Foreword

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It is a great privilege to be introducing you to this edition of the Rural Minnesota Journal. Focused on a long-time love of mine, rural health, the Center for Rural Policy's Journal brings to you the knowledge of some of our wisest and most experienced rural health advocates.

Can you feel the wealth in your hands?

For those of you reading a paper copy of this Journal, the energy of the wealth contained here truly should pulse through your hands and swell your heart with pride. *(For those reading via computer screen, you could try placing your forehead on the screen and saying "uhhmmm" and see if anything happens!)*

Seriously, Rural Minnesota is wealthy because of the spirit, tenacity and values of its residents. The shortfall comes from elsewhere. There are some from the Twin Cities or Washington, D.C., who make incorrect assumptions about what "should be done" for rural Minnesota. Sadly, there are others who have never considered that roads in our state go further north and west than St. Cloud or further south than Northfield.

The Minnesota Rural Health Association (MRHA), which is made up of "thought leaders" throughout the state, is determined to serve as the catalyst that changes some current perceptions. These perceptions have become a strong undercurrent, impeding rural progress. The strongest tow in this undercurrent is that "bigger is somehow better." No place is this more evident than when focusing on health care. Yes, we want all Minnesotans to have access to top-notch services, and in some cases that means traveling to a more populated area. However, there is absolutely no way you can best the quality and healing effect of allowing a senior citizen to age in place. It is reassuring to have your first responder also be your neighbor and to ride with you in the ambulance after that suspected heart attack. Certainly, continuity of primary health care is much

more possible in small clinics in rural Minnesota than in most large clinic settings. How can we possibly measure the quality of having the family physician who delivered you telling you to knock off that unhealthy habit? And what about the quality of rural life for a family with young children and the long-term, positive effects on the health of those family members?

If you are reading RMJ, you are most likely a thought leader for our state, whether or not you recognize yourself as such. What can and should we collectively be doing to assure that our seniors are free to remain in their homes and communities? What should we be doing to assure that working families can afford to remain in rural Minnesota? In most instances this requires access to affordable health care coverage — something a majority of rural working families do not have access to through their employer.

When revamping its priorities for 2007, MRHA determined that first and foremost perceptions have to evolve to a broader recognition of the value of rural living, the quality of rural health care (appropriately measured) and a paradigm shift regarding public policy's propensity to favor bigger as being better. We are therefore calling for ideas that are creative, practical, outrageous or otherwise offered up by thought leaders on how to create this evolutionary force. MRHA's first step was to adopt the following resolution:

Whereas *there has been a demographic shift in Minnesota; and*

Whereas *this shift has resulted in declining populations in many rural communities and a decline in economic and social capital in these areas; and*

Whereas *this shift has also resulted in urban congestion and related problems;*

Be it therefore resolved *that all new state initiatives include a review to assess opportunity to locate selected state funded jobs and infrastructure, over time and when appropriate, in rural communities, thereby helping to relieve urban congestion and fostering rural vitality.*

The review is to be called a "Rural Opportunity Assessment, ROA."

Recently, MRHA's President-elect, Barbara Muesing, told the state's Rural Health Advisory Committee: "From Rock County on the Iowa border to Kittson County on the Canadian border, we find significant decline in population and with it an aging population. The trend line appears to be continuing — schools graduating 20 seniors may have 10 children entering first grade.

"At the same time, the metropolitan area population is increasing, which has its own challenges, some of which are not being met very well. Congestion on the roadways is [an expensive] example… Our resolution is as much about sustainable economic development as it is rural health. In the communities where I live and work, the two are one."

It is MRHA's view that some state-funded infrastructure and professional level employment could locate and function well in rural communities. Of course, we are not suggesting that state workers be transferred to Hallock or Hackensack against their wishes. Rather, in this cyber age, we are asking for changed thinking on job placements by both the state and private companies. Are there communities that should become knowledge clusters regarding certain industries? What creative ways could we use to develop and identify communities set up for vital aging in place? Can we change the law to allow co-op members to purchase health care as a group since many of our rural businesses no longer offer coverage?

It's group-think time. The Bible story comes to mind of the servant given the 10 talents. Let's put our collective wealth to work and make our whole state, and most especially our rural areas, even richer.

I look forward to hearing your ideas and working with you to make expansion of rural wealth, spirit, tenacity and values an evolving and expanding reality.