
- Create tax and other employer incentives to promote active living among employees and their families.

- Encourage school facilities (indoor gym space, playing fields for example) and policies that support active living such as mandatory physical education and wellness programs.
- Establish regulations that monitor the quality of school wellness policies.
- Develop policies that promote sustainable family-based agriculture.
- Establish programs that enhance food marketing and delivery opportunities for family farmers.
- Fund the farm-to-school program.
- Create a community wellness commission to examine and propose recreation for health and fitness. Understand community assets. A tire hung from a tree certainly works as a swing.

The active living community is in the process of rethinking strategies based on the unique assets found in rural communities, and policymakers and the communities should think outside the box.

Discussion

Gorman suggested that policymakers can impact school lunch programs. They can develop laws that address trans fats and place emphasis on education about eating. In Alaska, the loss of traditional diet and moving to a high-fat Western diet has had a huge impact along with the reduction in physical activity. There is a very important link there that needs to be addressed.

Rockeymoore agreed that there are two sides to the energy balance equation, healthy eating and active living. Schools have been mandated to create wellness policies that address nutritional content. Many of the schools across the country now have wellness policies setting nutrition standards and integrating other activities that create healthier opportunities for children. There is a lot of room for policymakers to innovate around mandatory nutrition education in schools because many people do not understand how what they are eating affects their bodies.

Bernstein noted that many schools have eliminated sodas. Chocolate soy is the most popular drink in his local high school. Children and adults are starting to read labels more. If Kentucky Fried Chicken decided to change the oils they used, then somebody is getting the message about trans fats. Old railroad beds are being converted to hiking and biking trails with federal grants. Health insurance premiums are going to be determined based on factors like smoking and body mass. Adults will be financially incentivized to get their risk factors within acceptable parameters.

Rockeymoore agreed and gave the example of King County in Washington (location of Seattle), which has a program offering incentives to employees and their families that choose to have a wellness assessment. If they choose to follow a health action plan based on the assessment, they pay lower premiums and lower co-pays for their health care insurance. Companies are doing this across the country as are some state and other levels of government. This is an innovative way to provide cash incentives to people choosing to adopt healthier behaviors.

Obesity and Psychosocial Factors

Miller pointed out related articles that had been provided to participants. One article,

"Ghetto Miasma: Enough To Make You Sick?," discussed the link between obesity and diabetes, sometimes called "diabesity." There is also a relationship between obesity and depression and other kinds of mental health or psychosocial emotional concerns. The article documented the way that certain junk foods are actually designed to medicate some of the brain chemicals that are released when people are experiencing depression. The health insurance industry in its cost-benefit approach should not penalize people without understanding these complex psycho-social relationships. There is a strong relationship between body mass in women and having been sexually abused as children. Miller stressed the need for a more understanding, nurturing way of looking at obesity. Some of the risk factors are striking. Women in Miller's community talk about sexual abuse and violence in the family. They felt being big was a protective factor for them with men. It is important to be careful and pay attention to what causes some of the problems. Obesity is not just bad food and a lack of exercise, sometimes obesity has other root causes.

King asked about linking up with other organizations to promote wellness in frontier communities. Rockey Moore replied that NACo has led on the issue of rural obesity. Other organizations are coming around and certainly, the Robert Wood Johnson Foundation is thinking and rethinking how to frame active living for the rural context.

Discussant Observations

•Harris

County-Based Initiatives

Harris described a group of county officials from around the country who are taking the lead on sustainable initiatives for growth and development including health, land-use and economic development. began working with the Robert Wood Johnson Foundation about four years ago on rural obesity. The Foundation recognized that rural obesity must be addressed to make a national impact on this issue. With the guidance of County officials from Montana and Iowa, the Center put together an initiative to get out to the rural counties and learn the major challenges these communities are facing, especially including obesity.

The rural obesity initiative began about seven or eight months ago with a survey of rural county officials from about 1,000 Counties with populations below 50,000. In addition, very small communities were surveyed about youth obesity. As the populations get smaller, larger numbers of people are greater distances away from fresh food sources. Median income levels start to drop and the lack of financial resources becomes a greater factor, and there is less access to healthy food. Health care quality and access starts to decline in smaller communities.

Change in Farming Culture

The change in the farming culture has had a significant impact on health. Rural residents cited a changing diet tied to farming changes as well as mechanized agriculture changing levels of physical activity. This goes back to what Dr. Rockey Moore was saying about people spending less time on farms.

The culture has shifted away from physical activity as the primary means of recreation. Approximately 98 percent of respondents said they had easy access to open spaces and Parks and

Recreation, but more than half said their usage level is below what it should be. It is not just access to facilities, but there are underlying factors that drive people towards or away from physical activity.

Rockeymoore talked about schools being the center of the relationship between nutrition and physical activity. In another survey, county officials were asked about the most significant factors in combating youth obesity. They said that effective partnerships with schools would be one of the most significant factors - as well as their biggest challenge. Published results of the first series of forums are available from NACo . The next forums will be held in Idaho, Iowa, Mississippi and other states. There is useful information in NACo publications.

Rockeymoore mentioned that the National Conference of State Legislatures is another organization that works extensively with frontier communities.

LaRose stated that tribes often think outside the box. For example, he thought Dr. Rocky Moore's comments about nature's gymnasium were accurate. To think outside the box is to develop trails and other physical activities for children from what is available around you. LaRose has learned that children are good coming up with creative ideas "outside the box."

Miller described how changing to a salad bar in the cafeteria reduced the waste that was occurring when prepared salads were served at a local school. A new head of the cafeteria surveyed the children about what they wanted and the number one thing they wanted was a salad bar. The students also responded that they wanted bananas because they could eat them quickly. The school lunch periods are so short that sometimes they felt like they did not have enough time to chew an apple. It is interesting how perceptions change when you ask people what they want.

Vending Machines in Schools

Harris described how putting healthier food in vending machines initially reduced sales but a year later, with adjustments after getting input from the students, the revenue had actually increased.

Carr noted that there are a lot of policy issues surrounding vending machines such as who controls contracts on vending machines. There are implications for the management and oversight of food access for children.

Dr. Rocky Moore stated that changing what is available in vending machines has been part of the improved nutrition movement. Last year, President Clinton negotiated an agreement with a beverage company to stock healthy drinks in school vending machines. In Arkansas, Governor Huckabee and others came to the table with the Coca-Cola's and Pepsi's of the world to eliminate soft drinks in schools. They agreed to have water and juices with a certain juice content. She re-emphasized that even though many people thought that schools would lose their revenues if they offered healthier options in the vending machines, this was not the case. Students are still using the vending machines and buying the healthier options. This has been important for school wellness, not only for the nutritional content of the school lunch program but also vending machine policies as well.

Carr noted that in Alaska in some cases information about vending machines such as which companies owned vending machines was not released readily. There are complicated economic and political issues around the control of vending machines and the proceeds from them.

Dr. Rockeymoore observed there is an uphill battle when looking at the marketing of junk food to children at the local and national level. When there are entrenched money interests, it is hard to go against the grain to change the way that people select their food items.

WIC, Commodities and Farm Bill

Gorman asked about the Women, Infants and Children (WIC) program. Rockeymoore noted that requirements for school wellness policies were a part of the WIC reauthorization act. WIC is an important source of nutritious foods for low income people. Gorman wondered if the WIC program is contributing to obesity because commodities are usually high fat.

Dr. Rockeymoore observed that politics and entrenched interests are involved. Under the Farm Bill, there is a lot to be tackled in terms of how and what to farm and how to provide and distribute healthier food through public programs.

King pointed out that it would cost the Tucson Community Food Bank an extra \$120,000 a year to switch to healthy peanut butter. Costs could be reduced with subsidies for healthier foods.

Miller mentioned that the Navajo Health Service developed an entire cookbook that takes the primary commodity items and gives tips about making them healthier. Are people getting mixed messages about how healthy traditional diets are? Gorman suggested that a high fat diet worked in Alaska when chasing down caribou on foot, not sitting on a snowmobile. The high-energy lifestyle and high fat diet made sense then.

LaRose pointed out that the fat that comes from beef and pork is totally different from the fat that comes from bison. Although few human clinical trials have been conducted, some researchers believe, that due to its unique fatty acid profile, bison fat is actually good. Poor quality beef and pork often go into the commodity program. There are people in USDA that are concerned about the healthfulness of products, and there are other people in USDA who just want to get commodities distributed. That is a problem with USDA; the group that processes the food is not always concerned about the health of the recipients.

Bernstein suggested that it is possible to educate consumers that buying lean beef is healthier. Harris noted that lean beef is more expensive, which may make it difficult for the poor to make that healthier choice for financial reasons.

Ford wondered how the poor can afford to move into a healthy lifestyle and how the Farm Bill and other policies can make foods affordable and activities available that are going to promote healthy living. She suggested building more and better partnerships with organizations that have the needed levels of expertise.

Dr. Rockeymoore stated that the Kellogg Foundation has been a leader on nutrition issues and has made a statement on the Farm Bill. The Robert Wood Johnson Foundation and Kellogg

recently agreed to look at food systems in total. Kellogg is leading the effort to provide education and advocacy around the Farm Bill. Everything considered healthy, like fresh fruits and vegetables, are not a part of that huge subsidy system that the public always hears is attached to the Farm Bill. The subsidy is for corn and wheat; it is not for fruits and vegetables. Rethinking that process is critical.

Miller noted that things not thought of in the context of health are causing changes that are going to impact food production, such as using corn and soy for driving cars. Support for traditional food banks and other food distribution programs is just a small portion of the Farm Bill. About 80 percent of the bill is happening on the level of the global economy.

Model Programs

While working in Lesotho, Africa, Ford learned that nurse midwives were taught to grow a garden as part of their training. When they were dispatched to service in very remote and isolated areas, they immediately plant community gardens, primarily with women, because men were away in the mines working. The whole cycle of nutrition and better health included the nurse midwives helping women grow gardens. In this country, we do not teach any of that in our approach to medical education or in health care in general. Most people, even nutritionists, do not know how to grow a garden or how to help people conceptualize that this is something they could do as part of a family or neighborhood project.

King shared information about the Chiricahua Community Health Center in Elfrida, Arizona that received a Substance Abuse and Mental Health Grant, which included funding to start a four-acre community garden. A walking path that circles the garden is now a venue for exercise for everyone in the community and a local farmer's market has been started selling the produce.

Ford stated that schools could teach children about composting and recycling as part of an environmental unit and teach growing food to help understand nutrition. Both of these are ways to move forward a health agenda.

Dr. Rockey Moore shared that school gardens, farm-to-school programs, and farmers markets are all strategies that communities across the country are using to enhance nutrition options and increase access to fresh fruits and vegetables.

Parking Lot Walking Programs

Miller raised the idea of using large parking lots for walking programs. She credited Dr. Brand who suggested a Wal-Mart example whereby their parking lots have distance markers to help people track how far people are walking, calling it "WalkMart." The reality is that these large parking lots are what is available in many rural communities. Elderly persons may be more comfortable walking on an even parking lot surface than on a gravel and/or one lane road. These lots are plowed when it snows and they are well lit. It feels safe to walk alone because there is a fair amount of traffic. It is a West Virginia thing.

Schoolyard Walking Programs

Rural school districts also have places to walk. This resource should be considered when doing a community assessment. Dr. Rockey Moore agreed that a lot of schools have these facilities. They

have tracks, yet many of them keep out the public because of liability issues, rules and regulations. Some communities are addressing this by creating joint use agreements that enable members of the community to use facilities at designated times while students are not necessarily there.

King stated that by Arizona state law a public school is required to charge a fee if its property is used. Dr. Rockeymoore stated that there are models for joint use. In some states, it is about local county officials or the mayor having a talk with the high school principal or the school superintendent to make arrangements. It is not necessarily at the level of legislation.

Harris said this issue was discussed in the communities that the NACo team visited. There were detailed community-specific discussions about keeping schools open for community use. Even within their own Counties, the lines of communication and responsibility were not clear. Ultimately, Commissioners struggled with liability issues and who pays for the janitors and maintenance people who open and close the school. There are samples of good joint use agreements. Sometimes it has only taken discussions between the superintendent and the commissioner to get an agreement.

LaRose described how the Winnebagos negotiated with power companies to put nets in the power lines so eagles could land and would not be electrocuted. Similarly, it could be negotiated that Wal-Mart and other large box stores would have to provide walkways before being allowed to build on a new site.

Miller wondered if anyone had collected information on which states make schools more accessible and if there are certain regions that are more open to dual use than others. Dr. Rockeymoore replied that she did not know but would find out.

Ford described how using school facilities had been an issue in her community because of concerns about vandalism, security and janitorial costs.

Harris wondered what percentage of the voting public thinks about schools in the broader context as a community resource. One of the things that often helps with getting any sort of major policy change is political support. Politicians ought to be informed that citizens are backing this. When most folks see a proposal to increase taxes for their schools, they are thinking purely about children between the hours of when they leave the house and when they come back home, and maybe the football team. Dr. Rockeymoore cited two organizations who seek to educate the public about how to maximize the use of public resources and to redefine schools as community resources. They are the Coalition for Community Schools <http://www.communityschools.org/index.php?option=content&task=view&id=6&Itemid=27> and New Schools Better Neighborhoods <http://www.nsbns.org/about/goals.php> .

In Alaska schools are open to the community. There is a lot of multi-use for both recreational activities and community meetings. This is very different from Carr's experience in North Carolina where schools closed at three o'clock in the afternoon and nobody was on the campus after then.

Ford suggested that in high growth areas where schools are being built, such as Nevada, school planning should be a way to focus on a larger multi-use healthy living concept in the community and get away from thinking that a school building only affects a certain percentage of the population. Influencing public policy about schools is an opportunity to promote active living.

Rockey Moore noted this was a key observation. There is a movement that is looking at bridging professional silos and working together among public health, city and/or local government and school systems to make schools work for everyone. School districts are not required to plan in conjunction with cities and towns and this causes tension between city government and school systems.

Open Discussion

Miller began the afternoon discussion by stating that the good news is that a lot of the problems discussed are solvable and then asked for other people's reactions to the morning presentations.

Dr. Brand observed that addressing wellness requires cooperation from the health, education and business sectors and, to make that even more complicated, may require action at the local, state and federal levels.

Bernstein discussed the importance of incentives and described the wellness program begun by his hospital, initially for employees and their spouses but hopefully it will grow to be available to the whole community. The hospital bought an empty building in the downtown area and bought excellent fitness equipment to set up a new facility for Fort Kent.

Gorman said that the important economic issues raised by Dr. Duncan have to be tackled in order to make significant progress for healthy individuals and communities. His community of Sitka held a health summit and decided to work towards becoming a Wellness Councils of America (WELCOA) Community. WELCOA recognizes fifteen communities in the United States that are considered well communities. It is an integrated approach to wellness and a long process to the certification. In order to be recognized as a WELCOA community, the community has to have a certain percentage of well businesses. A well business has to meet milestones with health programs and incentivize the workforce towards wellness.

Elison thought it important to look at potential partners, even partners that initially seem unlikely. Elison described the State of Utah employee wellness program and work with the Utah Department of Transportation to create park spaces for physical activity.

Carr pointed out that Lions Clubs and Rotary Clubs are civic organizations that can be partners. Elison added that a Utah Rotary Club just built five miles of trail. Bernstein described how his Rotary Club recently spent two full days with heavy-duty equipment fixing up two baseball fields for the school.

Miller asked if Sitka athletic programs were competitive. Gorman stated that both competitive and non-competitive programs are available. Usually males want competition such as a triathlon. Gorman has a long term CDC Wise Woman grant to support cardiovascular activities and is

linked with the breast and cervical cancer programs. This program sponsors a women's triathlon in Sitka that has no times and is not about competition. Many women and their daughters participate. Other activities use clans represented by tribal totems, rather than individual competitions.

LaRose discussed the Winnebago Active Living by Design program. It is the only rural active living program currently funded by the RWJ grant program. LaRose stated that tribal members were aware of the program but never believed it was real until the walking paths were built. Now members want to connect the hospital and the tribal college and a shopping center. The tribal community accepts the program and has been using the paths. The diabetes wellness program is tied in as well. They have three different groups walking all the time including the young children. The tribe has what they call, "McDonald babies," super-sized Indian children. They are looking at ways to get the younger children into shape so they can compete athletically because that is an important tribal value. LaRose described a summer meal program, Kid's Café, which introduces buffalo meat into their diets. The Café replaces the school lunch program in the summer.

Gorman mentioned a controversial program called "Wise at Any Size," which was funded last year by the Office of Minority Health. The debate is that you should not be focusing on body size but more on activity; if you are active and have a relatively healthy diet, you are going to be healthier. CDC has not bought into this concept, but there are a couple of leaders in the industry and there is empirical evidence that if you are walking 30 minutes a day you can still be overweight and healthy. Some feel that it is a social justice issue. Others say the focus must stay on reducing weight, not just increasing activity and eating a healthy diet.

Miller described similar debates occurring in her community and the importance of not labeling people. Health professionals argue that being obese should not be made socially acceptable, and others are concerned about denigrating people. How do you say, "We want you to have a different body size, we think it's healthier for you but at the same time we don't want to hurt your feelings. We don't want to ostracize you for being overweight?"

LaRose believes one has to level with overweight people, especially to help young obese children. Type 2 diabetes is now occurring in ten to twelve year olds.

Ford added that in Nevada there are morbidly obese public health nurses who are providing nutrition education. They also function as the school nurse in many of the rural communities. There is some imagery to communicating a message. Somehow, people have to change personal behaviors if representing public health.

One approach is to focus on increasing activity and to promote that there is always an activity in which everyone can participate; from chair aerobics to marathons.

Carr observed that physical activity helps promote other positive aspects of a person's life. It is quicker to see the results from physical activity than it is from nutrition, although some people see results quicker from reducing their food intake.

King wondered about using television programming in rural areas to increase physical activity. Regarding physical activity, Gorman noted that the average American is spending four hours a day in front of some kind of screen. Carr remarked that children are put in front of television so early that it is where nurturing, socialization and language are coming through, not through the nurturing of a mother or an uncle or someone who is part of the family.

Elison noted from his work with Polynesians that the message has to change to succeed with different population groups.

Bernstein suggested the message has to be multifaceted. Children need to get the message in health class in elementary school and parents have to be role models.

Miller stated that the community approach described by Gorman sounds exciting. She mentioned recent articles documenting that education, income and net worth explain more U.S. health disparities than personal health behaviors or insurance. Even though diabetes and obesity are increasing in other countries, some of these problems here result from affluence. The lifestyle that is promoted, for example through food advertising, is unhealthy. A lot of young women experience push and pull with regard to diet. Gorman stated that for community wellness to work there has to be economic diversity in the community to reach all sectors. Sitka has a population of around 9,000 and as Carr noted, it has assets.

Carr stated an important message from the Duncan presentation was that there have to be some assets in the community for the economic base to be able to function. There are some Alaska communities that are struggling. It would be very difficult to build a wellness program in those communities because they are barely able to keep the community itself functioning. There are probably similar communities in most states.

Carr found the talk about starting new institutions for creating a different kind of structure fascinating; the idea of building on the community leadership, community mentors and community champions.

Gorman stated that wellness is a benefit of economic status. The higher the education and economic level, the better health status is going to be. For someone who is at the poverty level living in an urban environment, McDonald's may in fact be the cheapest way to get nutrition. It may not be good nutrition but if working twelve hours a day at minimum wage, it is hard to come home and feed the children. It may be a very functional way to get children fed. Many tend to ignore that because they have the resources to make different choices. Most working professionals are in an employee benefit program that may one of these days have a wellness component to it. The forty-five million uninsured Americans are not going to get that benefit. The economic determinants of wellness tend to be ignored because we do not know what to do with them.

Poverty in the Frontier Presentation – Jill Sherman

The National Center for Frontier Communities has been studying frontier poverty from a variety of directions for the past year and a draft paper still in progress was presented to the Expert Panel.

Poverty Measures

Sherman is a doctoral candidate in rural geography (ABD) at UNC-Chapel Hill who has worked with the Center since 2003 and is currently Research Director. Sherman explained there are about forty commonly used measures of poverty. Most people are familiar with income-based measures of poverty. The most commonly reported measure is an income measure based on census data. At the county level, a county that has twenty percent or more of its households living in poverty is considered high poverty. Using that measure, twenty-one percent of frontier counties are high poverty compared with fourteen percent of non-frontier counties. That is a significant gap.

There are other measures; for example the USDA Economic Research Service (ERS) uses a variety of economic factors to establish county typologies. ERS has been measuring all communities that remain in poverty since 1960. Those communities remaining in poverty since 1960 are classified as Persistent Poverty. Looking at this, sixteen percent of frontier counties were persistent poverty counties compared with eleven percent of non-frontier counties.

The methodology for establishing the Federal Poverty Level, or FPL, has not been updated since the 1970s with the exception of annual adjustments for inflation. This results in a widely used measure that tremendously understates poverty in the United States. Because these threshold measures are set too low to fully capture poverty in the United States, organizations use different measures. For example, the Appalachian Regional Commission uses a poverty rate of eighteen percent instead of the twenty percent used by the USDA. Other programs use a measure of 200 percent of poverty to capture low income (working poor) in addition to those at poverty or below.

Sherman noted that for some of the maps she overlaid the different measures of poverty to come up with a more inclusive picture of frontier poverty. Three county-level measures of high poverty (persistent poverty; ≥ 18 percent of the population under the poverty threshold; and ≥ 40 percent of population below 200 percent of the poverty threshold) were mapped to get a sense of how the different measures compare. Combining the three measures of high poverty showed that 48 percent of frontier counties were high poverty in comparison with 28 percent of non-frontier counties. Capturing poverty or low income beyond the standard "poverty rate" describes a lot of frontier poverty.

The study also looks at income inequality. There are a lot of different measures of income inequality as well; a common one is the GINI Index. The GINI Index is a ratio representing the

degree of income concentration within a geographical unit (e.g. county). It is comparable to other units (counties) because the index is independent of geographic differences in wages or cost-of-living. Income data from the Census bureau are not adjusted for these differences, so neither are their absolute measures of poverty. The United Nations, and UNESCO in particular, use the GINI Index for their cross-national analyses of income inequality. While it is independent of fluctuations and cost-of-living, like other measures, it too has limitations. In the U.S., there is a strong spatial association between high poverty counties and counties with high income inequality; with about two thirds of each group overlapping. Places with very wealthy people and very poor people without a significant middle class describes many persistent poverty and high poverty counties in the U.S and geographically demonstrates the data presented earlier by Duncan.

Measures based on income only are limited however, as they only capture one element of wealth or assets that a family has. For example, someone who makes \$20,000 a year and has to rent versus someone who makes \$20,000 a year and owns their home outright are in two very different circumstances. More asset and wealth-based measures will be further analyzed in the future.

Federal Lands and Poverty

The relationship between Federal lands and poverty was studied to test whether Federal land ownership affects local economic circumstances that increase poverty. Because there is too much variation by region and by types of federal lands no generalizations could be made. The concentration of high poverty in the Southeastern United States impacts national poverty analyses.

Another, relatively recent phenomenon, affects high-amenity communities in or adjacent to federal lands such as Aspen, Colorado. “Aspenization” refers to a kind of rapid growth driven by upscale tourism and influx of new wealthy residents that drives up aggregate and median income. This apparent economic growth can mask the fact that many residents remain in poverty. Long-term residents are not necessarily earning more than they were before, yet skyrocketing land values mean that costs of living increase, and these families may be forced to move out. It is difficult to tease out these effects using available data, but there may be some truth that some frontier communities are feeling more economic stress than before.

Discussion

Elison described newly funded research to look at 25 to 30 socioeconomic variables as creating correlations for the kinds of healthcare services that are needed. Indirectly that might be a comparable index to consider in the measurement poverty. Utah researchers are looking at the use of healthcare services based upon these 25 to 30 factors, to determine the kind of physician services that would be needed and to project who needs to be trained. The American Academy of Family physicians is considering funding a national project to test this methodology.

Assets for Community Wellness

Participants were asked to spend a few moments brainstorming assets for community wellness. For example, a key asset in Fort Kent, Maine is a financially stable hospital that is able to provide wellness programs.

Joint use agreements for shared community facilities are an asset. In Maine all kinds of organizations, both religious and nonreligious, can meet at and use the school gymnasium.

The following list of assets was generated:

- Schools are assets, especially if there can be better use of schools and gymnasiums for wellness activities.
- A branch of a university or any kind of technical college is an asset.
- Hospitals are assets.
- Cultural and environmental heritage are assets for communities.
- Tobacco monies are an asset. In Maine, they have contributed to partnerships and infrastructure to improve health.
- Children are assets. They are as good at changing parents' behavior as the other way around. (LaRose example of how children and youth brought a lot of wisdom to a tribal planning process.)
- Natural beauty and open space are environmental assets
- Churches are assets.
- Elders are assets.
- Historic and scenic trails are assets for physical activity as well as national parks, and Forest Service and Bureau of Land Management lands.
- Untapped, often hidden, talents of people are assets. Sometimes it just takes one person to be a catalyst in the community.
- A population that demands things is an asset.
- The Federal Qualified Health Center model is an asset because it brings in new people to boards and community leadership.

Should training community boards to create civic mindedness and civic involvement become a priority? The President's initiative to expand Community Health Centers can be a capacity building resource.

Elected hospital districts can also be a path for community leadership development.

Final Comments

Miller reminded the expert panel that originally it was formed three years ago as part of a contract the Center had with the Office of Rural Health Policy. Although that contract is about to expire, Miller would like to keep the Expert Panel going. She feels it is an amazing group, and the stimulation of bringing people together with different backgrounds has been really helpful.

Miller noted that Becky Slifkin has consistently challenged participants at these meetings to tease out the frontier and rural differences. Although Slifkin could not attend the meeting this year, the group could still benefit from her thinking by considering if there was anything that emerged today as being particularly unique to frontier.

Ford wondered about immigration to frontier areas versus rural. Rural may be adjacent to urban or suburban, whereas frontier typically is not adjacent to urban.

Carr noted that immigration not only leads to inequity, it also leads to displacement of the long term residents of frontier communities that is very concerning. Carr described frontier communities, their isolation, the distance between areas, and small populations. Including those factors when discussing wellness programs and community resources, it is apparent that in most cases there is not the same kind of infrastructure in frontier as in other places.

Alaska is now a retirement destination for the first time. People who have moved there for different reasons stay there. Alaska has one of the fastest-growing elderly populations in the United States, if not the fastest, because people are staying and aging. Alaska has the same pattern of outmigration of young people as other frontier states.

Nevada has a very fast growing elderly population, but it is due to immigration.

Bernstein stated that a strategy for frontier communities is that when you do not have as many people, you have to speak louder. Not just louder, frontier has to be smarter. Politicians count votes. Dr. Duncan recommended a lot of solutions that were not just political. They were grass roots, like forming new institutions and working outside of the established political structure.

Cost of Services for Small Populations

Gorman observed that it is extremely expensive to deliver services in frontier America. When you start quantifying per capita, it is very, very expensive. Politically, the votes are not there, so the political return for investment in frontier America is not there. He introduced the term, "organ dissonance," when the brain is speaking but the heart disagrees. For example, in a community of fifty individuals, he can say it does not make any sense to have a mid-level. It will cost \$250,000 but the mid-level will generate only \$75,000. Community residents understand that, but still want a mid-level. It is the heart saying, "We want a higher level of care."

That thinking is particular to frontier, because for a certain size community there is some expectation that at least a minimal level of services will be available. It is not a good thing that in some frontier areas people have to travel a long distance for anything and everything.

At the first ever frontier meeting in Kansas City in 1986, Elison developed a matrix which is still valid and shows what size population can support which kinds of services. If leaders work in communities, it is easier to understand the steps and logic of what a community can afford. When someone else decides, it is an outside entity saying you cannot have it. If it feels like a collective decision, acceptance is easier.

Bernstein commented on his process for adding new health services in a community. He stated that the bottom line is that somebody has got to pay for services. Using the example of Fort Kent residents wanting a nephrologist for a dialysis center, he said the state would never issue a Certificate of Need for those services for such a small population.

Gorman concluded that frontier by its very nature is going to have limited access to services whether it is schools, movie theaters, malls or health care and wellness programs. It is never going to be as affordable to deliver these services as it would in a rural or suburban community. It is a hard message to deliver especially to those who may not have the resources to move out of frontier. It is easier for the people who choose to live in a frontier community.

Telecommunications and Telehealth

The value of telecommunications was presented as a way to bring additional diagnostic tools to a frontier community and have somebody on site assist the patient. Bernstein pointed out that the technology is there, but the reimbursement is not. Gorman stated that SEARHC clinics are probably using more telehealth in Southeast Alaska than anywhere outside the military. They are using teleradiology, telepharmacy, telebehavioral health and telenutrition in all their small, outlying clinics.

Ford stated that frontier telehealth is not necessarily an economic development strategy but it is certainly an access strategy. For example in Nevada telemedicine is used to provide VA Services so VA patients do not have to travel three hundred miles to get to the closest VA facility. Serving the needs of the VA system will become even more important as more veterans return from the current conflict. Dr. Duncan had shown the disproportionate percentages of soldiers coming from rural areas.

Miller stated that limited access is a given; maybe limited access is something to talk about in a better way. She noted that many communities have a can do attitude. That is why volunteer fire departments and volunteer EMT's exist in frontier when they are dying out in other places.

Gorman stated that there is a real threat to the civic institutions in a lot of Alaska's small communities. It is hard to fill EMS squads in small communities now. Some local governments are so dysfunctional that the health provider becomes the most functional entity in that community. Things are defaulted to the clinics further enabling the failure of civic institutions. It is a vicious cycle. It goes back to the economic despondency of a lot of small communities in Alaska. The economy was much stronger fifteen years ago. The oil revenues and the fisheries were very strong and the timber industry was very vibrant but all of that has disappeared, so these communities are facing hard economic times. In some cases even the leadership has migrated out of these communities and gone to urban centers. They are in Juneau, Anchorage and Seattle. The core leadership has been very weakened in these communities at the time when it is most needed.

Elison suggested that maybe part of what needs to be discussed is not just sustaining communities, but learning how to deal with fluctuating economic and population cycles. The frontier economy is much more often a mono economy than the rest of rural. Boom-and-bust resource extractive economies still dominate frontier areas and now even extractive economies are becoming mechanized.

Ford stated that the pool for leadership in frontier areas is small to begin with and people are overcommitted. Usually people who volunteer are engaged in any one of a number of different community organizations.

Bernstein pointed out that federal standards to become an EMT and a paramedic have changed. Today at least a two-year degree is needed for paramedic training. The problem is magnified in a frontier or rural area. How do you train these people if the educational resources are not available? Ford stated that in Nevada the passage rate on the EMT exam and the national licensing exam are problems with a proportionately higher failure rate.

This is a modeling issue much like healthy lifestyles. People who go into volunteering are modeling what they see their parents do. If people are not engaged in the fabric of the community, they do not see their role in making a contribution as volunteer. It is coupled with tougher licensing standards, more continuing education and all the issues that go with supporting the infrastructure for a volunteer EMS system.

Miller thanked participants for their ideas about frontier differences. She added that the fragility of the economy is huge, whether volunteering or the boom and bust nature which underlie frontier.

Ford added that frontier communities are where a majority of the country's food production comes from as well as natural resources. Things that support the nation as a whole come from these communities, and therein lies the social equity of how to distribute resources to people that live out in the frontier because they are growing crops or catching fish. They are doing things that support the economy of a nation. Yes, it is more costly to deliver the service, but that is a price of production.

LaRose said the tribes are always telling young people to leave the reservation to get an education. When they come back, it is not long before industry or someone else offers them a bigger salary than they can make on the reservation and they are gone. Sometimes you are glad that they succeed, but their success may take you in an opposite direction from what you wanted in the first place.

Another point made is the example of the many Navajos who made a big human sacrifice for uranium production in this country. They are left with illness, cancer, and all kinds of health problems. Those patients receive care from the Indian Health Service, which usurps money that would be available to deal with other issues. The industries are not paying any part of that bill. They have left it to the part of the health care system which most of the time does not have enough money even for basic health services.

Carr noted that tobacco use is another huge issue that affects frontier areas.

Next Steps

The meeting concluded with an explanation of the next steps. A meeting summary will be circulated to participants for feedback. The National Center for Frontier Communities also will develop a paper on wellness programs in frontier, which will be circulated for feedback. The good thing about working on wellness is that some communities, despite all these problems, are getting people excited about wellness and taking leadership on wellness. There are a number of

examples that say, no matter how small you are, no matter how bad the weather, there are still model programs that people can do.

In response to Bernstein's question about where we go from here, Miller answered that the Center is establishing an endowment. Staff is applying for grants and foundation support also. The goal is to raise enough funds to operate on the interest. This is the Center's tenth anniversary year; the organization was founded in 1997. The website receives between twelve and sixteen thousand hits a month and the Center receives ongoing positive feedback from people. It is important to make sure this national voice continues.

Conclusion

The guest speakers, Cynthia M. Duncan and Maya Rockeymoore, set the stage for the wellness discussion by explaining conditions found in rural communities and citing existing resources around which to build wellness programs.

Duncan stressed the need for civic involvement and infrastructure to make things happen.

Rockeymoore suggested that frontier communities build on what they have. Wellness professionals are finally beginning to realize that conditions in rural communities are different from urban and suburban which is changing their focus.

An asset map for frontier wellness was developed which will help guide community development of programs.

Meeting participants recognized the need for focus on wellness and identified successful wellness programs in frontier and rural areas. They also listed many existing assets of frontier and rural communities and raised hope for greater use of those existing resources, such as school facilities, if appropriate agreements are crafted.

Potential partners were noted, such as NACo, the National Conference of State Legislators, Robert Wood Johnson Foundations programs, and WELCOA. Tribal programs are being successful by returning to traditional ways. Identifying this variety of resources for Frontier and rural communities will provide opportunities for quicker implementation of local programs.

Policies including creative tax incentives, local wellness commissions, reviewing farm and food programs, encouraging changes in school lunch programs, and including wellness ideas in the development and use of new and existing school facilities are among ideas noted during discussion.

Considering Mil Duncan's thesis about need for effective community institutions in poverty areas, wellness efforts offer opportunities for involvement of local residents in new ways that may not be hampered by old stereotypes and that can yield useful programs to create pride in the community as well as benefits for health.

This meeting provided much direction for the NCFC paper, which will ultimately offer ideas for local wellness efforts. Drawing attention to the myriad opportunities, which already exist in frontier and rural areas, as well as highlighting new ideas will assist local leaders to focus on appropriate wellness efforts for their communities.

Attachment A
Frontier and Rural Expert Panel and Meeting Attendees

Frontier and Rural Expert Panel

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Attachment B Meeting Agenda

STEPS TO WELLNESS: FRONTIER LEADING THE WAY

National Center for Frontier Communities
Frontier and Rural Expert Panel
Annual Meeting
May 31, 2007
Westin Grand, Thomas Board Room

Wednesday, May 30, 2007 Arrive in Washington, D.C.

7-9 PM Group Dinner - Optional

Thursday, May 31, 2007 9 AM – 5 PM Meeting

9 AM Welcome, Gar Elison, President, Board of Directors and Carol Miller,
Executive Director

Review of background materials, Betty King

9:15 AM Opening Remarks, Dr. Marcia Brand
Office of Rural Health Policy

9:30 – 11 AM Meeting the Challenge: Creating Wellness Programs that Overcome Social
and Geographic Disparities

Invited speakers:

- Mil Duncan, The Carsey Institute, University of New Hampshire
- Maya Rockeymoore, Leadership for Healthy Communities

Two experts with different perspectives will describe the unique challenges and strategies for increasing wellness in frontier communities.

Discussants:

- Martin Harris, National Association of Counties, Center for Sustainable Communities
- Louis LaRose, Winnebago Tribe of Nebraska

Two invited experts will serve as discussants following the presentations. They will offer additional observations and perspectives to broaden the topic leading into the group discussion.

11:00 - 11:15 AM	Fitness Break
11:15 – 12:15 PM	Open Discussion – Speakers, Discussants, Expert Panel members, guests.
12:30 - 1:30 PM	Lunch
1:30 - 3:00 PM	Continue Open Discussion – Identify key findings and models. Asset Mapping for model frontier programs.
3:00 - 3:30 PM	Fitness Break
3:30 - 4:30 PM	Future Plans for the Expert Panel
4:30 - 5:00 PM	Meeting evaluation
7 - 9 PM	Group Dinner (guests welcome) – Optional

Attachment C
Background Materials Available at Meeting

"Big Fat American Kid Crisis...And 10 Things We Should Do About It," Eleanor Randolph, NY Times, May 10, 2006,

http://healthyschoolscampaign.org/news/media/food/american_kid_crisis.pdf

Center for Sustainable Communities, Report, Summer 2007, National Association of Counties.

"Food Deserts," Accent Health, January 2007, <http://www.accenthealth.com/features/200701/>

"Ghetto Miasma: Enough To Make You Sick?," Helen Epstein, NY Times, October 12, 2003, www.socsci.uci.edu/~cohenp/strat/miasma.html

Attachment D Packet Resources

RESOURCES FOR NUTRITION WELLNESS

1. www.rwjf.org

The Robert Wood Johnson Foundation plans to spend more than \$500 million over the next five years to reverse the increase in childhood obesity.

2. The Physicians Committee for Responsible Medicine sponsors two nutrition related websites: www.cancerproject.org and www.nutritionmd.org

The Cancer Project is a collaborative effort of physicians, researchers, and nutritionists who have joined to educate individuals, families, and the public on the benefits of a healthy diet for cancer prevention and survival.

The Cancer Project provides comprehensive educational materials, conducts clinical research studies, and publicizes the value of a healthy diet in cancer prevention and survival.

This Web site provides information for both [health care providers](#) and [consumers](#) on the role good nutrition plays in overall health, as well as how it relates to the prevention and treatment of specific conditions.

NutritionMD.org helps practitioners and individuals adopt healthier diets.

3. www.strength.org

Operation Frontline is a nutrition education program recognized by the U.S. Department of Agriculture that helps families help themselves by teaching them how to prepare healthy low-cost meals.

4. www.cnu.org

Reducing and Preventing Obesity in Our Kids is a report that summarizes the relationship between public health and the built environment.

5. www.adaf.org

The American Dietetic Association Foundation and General Mills are partners to fund fifty grants of \$10,000 each to schools, community groups and other non-profit organizations with innovative programs aimed at improving the nutrition and activity habits of young people.

6. www.noharm.org

Health Care With out Harm is an international coalition of hospitals and health care systems, medical professionals, community groups, health-affected constituencies, labor unions, environmental and environmental health organizations and religious groups. The coalition’s mission is to transform the health care industry worldwide, without compromising patient safety or care, so that it is ecologically sustainable and no longer a source of harm to public health and the environment.

7. www.iatp.org

In the mid-1980s, family farmers across America were in the fight of their lives. Prices had dropped below the cost of production. Family farmers were told they were inefficient and they had to either get big or get out. Deeply flawed national and international policies were the root cause of the crisis. A galvanizing effort to save the family farm helped spawn the Institute for Agriculture and Trade Policy (IATP). In 1986, IATP began documenting the underlying causes of America's rural crisis and proposing policies that would benefit farmers, consumers, rural communities and the environment.

8. www.surgeongeneral.gov

The former Surgeon Gen produced *The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity*.

9. www.cdc.gov

The Centers for Disease Control maintains a web page on nutrition and physical activity as well as producing the report, *Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity*.

10. www.raconline.org

The Rural Assistance Center maintains listings of rural wellness and prevention resources.

RESOURCES FOR PHYSICAL ACTIVITY/LIVABLE COMMUNITIES WELLNESS

1. www.activelivingbydesign.org

Active Living by Design is a national program of the [Robert Wood Johnson Foundation](http://www.rwjf.org) and is a part of the [UNC School of Public Health](http://www.unc.edu/schoolofpublichealth) in Chapel Hill, North Carolina. This program establishes innovative approaches to increase physical activity through community design, public policies and communications strategies.

Active Living by Design is funding [25 community partnerships](#) across the country to demonstrate how [changing community design will affect physical activity](#).

The home page also describes “Healthy Eating by Design.”

2. <http://www.projectforlivablecommunities.org/>

The Project for Livable Communities (PLC) is a nonprofit organization made up of professionals in design, public health, education and journalism. PLC fosters livable communities by addressing Healthy Design, Safe Design and Sustainable Design.

3. www.cnu.org

The *Public Health and the Built Environment Report* was supported by the Centers for Disease Control and is available from the Congress for New Urbanism.

4. www.fittogethernc.org

Fit Together is a program funded in North Carolina.

5. www.cdc.gov/healthyplaces

A resource developed by the Centers for Disease Control to encourage healthy environments.

INNOVATIVE FRONTIER/RURAL WELLNESS PROGRAMS

1. www.cdc.gov

The CDC has produced a report on model programs, *State Programs in Action: Exemplary Work to Prevent Chronic Disease and Promote Health*.

2. www.activelivingbydesign.org

The Winnebago Tribe has developed trails and attractive destinations as a nationally funded Active Living by Design project.

3. www.cchci.org

The Chiracahua Community Health Center located in Elfrida, Arizona has developed a community garden as part of its wellness activities.

3. susan.senn@dshs.state.tx.us

The Stonewall County Health Improvement Promotion Committee has created a partnership to encourage a proactive approach to health in a small frontier community of 1,600. Contact the above email address for more information on this project.

4. www.hmsnm.org

La Vida is a diabetes prevention and management program of Hidalgo Medical Services located in Lordsburg, New Mexico. HRSA has designated the La Vida program as a best practices model program.

5. <http://swcchp.publichealth.arizona.edu/projects/diabetes>

Pasos Adelante is a primary educational curriculum sponsored by the Southwest Center for Community Health Promotion. Pasos Adelante focuses on chronic disease prevention and walking groups.

Other Articles

"Smart Growth at the Frontier: Strategies and Resources for Rural Communities," Barbara Wells, Northeast-Midwest Institute, <http://www.nemw.org/RuralSmartGrowth.pdf>

"Poor Are Priced Out of Healthful Eating," Phuong Cat Lee, Seattle Post-Intelligencer, January 29, 2007, http://seattlepi.nwsource.com/local/301574_grocerygap29.html

Active Living by Design, Active Living Essentials,
<http://www.activelivingbydesign.org/index.php?id=7>

Starved for Access: Life in Rural America's Food Deserts," Lois Wright Morton and Troy C. Blanchard, Rural Realities, Vol 1, Issue 4, <http://www.ruralsociology.org>

You Are What You Grow," Michael Pollan, New York Times, April 22, 2007,
<http://www.michaelpollan.com/article.php?id=88>

Attachment E
**Rural America at a New Crossroads:
The Importance of Strong Community Institutions**

Mil Duncan, Ph.D.
Carsey Institute
University of New Hampshire

[Powerpoint Presentation](#)

Attachment F
**Rural Health Frontiers:
Exploring Obstacles and Opportunities for Active Living**

Maya Rockeymoore, Ph.D.
Director, Leadership for Healthy Communities
A National Program of the Robert Wood Johnson Foundation with direction and technical
assistance provided by Global Policy Solutions

[Powerpoint Presentation](#)