



A NEW VISION OF RURAL HEALTH CARE

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we serve is economic development.*

Here in South Dakota, we can easily see the seasonal changes that transform our rural landscape from the rich brown of freshly plowed fields in the spring to carpets of deep green plants in the summer: from layers of golden stubble in the fall to blankets of white in the winter.

But precisely because nature offers us such a beautiful and vivid panorama, it's harder to see that a way of life has changed. In fact, though the seasons continue to repeat themselves in the same reassuring cycle, rural America and the needs of rural health care are dramatically different than they were 100, 50, or 30 years ago. To effectively serve rural citizens, health care providers must understand and meet the current needs.

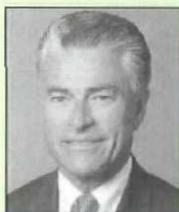
The story of Avera Health is typical of the experiences of other Catholic health care systems serving rural areas. A century ago, when the Benedictine and Presentation Sisters arrived by train to open the first hospitals in the dusty frontier towns of the northern Great Plains, the need, which the sisters met admirably, was for clean, quiet places of healing.*

Fifty years ago, the sisters responded to a different rural health care need by creating the region's first group purchasing agency, giving small-town hospitals, nursing homes, and clinics access to significant savings on food, supplies, and equipment. Thirty years ago the sisters—again responding to new needs—began sharing with rural communities the legal, coding, and other management services that had become essential in an increasingly complex health care financing environment.

And then, throughout the 1980s and 1990s and into the new century, the Presentation and Benedictine Sisters strengthened health care in the rural communities of the northern Plains by providing mobile technology, trustee education, community health needs assessments, managed care contracting assistance, telemedicine capabilities, grant-writing expertise, and a score of other services.

Today, however, the pressing need of the rural areas we serve is economic development. It's not only that the population of rural America is decreasing, or that its citizens are older and tend to be poorer than those in urban and suburban areas. It's also that the seasonal palette of field colors is increasingly painted by corporate farmers. The remaining family farmers, on the other hand, earn most of their income from off-farm jobs in the service and retail sectors, and they

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often commute dozens of miles each day to jobs that typically pay low wages and are less likely to offer health care benefits. Moreover, as Charles Fluharty, director of the Rural Policy Research Institute, Columbia, MO, has pointed out, governmental responsibility for public rural policies is fragmented and often based on a definition of "rural" as "agricultural," a definition that no longer reflects reality.†

In short, a way of life has changed. If we in Catholic health care are to sustain our long tradition of serving rural communities, we must understand that we are called to provide new responses to new needs.

How can Catholic health care help rural America? At Avera Health, we're discovering several ways, and no doubt we'll find more as the years go by. In one initiative, we've established the Avera Center for Public Policy, which gives rural constituents a more united and powerful voice on state, regional, and national issues. In another initiative, we're collaborating with other organizations to provide leadership training for people in rural communities. A third initiative is our commitment to invest a percentage of our pooled financial reserves in companies that create jobs and benefit the economies of the rural communities in our service region.

If you think that these initiatives go beyond what has normally been considered part of rural health, you're right. But it is clear that the survival of health services in rural communities depends on the economic vitality of the communities. Like the Presentation and Benedictine Sisters, and like all the valiant women religious who pioneered health services across America, we must respond to current needs.

With this special section, *Health Progress* and the Catholic Health Association hope to provide insight into the successes and challenges of the rural health ministry. We hope these articles will give you a new, more accurate vision of rural America, and refreshed ideas about how Catholic health care can serve rural areas. □

*Avera Health is sponsored by the Sisters of St. Benedict of Sacred Heart Monastery, Yankton, SD, and the Sisters of the Presentation of the Blessed Virgin Mary, Aberdeen, SD.

†Fluharty discussed this topic in a talk he gave to the Avera Rural Health Conference in Sioux Falls, SD, October 9, 2003. Information about the Rural Policy Research Institute can be found at www.rupri.com/.